

NICHQ VANDERBILT ASSESSMENT FOLLOW-UP – TEACHER INFORMANT

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Date Completed _____ Child's Name: _____ Date of Birth: _____ Grade Level: _____

Thank you for taking the time to complete this form. It plays a big part in determining treatment for this student. Please consider this student's performance over the last few weeks compared to his/her peers.

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example homework.	0	1	2	3
2. Has difficulty keeping attention to what needs to be done.	0	1	2	3
3. Does not seem to listen when spoken to directly.	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities.	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort.	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli.	0	1	2	3
9. Is forgetful in daily activities.	0	1	2	3
10. Fidgets with hands or feet or squirms in seat.	0	1	2	3
11. Leaves seat when remaining seated is expected.	0	1	2	3
12. Runs about or climbs or climbs too much when remaining seated is expected.	0	1	2	3
13. Has difficulty playing or beginning quiet play activities.	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much.	0	1	2	3
16. Blurts out answers before questions have been completed.	0	1	2	3
17. Has difficulty waiting his or her turn.	0	1	2	3
18. Interrupts or intrudes in on other's conversations and/or activities.	0	1	2	3

Performance		Excellent	Above Average	Average	Somewhat of a Problem	Problematic
19.	Reading.	1	2	3	4	5
20.	Mathematics.	1	2	3	4	5
21.	Written expression.	1	2	3	4	5
22.	Relationship with peers.	1	2	3	4	5
23.	Following direction.	1	2	3	4	5
24.	Disrupting class.	1	2	3	4	5
25.	Assignment completion.	1	2	3	4	5
26.	Organizational skills.	1	2	3	4	5

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

Side Effects: Has the child experienced any of the following side effects or problems in the past week?	Are these side effects currently a problem?			
	None	Mild	Moderate	Severe
Headache				
Stomachache				
Change of appetite-explain below				
Trouble sleeping				
Irritability in the late morning, late afternoon, or evening-explain below				
Socially withdrawn-decreased interaction with others				
Extreme sadness or unusual crying				
Dull, tired, listless behavior				
Tremors/feeling shaky				
Repetitive movements, tics, jerking, twitching, eye blinking-explain below				
Picking at skin or fingers, nail biting, lip or cheek chewing-explain below				
Sees or hears things that aren't there				

Explain/Comments:

<p>For Office Use Only</p> <p>Total Symptom Score for questions 1-18: _____</p> <p>Average Performance Score: _____</p>
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<p>Please return this form to:</p> <p>CONNECTIONS 102 Medical Park Hattiesburg, MS 39401 Fax number: (601) 545-1740</p>
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