



**ChristianaCare™**

**Christiana Care  
Pediatric Associates  
ADHD Teacher Packet**

- Read the accompanying information provided in the Teacher Packet.
  - Complete and sign the enclosed Teacher Evaluation.
  - Mail completed Teacher Evaluation Form to our office in the enclosed envelope.
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Christiana Care Pediatric Associates  
 4735 Ogletown-Stanton Road  
 Medical Arts Pavilion 2, Suite 1116  
 Newark, DE 19713

Neal Cohn, MD  
 Barbara Light, DO  
 Melissa Pe, DO  
 Tamara McGillin, CPNP, IBCLC

Victoria Levin, MD  
 Ann Masciantonio, MD, MS  
 Jennifer Moncure, CPNP, IBCLC  
 Jenny Calhoun, CPNP

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Dear Teacher,

The parents of your student \_\_\_\_\_ are seeking to have their child evaluated by our office for health concerns. As part of our evaluation process, I am asking both parents and teacher to complete a set of behavioral rating scales. This information is important for the diagnosis and treatment of your student.

**Your time and cooperation in this matter is greatly appreciated.** Attached please find a Release of Information Form that the parents have completed and a set of teacher rating scaled and questionnaires. These forms include:

- |  |          |
|--|----------|
| 1. NICHQ Vanderbilt Teacher Assessment Scale | 3. _____ |
| 2. _____                                     | 4. _____ |

**Generally, the teacher who spends the most time with the child should complete the teacher rating scales.** However, if the child has more than one primary teacher or has a special education teacher, it is useful for us to obtain a separate set of rating scaled from each teacher. If additional sets of rating scales are required, please have the parent contact me directly at 302-368-8612 and I will forward additional rating scales as needed. Please note that each teacher should complete an entire set of forms.

Please fill out the forms as completely as possible. If you do not know the answer to a question, please write, "Don't know", so that I can be sure the item was not simply overlooked. Some of the questions in the rating scales may seem redundant. This is necessary to ensure that I obtain accurate diagnostic information.

**I ask that you complete these forms as soon as possible,** as I am unable to begin a child's evaluation without the teacher rating scales. **The forms should be mailed to me directly in the envelope provided.**

Thank you for your assistance and cooperation in the completion of these forms. If you have any questions regarding the enclosed materials, or if you would like additional information regarding services provided, please do not hesitate to contact our office.

Sincerely,

The Clinical Department

CLINICIAN TOOLS



ADHD



# Vanderbilt Assessment Scale: ADHD Toolkit Teacher-Informant Form

Child's name: \_\_\_\_\_ Teacher's name: \_\_\_\_\_

Today's date: \_\_\_\_\_ School: \_\_\_\_\_ Gr: \_\_\_\_\_ Teacher's fax number: \_\_\_\_\_

Time of day you work with child: \_\_\_\_\_

**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 behaviors of the school year. **Please indicate the number of weeks or months you have been able to evaluate the behaviors:** \_\_\_\_\_

This evaluation is based on a time when the child:  Was on medication  Was not on medication  Not sure

Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
1. Does not give attention to details or makes mistakes that seem careless in schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has difficulty sustaining attention on tasks or activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does not seem to listen when spoken to directly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does not follow through on instructions and does not finish schoolwork (not because of refusal or lack of comprehension)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has difficulty organizing tasks and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Avoids, dislikes, or does not want to start tasks that require sustained mental effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Loses things necessary for tasks or activities (eg, school assignments, pencils, books)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is easily distracted by extraneous stimuli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is forgetful in daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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10. Fidgets with hands or feet or squirms in seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Leaves seat when remaining seated is expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Runs about or climbs too much when remaining seated is expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has difficulty playing or beginning quiet games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is on the go or often acts as if "driven by a motor"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Talks excessively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Blurts out answers before questions have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has difficulty waiting his or her turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Interrupts or intrudes on others' conversations or activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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# Vanderbilt Assessment Scale: ADHD Toolkit Teacher-Informant Form



Child's name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
19. Loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Actively defies or refuses to adhere to adult's requests or rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Is angry or resentful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is spiteful and vindictive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Bullies, threatens, or intimidates others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Initiates physical fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Lies to get out of trouble or to avoid obligations (ie, cons others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Is physically cruel to people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Has stolen things of nontrivial value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Deliberately destroys others' property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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Academic and Social Performance	Excellent (1)	Above Average (2)	Average (3)	Somewhat of a Problem (4)	Problematic (5)
36. Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Following directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Disrupting class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Assignment completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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5s 0 /8

Comments:

## Vanderbilt Assessment Scale: *ADHD Toolkit* Teacher-Informant Form



Child's name: \_\_\_\_\_ Today's date: \_\_\_\_\_

**Tic behaviors:** To the best of your knowledge, please indicate if **the** 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, and 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, and 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 (eg, reading, writing, walking, talking, eating)?**
  - No  Yes

**Previous diagnosis and treatment:** Please answer the following questions to the best of your knowledge:

- Has **the** child been diagnosed as having ADHD or ADD?
  - No  Yes
- Is he or she on medication for ADHD or ADD?
  - No  Yes
- Has **the** child been diagnosed as having a tic disorder or Tourette syndrome?
  - No  Yes
- Is he or she on medication for a tic disorder or Tourette disorder?
  - No  Yes

Adapted from the Vanderbilt rating scales developed by Mark L. Wolraich, MD.

# Vanderbilt Assessment Scale: *ADHD Toolkit* Teacher-Informant Form



Child's name: \_\_\_\_\_ Today's date: \_\_\_\_\_

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Total number of questions scored 2 or 3 in questions 1–9: \_\_\_\_\_ 0 \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 10–18: \_\_\_\_\_ 0 \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 19–28: \_\_\_\_\_ 0 \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 29–35: \_\_\_\_\_ 0 \_\_\_\_\_

Total number of questions scored 4 in questions 36–43: \_\_\_\_\_ 0 \_\_\_\_\_

Total number of questions scored 5 in questions 36–43: \_\_\_\_\_ 0 \_\_\_\_\_

