

# Vanderbilt Teacher Assessment Follow-Up

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Subject: \_\_\_\_\_ Class Time: \_\_\_\_\_ AM or PM

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

<b>SYMPTOMS</b>	<b>Never</b>	<b>Occasionally</b>	<b>Often</b>	<b>Very Often</b>
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

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

<b>CLASSROOM PERFORMANCE</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Somewhat of a Problem</b>	<b>Problematic</b>
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

**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	Anderson Hills Pediatrics 1126 Ohio Pike Amelia, OH 45102 Phone: 513-232-8100 Fax: 513-943-6154
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# Vanderbilt Teacher Follow-Up, Continued

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Subject: \_\_\_\_\_ Class Time: \_\_\_\_\_ AM or PM

## 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) - <b>describe below</b>	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
• Buccal-lingual movements: Tongue thrusts, jaw clenching, chewing movement besides lip/cheek biting - <b>describe below</b>	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
• Picking at skin or fingers, nail biting, lip or cheek chewing – <b>describe below</b>	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
• Worried/Anxious	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
• Dull, tired, listless	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
• Headaches	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
• Stomachache	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
• Crabby, Irritable	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
• Tearful, Sad, Depressed	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
• Socially withdrawn – decreased interaction with others	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
• Hallucinations – see or hear things that aren't there	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
• Loss of appetite	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>

### COMMENTS:

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 Cincinnati, OH 45230  
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