

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

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

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
1. Fails to give attention to details or makes careless mistakes in schoolwork				
2. Has difficulty sustaining attention to tasks or activities				
3. Does not seem to listen when spoken to directly				
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)				
5. Has difficulty organizing tasks and activities				
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort				
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)				
8. Is easily distracted by extraneous stimuli				
9. Is forgetful in daily activities				
10. Fidgets with hands or feet or squirms in seat				
11. Leaves seat in classroom or in other situations in which remaining seated is expected				
12. Runs about or climbs excessively in situations in which remaining seated is expected				
13. Has difficulty playing or engaging in leisure activities quietly				
14. Is "on the go" or often acts as if "driven by a motor"				
15. Talks excessively				
16. Blurts out answers before questions have been completed				
17. Has difficulty waiting in line				
18. Interrupts or intrudes on others (eg, butts into conversations/games)				
19. Loses temper				
20. Actively defies or refuses to comply with adult's requests or rules				
21. Is angry or resentful				
22. Is spiteful and vindictive				
23. Bullies, threatens, or intimidates others				
24. Initiates physical fights				
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)				
26. Is physically cruel to people				
27. Has stolen items of nontrivial value				
28. Deliberately destroys others' property				
29. Is fearful, anxious, or worried				
30. Is self-conscious or easily embarrassed				
31. Is afraid to try new things for fear of making mistakes				

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

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HE0351

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Symptoms (continued)	Never	Occasionally	Often	Very Often
32. Feels worthless or inferior				
33. Blames self for problems; feels guilty				
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"				
35. Is sad, unhappy, or depressed				

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
Academic Performance					
36. Reading					
37. Mathematics					
38. Written expression					

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
39. Relationship with peers					
40. Following directions					
41. Disrupting class					
42. Assignment completion					
43. Organizational skills					

Comments:

Please return this form to: _____

Mailing address: _____

Fax number: _____

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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: _____

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