

Dear Teacher:

Student Name: _____

Teacher Name: _____

I know your time is valuable. Please take a moment to complete the enclosed questionnaires. If you have additional comments, please feel free to enclose them in a note or letter, or write them on the back of this letter. Please start by answering the following two questions:

1. What concerns you most about this child?

2. What are this child's greatest strengths?

Thank you for your time.

If you have any additional comments or questions, feel free to call at 763.559.7050.

Vanderbilt ADHD Diagnostic Teacher Rating Scale

Each rating should be considered in the context of what is appropriate for the age of the children you are rating.

Frequency Code: 0 = Never; 1 = Occasionally; 2 = Often; 3 = 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 instruction 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 sustaining 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 on others (e.g., butts into conversations or games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply 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 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

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

PERFORMANCE

	Problematic		Average		Above Average
Academic Performance					
1. Reading	1	2	3	4	5
2. Mathematics	1	2	3	4	5
3. Written expression	1	2	3	4	5
Classroom Behavioral Performance					
1. Relationships with peers	1	2	3	4	5
2. Following directions/rules	1	2	3	4	5
3. Disrupting class	1	2	3	4	5
4. Assignment completion	1	2	3	4	5
5. Organizational skills	1	2	3	4	5

Teacher Rating Scale (adapted from Fabiano et al., 2006)

1) How do this student's problems affect his or her interactions with other students?

No Problem					Extreme Problem
1	2	3	4	5	6

Regardless of whether or not this student is popular or unpopular, does he or she have a special, close "best friend" that he or she has kept for more than a few months? (Please circle)

YES **NO**

2) How do this student's problems affect his or her relationships with the teacher?

No Problem					Extreme Problem
1	2	3	4	5	6

3) How do this student's problems affect his or her academic progress?

No Problem					Extreme Problem
1	2	3	4	5	6

4) How do this student's problems affect your classroom in general?

No Problem					Extreme Problem
1	2	3	4	5	6

5) How do this student's problems affect his or her self-esteem and/or emotional well-being?

No Problem					Extreme Problem
1	2	3	4	5	6

6) Please mark an "X" on the following line at the point that you believe reflects that overall severity of this student's problem in functioning and overall need for treatment.

No Problem Definitely Does Not Need Treatment or Special Services					Extreme Problem Definitely Needs Treatment or Special Services
1	2	3	4	5	6