

Health Concerns Evaluation - School Questionnaire

Today's Date: ___ / ___ / ___

Child's Name: _____

Age: _____

School: _____

Form Completed By: _____

Position: _____

School Contact Person: _____

Phone: (____) _____

Please describe this child's present educational program (include size and nature of classroom, hours per day the child attends, amount of structured and free time, special educational services).

Please describe this child's difficulties and strengths as you see them.

Please list any specific questions and/or areas in which you would like help with this child.

Please record any additional comments or information which you think would help us evaluate this child.

NICHQ Vanderbilt Assessment Scale: Teacher Informant

Child's Name: _____

Child's Date of Birth: _____

Teacher's Name: _____

Today's Date: _____

Class Time: _____

Class Name/Period: _____

Grade Level: _____

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: _____.

Symptoms	Never	Occasionally	Often	Very Often
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1. Fails to give attention to details or makes careless mistakes in schoolwork				
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2. Has difficulty sustaining attention to tasks or activities				
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3. Does not seem to listen when spoken to directly				
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4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)				
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5. Has difficulty organizing tasks and activities				
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6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort				
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7. Loses things necessary for tasks or activities (school assignments, pencils, books)				
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8. Is easily distracted by extraneous stimuli				
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9. Is forgetful in daily activities				
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10. Fidgets with hands or feet or squirms in seat				
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11. Leaves seat in classroom or in other situations in which remaining seated is expected				
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12. Runs about or climbs excessively in situations in which remaining seated is expected				
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13. Has difficulty playing or engaging in leisure activities quietly				
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14. Is "on the go" or often acts as if "driven by a motor"				
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15. Talks excessively				
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16. Blurts out answers before questions have been completed				
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17. Has difficulty waiting in line				
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18. Interrupts or intrudes in on others (eg, butts into conversations/games)				
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NICHQ Vanderbilt Assessment Scale: Teacher Informant

Symptoms (continued) Never Occasionally Often Very Often

- 19. Loses temper
- 20. Activity defies or refuses to comply with adults' requests or rules
- 21. Is angry or resentful
- 22. Is spiteful and vindictive
- 23. Bullies, threatens, or intimidates others
- 24. Initiates physical fights
- 25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)
- 26. Is physically cruel to people
- 27. Has stolen items of nontrivial value
- 28. Deliberately destroys others' property

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- 29. Is fearful, anxious, or worried
- 30. Is self-conscious or easily embarrassed
- 31. Is afraid to try new things for fear of making mistakes
- 32. Feels worthless or inferior
- 33. Blames self for problems; feels guilty
- 34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"
- 35. Is sad, unhappy, or depressed

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Academic Performance Excellent Above Average Average Somewhat of a Problem Problematic

- 36. Reading
- 37. Mathematics
- 38. Written expression

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5s /3

Classroom Behavioral Performance Excellent Above Average Average Somewhat of a Problem Problematic

- 39. Relationship with peers
- 40. Following directions
- 41. Disrupting class
- 42. Assignment completion
- 43. Organizational skills

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5s /5

Comments:

Please return this form to: _____

Mailing address: _____

Fax number: _____