

VANDERBILT PARENT ASSESSMENT FOLLOW UP

TODAY'S DATE: _____ CHILD'S NAME: _____ DOB: ___/___/___

Person Completing Form _____

Each rating should be considered in the context of what is appropriate for the age of your child. This evaluation form should be based on the **last 2-4 weeks in home**.

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
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. 15 Talks excessively	0	1	2	3
16. 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
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 wants get even	0	1	2	3

Please rate (impairment) how these symptoms affect your child in the given areas of your child's life.

PERFORMANCE	SEVERE	MODERATE	MILD	NOT AT ALL
Academic Work	3	2	1	0
Study Habits	3	2	1	0
Attitude Towards Teacher	3	2	1	0
Peer Relationships	3	2	1	0

Caregiver's Comments: _____

When form is complete please return to Developmental and Behavioral Pediatrics staff for your child's doctor to review. Thank you!