

# AGC ALL GOD'S CHILDREN

## NICHQ Vanderbilt Assessment Scale ----- Parent Informant

Today's Date \_\_\_\_\_ Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Phone Number \_\_\_\_\_

**Directions:** Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.

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
Argues with adults	0	1	2	3
Loses temper	0	1	2	3
Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
Deliberately annoys people	0	1	2	3

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Symptoms	NEVER	OCCASIONALLY	OFTEN	VERY OFTEN
Blames others for his or her mistakes or misbehaviors	0	1	2	3
Is touch or easily annoyed by others	0	1	2	3
Is angry or resentful	0	1	2	3
Is spiteful and wants to get even	0	1	2	3
Bullies, threatens, or intimidates others	0	1	2	3
Starts physical fights	0	1	2	3
Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
Is truant from school (skips school) without permission	0	1	2	3
Is physically cruel to people	0	1	2	3
Has stolen things that have value	0	1	2	3
Deliberately destroys others' property	0	1	2	3
Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
Is physically cruel to animals	0	1	2	3
Has deliberately set fires to cause damage	0	1	2	3
Has broken into someone else's home, business, or car	0	1	2	3
Has stayed out at night without permission	0	1	2	3
Has run away from home overnight	0	1	2	3
Has forced someone into sexual activity	0	1	2	3
Is fearful, anxious, or worried	0	1	2	3
Is afraid to try new things for fear of making mistakes	0	1	2	3
Feels worthless or inferior	0	1	2	3
Blames self for problems, feels guilty	0	1	2	3
Feels lonely, unwanted or unloved; complains that "no one loves him or her"	0	1	2	3
Is sad, unhappy, or depressed	0	1	2	3
Is self-conscious or easily embarrassed	0	1	2	3

Performance	EXCELLENT	ABOVE AVERAGE	AVERAGE	SOMEWHAT OF A PROBLEM	PROBLEMATIC
Overall school performance	1	2	3	4	5
Reading	1	2	3	4	5
Writing	1	2	3	4	5
Mathematics	1	2	3	4	5
Relationship with parents	1	2	3	4	5
Relationship with siblings	1	2	3	4	5

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Performance	EXCELLENT	ABOVE AVERAGE	AVERAGE	SOMEWHAT OF A PROBLEM	PROBLEMATIC
Relationship with peers	1	2	3	4	5
Participation in organized activities (eg, teams)	1	2	3	4	5

## Comments

### For Office Use Only

Total number of questions scored 2 or 3 in questions 1-9 \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 10-18 \_\_\_\_\_

Total Symptoms Score for questions 1-18 \_\_\_\_\_

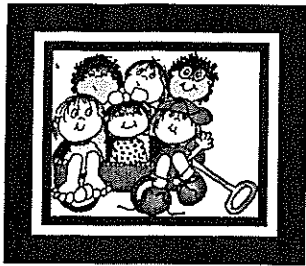
Total number of questions scored 2 or 3 in questions 19-26 \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 27-40 \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 41-47 \_\_\_\_\_

Total number of questions scored 4 or 5 in questions 48-55 \_\_\_\_\_

Average Performance Score \_\_\_\_\_



# AGC ALL GOD'S CHILDREN

This checklist concerns the pregnancy *with this child*, except for the last two items which refer to previous pregnancies. Please read each item and put an X in the appropriate column.

Possible Pregnancy Problems	TRUE	NOT TRUE	CAN'T SAY
Had bleeding during first three months			
Had bleeding during second three months			
Had bleeding during last three months			
Gained 30 or more pounds (if so, how many pounds____?)			
Gained less than 15 pounds (if so, how many pounds____?)			
Had toxemia			
Had to take medications (if so, please list below)			
Vomited often beyond first three months			
Got hurt or injured			
Took narcotic drugs			
Drank alcohol			
Had an infection			
Smoked cigarettes			
Labor lasted longer than 12 hours			
Labor lasted less than 2 hours			
Had a cesarean section (C-section)			
Had a difficult delivery			
Was put to sleep for delivery			
Length of pregnancy _____ months or _____ weeks			
Had previous miscarriages			
Had previous premature baby(ies)			

**Medication(s):**

**Other pregnancy problems:**

**This checklist is about the baby's *first month of life*. Please read each item and put an X in the appropriate column.**

<b>Newborn Infant Problems</b>	<b>TRUE</b>	<b>NOT TRUE</b>	<b>CAN'T SAY</b>
<b>Born with cord around neck</b>			
<b>Injured during birth</b>			
<b>Had trouble breathing</b>			
<b>Got yellow (jaundice) to the point of needing a blood exchange transfusion</b>			
<b>Turned blue (cyanosis)</b>			
<b>Was a twin or triplet</b>			
<b>Had an infection</b>			
<b>Was given medications</b>			
<b>Had seizures (fits, convulsions)</b>			
<b>Had diarrhea</b>			
<b>Needed oxygen</b>			
<b>Was in hospital longer than mother</b>			
<b>Gagged often</b>			
<b>Vomited often</b>			
<b>Born with heart defect</b>			
<b>Born with other defect(s). If so, please describe:</b>			
<b>Had trouble sucking</b>			
<b>Had skin problems</b>			
<b>Was very jittery</b>			
<b>Baby's birth weight:</b>			

**Please describe any other problems here:**

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Following is checklist of accomplishments of students. Please put an X next to each item under the column giving the age at which this "milestone: first occurred. Note that the first five columns are age in months and the last four columns are age in years.

Early Development	Months					Years			
	0-3	4-6	7-12	13-18	16-24	2-3	3-4	4-5	5-6
Sat up without help									
Crawled									
Walked alone (10-15 steps)									
Rode a tricycle									
Caught a big ball									
Spoke first word (mama, dada)									
Spoke 2-3 word sentences									
Spoke clearly so strangers understood									
Used fingers to feed self									
Used a spoon									
Fully bladder trained									
Fully bowel trained									
Able to dress self									
Able to tie shoelace									
Able to separate easily from mother (for school, play, etc.)									

If you have any concerns regarding the development of this child, please describe below.