Vanderbilt Teacher Assessment Scale

Today's Date: _____ Child's Name: _____ DOB: _____

Teacher's Name: _____ School: _____ Grade: _____

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	0	1	2	3	
2. Has difficulty sustaining attention to task or activities	0	1	2	3	
3. Does not seem to listen when spoken to directly	0	1	2	3	
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3	
5. Has difficulty organizing task and activities	0	1	2	3	
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental efforts	0	1	2	3	
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3	
8. Is easily distracted by extraneous stimuli	0	1	2	3	
9. Is forgetful in daily activities	0	1	2	3	Count # 2s & 3s
10. Fidgets with hands or feet or squirms in seat	0	1	2	3	
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3	
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3	
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3	
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3	
15. Talks too much	0	1	2	3	
16. Blurts out answers before questions have been completed	0	1	2	3	
17. Has difficulty waiting his/her turn	0	1	2	3	Count # 2s & 3s
18. Interrupts or intrudes in others' conversations and/or activities	0	1	2	3	TSS 1-18
19. Loses temper	0	1	2	3	
20. Actively defies or refuses to comply with adults' request or rules	0	1	2	3	
21. Is angry or resentful	0	1	2	3	
22. Is spiteful and vindictive	0	1	2	3	
23. Bullies, threatens, or intimidates others	0	1	2	3	
24. Initiates physical fights	0	1	2	3	
25. Lies to obtain goods for favors or to avoid obligations (i.e., "cons" others)	0	1	2	3	
26. Is physically cruel to people	0	1	2	3	
27. Has stolen items of nontrivial value	0	1	2	3	
28. Deliberately destroys other's property	0	1	2	3	Count # 2s & 3s

FAX OR MAIL COMPLETED FORM TO: (Check one office/location)

	(Enter practice contact information) Name of Practice Street Address Phone Number/Fax Number		(Enter practice contact information – 2nd office/location) Name of Practice Street Address Phone Number/Fax Number
	(Enter practice contact information – 3rd office/location)		(Enter practice contact information – 4th office/location)

-Please Turn Over-

Today's Date: _____ Child's Name: _____ DOB: _____

Teacher's Name: _____ School: _____ Grade: _____

SYMPTOMS, continued	**Never**	**Occasionally**	**Often**	**Very Often**	
29. Is fearful, anxious, or worried	0	1	2	3	
30. Is self-conscious or easily embarrassed	0	1	2	3	
31. Is afraid to try new things for fear of making mistakes	0	1	2	3	
32. Feels worthless or inferior	0	1	2	3	
33. Blames self for problems; feels guilty	0	1	2	3	
34. Feels lonely, unwanted, or unloved; complains that "no one loves him/her"	0	1	2	3	
35. Is sad, unhappy, or depressed	0	1	2	3	Count # 2s & 3s

IMPAIRMENT	**Excellent**	**Above Average**	**Average**	**Somewhat of a Problem**	**Problematic**	
A. Reading	1	2	3	4	5	
B. Mathematics	1	2	3	4	5	
C. Written Expression	1	2	3	4	5	
D. Relationship with peers	1	2	3	4	5	
E. Following directions	1	2	3	4	5	
F. Disrupting class	1	2	3	4	5	
G. Assignment completion	1	2	3	4	5	Count # 4s & 5s
H. Organizational skills	1	2	3	4	5	APS 36-43

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

PRE-EXISTING PROBLEMS

Use the following to assess severity:

None: The symptom is not present.
Mild: The symptom is present but is not significant enough to cause concern to the child, to his/her friends, or adults.
Moderate: The symptom causes some impairment of functioning or social embarrassment.
Severe: The symptom causes impairment of functioning or social embarrassment to such a degree that it requires specific treatment.

	None	Mild	Moderate	Severe
Motor Tics–repetitive movements: jerking or twitching (e.g., eye blinking–eye opening, facial or mouth twitching, shoulder or arm movements)–describe:				
Buccal–lingual movements: Tongue thrusts, jaw clenching, chewing movement besides lip/cheek biting– describe:				
Picking at skin or fingers, nail biting, lip or cheek chewing – describe:				
Worried/Anxious				
Dull, tired, listless				
Headaches				
Stomachache				
Crabby, Irritable				
Tearful, Sad, Depressed				
Socially withdrawn – decreased interaction with others				
Hallucinations (see or hear things that aren't there)				
Loss of appetite				
Trouble sleeping (time went to sleep)				

Adapted from the Pittsburgh Side-Effects Rating Scale