

Vanderbilt ADHD Teacher Diagnostic Scale

Child's Name: _____

Teacher's Name: _____

Fax: _____

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 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 refusal 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 ongoing 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 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 activities	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 get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
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's property	0	1	2	3
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 or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Vanderbilt ADHD Diagnostic Teacher Rating Scale, Cont.

Child's Name:

Name

Teacher'

s

Today's Date:

School:

Grade:

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.

Comments:

Tic Behaviors: To the best of your knowledge, please indicate if this child displays the following behaviors:

1. **Motor Tics:** Rapid, repetitive movements such as eye-blinking, grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, rapid kicks.

No tics present. Yes, they occur nearly every day, but go unnoticed by most people. Yes, noticeable tics occur nearly every day.

2. **Phonic (Vocal) Tics:** Repetitive noises including but not limited to throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, repetition of words or short phrases.

No tics present. Yes, they occur nearly every day, but go unnoticed by most people. Yes, noticeable tics occur nearly every day.

3. If **YES** to 1 or 2, Do these tics interfere with the child's activities (like reading, writing, walking, talking, or eating)? No Yes

Previous Diagnosis and Treatment: Please answer the following questions to the best of your knowledge.

- | | | |
|---|-----------------------------|------------------------------|
| 1. Has the child been diagnosed with ADHD or ADD? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Is he/she on medication for ADHD or ADD? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Has the child been diagnosed with a Tic Disorder or Tourette's Disorder? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Is he/she on medication for Tic Disorder or Tourette's Disorder? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |