

Vanderbilt ADHD Teacher Rating Scale

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

Completed by: _____ I am the child's: Teacher School Psychologist Other: _____

Class Time: _____ Class Name: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child. When completing this form, please think about the child's behavior **in the past 6 months.**

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

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 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 when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in 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 extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3 <input type="checkbox"/>
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 excessively in situations in which 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 excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes in on others (e.g., butts into conversations/games)	0	1	2	3 <input type="checkbox"/> <input type="checkbox"/>
19. Loses temper	0	1	2	3
20. Actively defies or refuses to go along with adults' 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 or favors or to avoid obligations (i.e., "cons" others)	0	1	2	3

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Symptoms (continued)

	Never	Occasionally	Often	Very Often
26. Is physically cruel to people	0	1	2	3
27. Has stolen things of nontrivial value	0	1	2	3
28. Deliberately destroys other people's property	0	1	2	3 <input type="checkbox"/>
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 <input type="checkbox"/>

Performance

Above Average

Average

Problematic

36. Academic Performance

a. Reading.....	1	2	3	4	5
b. Mathematics.....	1	2	3	4	5
c. Written expression	1	2	3	4	5
d. Homework completion	1	2	3	4	5

37. Classroom Behavior

a. Relationship with peers.....	1	2	3	4	5
b. Following directions/rules.....	1	2	3	4	5
c. Disrupting class.....	1	2	3	4	5
d. Assignment completion	1	2	3	4	5
e. Organizational skills	1	2	3	4	5 <input type="checkbox"/>

Comments:

Please return this form to:

Mailing address: _____

Fax Number: _____

For Office Use Only:

SYMPTOMS:

Number of questions scored 2 or 3 in questions 1-9: _____

Number of questions scored 2 or 3 in questions 10-18: _____

Total Symptom score for questions 1-18 (add all scores): _____

Number of questions scored 2 or 3 in questions 19-28: _____

Number of questions scored 2 or 3 in questions 29-35: _____

PERFORMANCE:

Number of items scored 4 or 5 in questions 36-37: _____

Average performance score (add all scores, then divide by 9): _____