



AGC ALL GOD'S CHILDREN

NICHQ Vanderbilt Assessment Scale ----- 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 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 a time when the child _____ was on medication _____ was not on medication _____ not sure?

Symptoms	NEVER	OCCASIONALLY	OFTEN	VERY OFTEN
Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
Has difficulty sustaining attention to tasks or activities	0	1	2	3
Does not seem to listen when spoken to directly	0	1	2	3
Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
Has difficulty organizing tasks and activities	0	1	2	3
Avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
Is easily distracted by extraneous 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 in classroom or in other situations in which remaining seated is expected	0	1	2	3
Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
Talks excessively	0	1	2	3
Blurts out answers before questions have been completed	0	1	2	3
Has difficulty waiting in line	0	1	2	3
Interrupts or intrudes on others (eg, butts into conversations/games)	0	1	2	3
Loses temper	0	1	2	3
Actively defies or refuses to comply with adults' requests or rules	0	1	2	3

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

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

Symptoms	NEVER	OCCASIONALLY	OFTEN	VERY OFTEN
Is anger or resentful	0	1	2	3
Is spiteful and vindictive	0	1	2	3
Bullies, threatens, or intimidates others	0	1	2	3
Initiates physical fights	0	1	2	3
Lies to obtain goods for favor or to avoid obligations (eg, "cons" others)	0	1	2	3
Is physically cruel to people	0	1	2	3
Has stolen items of nontrivial value	0	1	2	3
Deliberately destroys others' property	0	1	2	3
Is fearful, anxious, or worried	0	1	2	3
Is self-conscious or easily embarrassed	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 love him or her"	1	2	3	0
Is sad, unhappy, or depressed	0	1	2	3

Performance <i>Academic Performance</i>	EXCELLENT	ABOVE AVERAGE	AVERAGE	SOMEWHAT OF A PROBLEM	PROBLEMATIC
Reading	1	2	3	4	5
Mathematics	1	2	3	4	5
Written expression	1	2	3	4	5

Classroom Behavioral Performance	EXCELLENT	ABOVE AVERAGE	AVERAGE	SOMEWHAT OF A 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

Please return this form to

AGC Pediatrics

*Please give completed form to parent or fax
Attn: Mary or Veronica to the following fax #.*

***If you fax the form, Please retain a
copy.***

Fax number

706-625-6519

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 19-28 _____

Total number of questions scored 2 or 3 in questions 29-35 _____

Total number of questions scored 4 or 5 in questions 36-43 _____

Average Performance Score _____