

Vanderbilt Teacher Assessment Follow-Up

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

Teacher's Name _____ School: _____ Grade: _____

Each rating should be considered in the context of what is appropriate for the age of your child.

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

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 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
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
18. Interrupts or intrudes in others' conversations and/or activities	0	1	2	3

ACADEMIC PERFORMANCE	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
19. Reading	1	2	3	4	5
20. Mathematics	1	2	3	4	5
21. Written Expression	1	2	3	4	5

SOCIAL PERFORMANCE	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
22. Relationship with peers	1	2	3	4	5
23. Following directions	1	2	3	4	5
24. Disrupting class	1	2	3	4	5
25. Assignment completion	1	2	3	4	5
26. Organizational skills	1	2	3	4	5

Vanderbilt Teacher Assessment Follow-Up, Continued

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

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

Pittsburg Side-Effects Rating Scale

Instructions: Listed below are several possible negative effects (side effects) that medication may have on an ADHD child. Please read each item carefully and circle the rate of severity of your child's side effects he/she has been on his/her current dose of medication. When requested, or whatever 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 and circle your answer:

- 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 must be considered.
- 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 current treatment.

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• Socially withdrawn – decreased interaction with others	None	Mild	Moderate	Severe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

COMMENTS:

FAX OR MAIL COMPLETED FORM TO ONE OFFICE LOCATION:

Anderson Hills Pediatrics
 7400 Jager Court
 Cincinnati, OH 45230
 Phone: 513-232-8100 Fax: 513-624-3191
Attn: Monica Clark

Anderson Hills Pediatrics
 1126 Ohio Pike
 Amelia, OH 45102
 Phone: 513-232-8100 Fax: 513-943-6154
Attn: Donna Mosley