



# Vanderbilt Assessment Scale: ADHD Toolkit Teacher-Informant Form

Child's name: \_\_\_\_\_ Teacher's name: \_\_\_\_\_

Today's date: \_\_\_\_\_ School: \_\_\_\_\_ Gr: \_\_\_\_\_ Teacher's fax number: \_\_\_\_\_

Time of day you work with child: \_\_\_\_\_

**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 behaviors of the school year. **Please indicate the number of weeks or months you have been able to evaluate the behaviors:** \_\_\_\_\_

This evaluation is based on a time when your child:  Was on medication  Was not on medication  Not sure

Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
1. Does not give attention to details or makes mistakes that seem careless in schoolwork				
2. Has difficulty sustaining attention on tasks or activities				
3. Does not seem to listen when spoken to directly				
4. Does not follow through on instructions and does not finish schoolwork (not because of refusal or lack of comprehension)				
5. Has difficulty organizing tasks and activities				
6. Avoids, dislikes, or does not want to start tasks that require sustained mental effort				
7. Loses things necessary for tasks or activities (eg, school assignments, pencils, 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 when remaining seated is expected				
12. Runs about or climbs too much when remaining seated is expected				
13. Has difficulty playing or beginning quiet games				
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 his or her turn				
18. Interrupts or intrudes on others' conversations or activities				