



Dear Parent/Guardian,

In order to help your healthcare provider determine if your child meets the criteria for Attention Deficit Hyperactivity Disorder (ADHD), we need to gather some more information from you and from your child's teacher(s). Please don't forget to answer ALL questions and to provide the name of the person filling out each form.

1. Please fill out the included Vanderbilt Assessments (marked for "Parents"). If there is more than one parent or caregiver in your home, feel free to fill out your own copy or complete the assessment together.
2. Please take the teacher form(s) and cover letter to your child's school and have your child's teacher(s) complete a form.
 - If your child has more than one teacher, please select a maximum of 3 to complete the form.
 - Please be sure to include the teacher for the class in which your child has the **most** trouble (academically and/or behaviorally), and the teacher for the academic class in which your child does the best or has the least trouble.
 - We also like to have information from at least one morning and one afternoon teacher.
3. We recommend that you schedule the appointment for the follow-up today and please ensure all forms are completed and returned to you by the time of the appointment. This will be a 40-minute appointment in which you will meet with the medical provider, a Behavioral Health Consultant (BHC), and a Care Navigator (CN). If you do not have the completed forms by the time of your appointment, please call the clinic to reschedule.
 - It is helpful if parents can drop off the completed forms at our clinic prior to the appointment. Please make a copy of the forms for your records. If you do not have access to a copy machine, the front desk staff at the clinic can make copies for you when you turn your forms in.

If your child is diagnosed with ADD/ADHD, we will then discuss treatment options with you. This may include medication, school supports, and other techniques you can try at home to help manage your child's behavior. If your child does not meet the criteria for ADHD but is displaying behavioral concerns, we can consult with you about ways to further evaluate and manage these.

Sincerely,

Every Child Pediatrics

Administration

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Thornton, CO 80229
P 303.450.3690
F 303.962.1511

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1550 South Potomac St.
Suite #130
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P 720.508.8400
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NICHQ Vanderbilt Assessment Scale: Parent Informant

Today's Date: _____

Child's Name: _____

Child's Date of Birth: _____

Parent's Name: _____

Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child

was on medication was not on medication not sure?

Symptoms	Never	Occasionally	Often	Very Often
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1. Does not pay attention to details or makes careless mistakes with, for example, homework				
---	--	--	--	--

2. Has difficulty keeping attention to what needs to be done				
--	--	--	--	--

3. Does not seem to listen when spoken to directly				
--	--	--	--	--

4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)				
---	--	--	--	--

5. Has difficulty organizing tasks and activities				
---	--	--	--	--

6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort				
---	--	--	--	--

7. Loses things necessary for tasks or activities (toys, assignments, pencils, books)				
---	--	--	--	--

8. Is easily distracted by noises or other stimuli				
--	--	--	--	--

9. Is forgetful in daily activities					For Office Use Only _____/9
-------------------------------------	--	--	--	--	--------------------------------

10. Fidgets with hands or feet or squirms in seat				
---	--	--	--	--

11. Leaves seat when remaining seated is expected				
---	--	--	--	--

12. Runs about or climbs too much when remaining seated is expected				
---	--	--	--	--

13. Has difficulty playing or beginning quiet play activities				
---	--	--	--	--

14. Is "on the go" or often acts as if "driven by a motor"				
--	--	--	--	--

15. Talks too much				
--------------------	--	--	--	--

16. Blurts out answers before questions have been completed				
---	--	--	--	--

17. Has difficulty waiting his or her turn				
--	--	--	--	--

18. Interrupts or intrudes in on others' conversations and/or activities					For Office Use Only _____/9
--	--	--	--	--	--------------------------------



Symptoms (continued) Never Occasionally Often Very Often

- 19. Argues with adults
20. Loses temper
21. Actively defies or refuses to go along with adults' requests or rules
22. Deliberately annoys people
23. Blames others for his or her mistakes or misbehaviors
24. Is touchy or easily annoyed by others
25. Is angry or resentful
26. Is spiteful and wants to get even

For Office Use Only /8

- 27. Bullies, threatens, or intimidates others
28. Starts physical fights
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)
30. Is truant from school (skips school) without permission
31. Is physically cruel to people
32. Has stolen things that have value
33. Deliberately destroys others' property
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)
35. Is physically cruel to animals
36. Has deliberately set fires to cause damage
37. Has broken into someone else's home, business, or car
38. Has stayed out at night without permission
39. Has run away from home overnight

For Office Use Only /14

- 41. Is fearful, anxious, or worried
42. Is afraid to try new things for fear of making mistakes
43. Feels worthless or inferior
44. Blames self for problems, feels guilty
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"
46. Is sad, unhappy, or depressed
47. Is self-conscious or easily embarrassed

For Office Use Only /7

Performance Excellent Above Average Average Somewhat of a Problem Problematic

- 48. Reading
49. Writing
50. Mathematics
51. Relationship with parents
52. Relationship with siblings
53. Relationship with peers
54. Participation in organized activities (eg, teams)

For Office Use Only 4s: /3

For Office Use Only 5s: /3

For Office Use Only 4s: /4

For Office Use Only 5s: /4



Other Conditions

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

-
- Motor Tics:** Rapid, repetitive movements such as eye blinking, grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, or rapid kicks.
 No tics present. Yes, they occur nearly every day but go unnoticed by most people. Yes, noticeable tics occur nearly every day.
 - Phonic (Vocal) Tics:** Repetitive noises including but not limited to throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, or 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.
 - 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: To the best of your knowledge, please answer the following questions:

