

VANDERBILT ASSESSMENT SCALE—TEACHER Informant

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

Today's Date: _____ Child's Name: _____ DOB: _____ Grade Level: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____

Is this evaluation based on the a time when child was on medication was not on medication not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities.	0	1	2	3
3. Does not seem to listen when spoken to directly.	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand).	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
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10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (e.g. Butts into conversations/games)	0	1	2	3
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19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (e.g. "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys other's property	0	1	2	3
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29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3
32. Feels worthless or inferior	0	1	2	3

33. Blames self for problems: feels guilty	0	1	2	3
34. <i>Feels lonely, unwanted, or unloved, complains that "no one loves him or her"</i>	0	1	2	3
35. Is sad, unhappy, or depressed.	0	1	2	3

Academic Performance	≥2 years below grade level	1-2 years below grade level	1-2 years above grade level	≥ 2 years above grade level
Reading				
Writing				
Spelling				
Math				

Classroom Behavioral Performance	Above		Somewhat of a		
	Excellent	Average	Average	Problem	Problematic
Relationship with peers	1	2	3	4	5
Following directions	1	2	3	4	5
Disrupting Class	1	2	3	4	5
Assignment completion	1	2	3	4	5
Organizational Skills	1	2	3	4	5

Comments : _____

IEP Y N or 504 Y N

EC Pullout to: _____ Inclusion Self-Contained For what purpose? _____

Title 1 _____ OT PT ST

Rtl : Tier 1 Tier 2 Tier 3

Has child had educational testing?

Comments: _____

Please return this form to: Developmental Pediatric Medicine , 3533 South Alameda Street, Corpus Christi, TX 78411

FAX: 361-808-2063 or DevelopmentalPediatric@dchstx.org

THANKS!