

Vanderbilt ADHD Follow-Up Teacher Rating Scale

Child's Name: _____ Teacher's Name: _____ Fax: _____

School: _____ Grade: _____

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 last time you rated his/her behavior. **Number of weeks on which you are rating his/her behaviors:** _____

Is this evaluation based on a time when the child: was on medication was not on medication not sure

Behavior	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes in schoolwork or during other activities	0	1	2	3
2. Has difficulty keeping attention to tasks 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 tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require sustained mental effort	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 noises or other extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when 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 beginning quiet games	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 or her turn	0	1	2	3
18. Interrupts or intrudes on others' conversations and/or games	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests 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 others' property	0	1	2	3

Academic & Social Performance	Excellent	Above Average	Average	Somewhat of A Problem	Problematic
1. Reading	1	2	3	4	5
2. Writing	1	2	3	4	5
3. Mathematics	1	2	3	4	5
4. Relationship with peers	1	2	3	4	5
5. Following directions	1	2	3	4	5
6. Disrupting class	1	2	3	4	5
7. Assignment completion	1	2	3	4	5
8. Organizational skills	1	2	3	4	5



Vanderbilt ADHD Follow-Up Teacher Rating Scale, Continued
Pittsburgh Side Effects Rating Scale

Child's Name: _____

Teacher's Name: _____

Directions: Listed below are several possible negative effects (side effects) that medication may have on a child with ADHD. Please read each item carefully and use the boxes to rate the severity of this child's side effects since he/she has been on his/her current dose of medication. When requested, or wherever you feel it would be useful for us to know, please describe the side effects that you observed or any other unusual behavior in the "Comments" section below.

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 your child, to you, or to his/her friends. Presence of the symptom at this level would NOT be a reason to stop taking the medicine.

Moderate: The symptom causes impairment of functioning or social embarrassment to such a degree that the negative impact on social and school performance should be weighed carefully to justify benefit of continuing medication.

Severe: The symptom causes impairment of functioning or social embarrassment to such a degree that the child should not continue to Receive this medication or dose of medication as part of his/her current treatment.

Side Effect:	None	Mild	Moderate	Severe	I Don't Know
Headache					
Stomachache					
Change of appetite- explain below					
Trouble sleeping					
Irritability in the late morning, late afternoon, or evening- explain below					
Socially withdrawn- decreased interaction with others					
Extreme sadness or unusual crying					
Dull, tired, listless behavior					
Tremors/feeling shaky					
Repetitive movements, tics, jerking, twitching, eye blinking- explain below					
Picking at skin or fingers, nail biting, lip or cheek chewing- describe below					
Sees or hears things that aren't there					

COMMENTS: