



## Vanderbilt ADHD Follow-Up Teacher Rating Scale

### Child Study Center

Department of Pediatrics  
University of Oklahoma Health Sciences Center

Child's Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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 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

Behavior:	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 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 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
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 or games)	0	1	2	3

Academic & Classroom Behavioral Performance:	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
19. Reading	1	2	3	4	5
20. Writing	1	2	3	4	5
21. Mathematics	1	2	3	4	5
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

#### For Office Use Only

Total number of questions scored 2 or 3 in questions 1-9: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 10-18: \_\_\_\_\_

Total symptom score for questions 1-18: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 19-22: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 23-26: \_\_\_\_\_

Average Performance Score: \_\_\_\_\_

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

**Child's Name:** \_\_\_\_\_ **Teacher's Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Directions:** Listed below are several possible negative effects (side effects) that medication may have on an ADHD child. Please read each item carefully and use the boxes to rate the severity of your child's side effects 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 current treatment.

Side Effect:	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 below				
Buccal - lingual movements: Tongue thrusts, jaw clenching, chewing movement besides lip/cheek biting - describe below				
Picking at skin or fingers, nail biting, lip or cheek chewing - describe below				
Worried/Anxious				
Dull, Tired, Listless				
Headaches				
Stomachache				
Crabby, Irritable				
Tearful, Sad, Depressed				
Socially withdrawn - decreased interaction with others				
Hallucinations (seeing or hearing things that are not there)				
Loss of appetite				
Trouble sleeping (time went to sleep)				

**Comments:**