-
- | | | |
|--|-----------------------------|------------------------------|
| 1. Has your child been diagnosed with a tic disorder or Tourette syndrome? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Is your child on medication for a tic disorder or Tourette syndrome? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Has your child been diagnosed with depression? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Is your child on medication for depression? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 5. Has your child been diagnosed with an anxiety disorder? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 6. Is your child on medication for an anxiety disorder? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7. Has your child been diagnosed with a learning or language disorder? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
-

Comments:



For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: _____

Total number of questions scored 2 or 3 in questions 10–18: _____

Total number of questions scored 2 or 3 in questions 19–26: _____

Total number of questions scored 2 or 3 in questions 27–40: _____

Total number of questions scored 2 or 3 in questions 41–47: _____

Total number of questions scored 4 in questions 48–50: _____

Total number of questions scored 5 in questions 48–50: _____

Total number of questions scored 4 in questions 51–54: _____

Total number of questions scored 5 in questions 51–54: _____

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of *Caring for Children With ADHD: A Resource Toolkit for Clinicians*, 2nd Edition. Copyright © 2012 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



Dear Teacher,

The parent(s) or caregiver(s) of your student contacted us regarding behavioral concerns for their child. As part of our evaluation process, we ask that a set of Vanderbilt Assessment Scales be completed. This information is important for the diagnosis of your student.

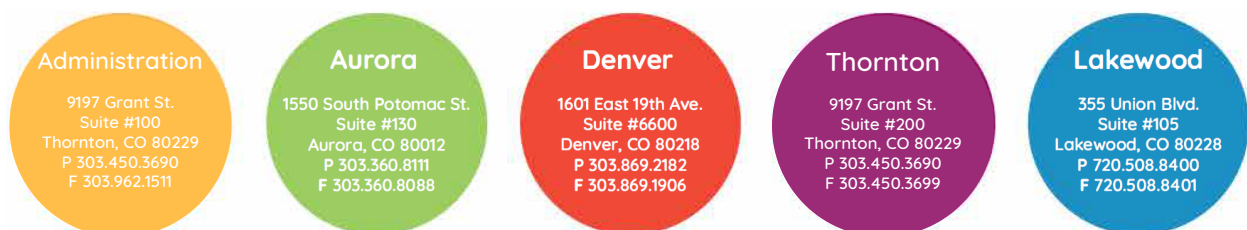
Your time and cooperation in this matter is greatly appreciated. Attached you will find a teacher Vanderbilt Assessment scale. Please fill out the form as completely as possible. If you don't know the answer to a question, please write "don't know," so that we can be sure the item was not simply overlooked.

We ask that you complete this form as soon as possible, as we are unable to complete a student's evaluation without teacher input. Your student's next appointment is on _____. Please return the form to the student's parent/caregiver before the appointment so that they can return it to the clinic.

We value your input and thank you for your assistance and cooperation.

Sincerely,

Every Child Pediatric



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	
1. Fails to give attention to details or makes careless mistakes in schoolwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Has difficulty sustaining attention to tasks or activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Does not seem to listen when spoken to directly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5. Has difficulty organizing tasks and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7. Loses things necessary for tasks or activities (school assignments, pencils, books)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8. Is easily distracted by extraneous stimuli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9. Is forgetful in daily activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only /9
10. Fidgets with hands or feet or squirms in seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11. Leaves seat in classroom or in other situations in which remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12. Runs about or climbs excessively in situations in which remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
13. Has difficulty playing or engaging in leisure activities quietly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
14. Is "on the go" or often acts as if "driven by a motor"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
15. Talks excessively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
16. Blurts out answers before questions have been completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
17. Has difficulty waiting in line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
18. Interrupts or intrudes in on others (eg, butts into conversations/games)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only /9



Symptoms (continued)	Never	Occasionally	Often	Very Often	
19. Loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
20. Activity defies or refuses to comply with adults' requests or rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
21. Is angry or resentful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
22. Is spiteful and vindictive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
23. Bullies, threatens, or intimidates others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
24. Initiates physical fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
26. Is physically cruel to people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
27. Has stolen items of nontrivial value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
28. Deliberately destroys others' property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 2 & 3s: 0 /10
29. Is fearful, anxious, or worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
30. Is self-conscious or easily embarrassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
31. Is afraid to try new things for fear of making mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
32. Feels worthless or inferior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
33. Blames self for problems; feels guilty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
35. Is sad, unhappy, or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 2 & 3s: 0 /7

Academic Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
36. Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
37. Mathematics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 4s: 0 /3
38. Written expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 5s: 0 /3

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
39. Relationship with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
40. Following directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
41. Disrupting class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
42. Assignment completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 4s: 0 /5
43. Organizational skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 5s: 0 /5

Comments:

Please return this form to: _____

Mailing address: _____

Fax number: _____



For Office Use Only

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 36–38: 0

Total number of questions scored 5 in questions 36–38: 0

Total number of questions scored 4 in questions 39–43: 0

Total number of questions scored 5 in questions 39–43: 0

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

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