

Vanderbilt Teacher Assessment Scale

Today's Date: _____ Child's Name: _____ DOB: _____

Teacher's Name: _____ School: _____ Grade: _____

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: _____

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	
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 in 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	Total # 2s + 3s
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	Total # 2s + 3s
18. Interrupts or intrudes in others' conversations and/or activities	0	1	2	3	TPS 1-18

CLASSROOM BEHAVIORAL PERFORMANCE	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
39. Relationship with peers	1	2	3	4	5	
40. Following directions	1	2	3	4	5	
41. Disrupting class	1	2	3	4	5	
42. Assignment completion	1	2	3	4	5	Total # 4s + 5s
43. Organizational skills	1	2	3	4	5	TPS 36-43

FAX OR MAIL COMPLETED FORM TO: (Check one office/location)

Union Mill Pediatrics, P.C. 13880 Braddock Road, Suite 201 Centreville, VA 20121 P 703-802-6304 F 703-802-6307 general@unionmillpediatrics.com	<input type="checkbox"/>	Union Mill Pediatrics, P.C. 13880 Braddock Road, Suite 201 Centreville, VA 20121 P 703-802-6304 F 703-802-6307 general@unionmillpediatrics.com
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