



# AGC ALL GOD'S CHILDREN

## NICHQ Vanderbilt Assessment Follow-up ----- Teacher Informant

School Name \_\_\_\_\_ Grade Level \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Class Time \_\_\_\_\_ Class Name/Period \_\_\_\_\_

Today's Date \_\_\_\_\_ Child's Name \_\_\_\_\_ Child's DOB \_\_\_\_\_

**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 last assessment scale was filled out. Please indicate the number of weeks or months you have been able to evaluate the behaviors \_\_\_\_\_.

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

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

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<b>Performance</b>	<b>EXCELLENT</b>	<b>ABOVE AVERAGE</b>	<b>AVERAGE</b>	<b>SOMEWHAT OF A PROBLEM</b>	<b>PROBLEMATIC</b>
Reading	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Mathematics	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Written expression	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Relationship with peers	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Following direction	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Disrupting class	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Assignment completion	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Organizational skills	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

<b>Side Effects: Has your child experienced any of the following side effects or problems in the past week?</b>	<b>EXCELLENT</b>	<b>ABOVE AVERAGE</b>	<b>AVERAGE</b>	<b>SOMEWHAT OF A PROBLEM</b>	<b>PROBLEMATIC</b>
Headache	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Stomachache					
Change in appetite-----explain below	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Trouble sleeping	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Irritability in the late morning, late afternoon or evening -----explain below	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Socially withdrawn----decreased interaction with others	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Extreme sadness or unusual crying	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Dull, tired, listless behavior	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Tremors/feeling shaky	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Repetitive movements, tics, jerking, twitching, eye blinking-----explain below	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Picking at skin or fingers, nail biting, lip or cheek chewing-----explain below	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Sees or hears things that aren't there	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Explain/Comments**

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<p><i>Please return this form to</i></p> <p><b>AGC Pediatrics</b></p>
<p><i>Please give completed form to parent or fax Attn: Mary or Veronica to the following fax #.</i></p> <p><b>If you fax the form, Please retain a copy.</b></p>
<p><i>Fax number</i></p> <p><b>706-625-6519</b></p>

<p><b>For Office Use Only</b></p> <p>Total Symptoms Score for questions 1-18 _____</p> <p>Average Performance Score for questions 19-26 _____</p>
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Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr., PhD.