



Vanderbilt Teacher Assessment

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

Student Name: _____ Grade: _____ Date: ____/____/____

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: _____.

Rating Scale:

- 0 = Never
- 1 = Occasionally
- 2 = Often
- 3 = Very Often

Is this evaluation based on a time when the child was...?

- On medication
- Not on medication
- Unsure

Symptoms	Rating
1. Fails to give attention to details or makes careless mistakes in schoolwork	<input type="text"/>
2. Has difficulty sustaining attention to tasks or activities	<input type="text"/>
3. Does not seem to listen when spoken to directly	<input type="text"/>
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	<input type="text"/>
5. Has difficulty organizing tasks and activities	<input type="text"/>
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	<input type="text"/>
7. Loses things necessary for tasks or activities (e.g., school assignments, pencils, books)	<input type="text"/>
8. Is easily distracted by extraneous stimuli	<input type="text"/>
9. Is forgetful in daily activities	<input type="text"/>
10. Fidgets with hands or feet or squirms in seat	<input type="text"/>
11. Leaves seat in classroom or in other situations in which remaining seated is expected	<input type="text"/>
12. Runs about or climbs excessively in situations in which remaining seated is expected	<input type="text"/>
13. Has difficulty playing or engaging in leisure activities quietly	<input type="text"/>
14. Is "on the go" or often acts as if "driven by a motor"	<input type="text"/>
15. Talks excessively	<input type="text"/>
16. Blurts out answers before questions have been completed	<input type="text"/>
17. Has difficulty waiting in line	<input type="text"/>
18. Interrupts or intrudes on others (e.g., butts into conversations/games)	<input type="text"/>
19. Loses temper	<input type="text"/>

20. Actively defies or refuses to comply with adults' responses or requests	<input type="text"/>
21. Is angry or resentful	<input type="text"/>
22. Is spiteful and vindictive	<input type="text"/>
23. Bullies, threatens, or intimidates others	<input type="text"/>
24. Initiates physical fights	<input type="text"/>
25. Lies to obtain goods for favors or to avoid obligations (i.e., "cons" others)	<input type="text"/>
26. Is physically cruel to people	<input type="text"/>
27. Has stolen items of nontrivial value	<input type="text"/>
28. Deliberately destroys others' property	<input type="text"/>
29. Is fearful, anxious, or worried	<input type="text"/>
30. Is self-conscious or easily embarrassed	<input type="text"/>
31. Is afraid to try new things for fear of making mistakes	<input type="text"/>
32. Feels worthless or inferior	<input type="text"/>
33. Blames self for problems; feels guilty	<input type="text"/>
34. Feels lonely, unwanted, or unloved; complains that no one loves him or her	<input type="text"/>
35. Is sad, unhappy, or depressed	<input type="text"/>

Directions: Please complete the Performance sections using the following rating scale:

1 = Excellent 2 = Above Average 3 = Average 4 = Somewhat of a problem 5 = Problematic

Academic Performance

Rating

36. Reading	<input type="text"/>
37. Mathematics	<input type="text"/>
38. Written expression	<input type="text"/>

Classroom Behavioral Performance

Rating

39. Relationship with peers	<input type="text"/>
40. Following directions	<input type="text"/>
41. Disrupting class	<input type="text"/>
42. Assignment completion	<input type="text"/>
43. Organizational skills	<input type="text"/>

Comments:

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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 Symptom 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	



Teacher Questionnaire

Teacher Name: _____ Phone: _____ Date: ____/____/____

Student Name: _____ School: _____ Grade: _____

Main Problems

1. How long have you known this child?

2. In your own words, briefly describe the child's main problem(s).

Achievement in School Subjects

3. Group subjects into the appropriate category of achievement.

Very Good	Average	Barely Passing	Failing
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Standardized Test Results

4. List intelligence, ability, or achievement tests.

Test / Subject Area	Date	Percentile	Standard Score	Grade Level
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Special Placements or Assistance

5. Please list any special education placement or other special assistance this child receives at school and the amount of time he or she receives it (e.g., tutoring, resource room).

Special Assistance / Placement	Who provides this service?	# Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Please add any information concerning this child's home, family, or school relationships that might have bearing on the child's attitudes and behavior. Include any other thoughts you feel are relevant.

Signature: _____ Title: _____ Date: ____/____/____