

## BEHAVIOR EVALUATION PACKET

There is one form that the teacher(s) will need to fill out.

The entire packet needs to be filled out and presented at or before the appointment.

# CHILDHOOD HISTORY FORM

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_

Street

City

Home Phone \_\_\_\_\_

State

Zip

Area Code

Child's School \_\_\_\_\_

Name

Address

Grade \_\_\_\_\_ Special Placement (if any) \_\_\_\_\_

Child is presently living with:

\_\_\_\_\_ Natural Mother      \_\_\_\_\_ Natural Father      \_\_\_\_\_ Stepmother      \_\_\_\_\_ Stepfather

\_\_\_\_\_ Adoptive Mother      \_\_\_\_\_ Adoptive Father      \_\_\_\_\_ Foster Mother      \_\_\_\_\_ Foster Father

\_\_\_\_\_ Other (Specify) \_\_\_\_\_

Non-residential adults involved with this child on a regular basis:

\_\_\_\_\_

Source of Referral: Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Briefly state main problem of this child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PARENTS

Mother \_\_\_\_\_

Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Age \_\_\_\_\_ Age at time of pregnancy with patient \_\_\_\_\_

School: Highest grade completed \_\_\_\_\_

Learning problems \_\_\_\_\_

Attention problems \_\_\_\_\_

Behavior problems \_\_\_\_\_

Medical Problems \_\_\_\_\_

Have any of your blood relatives experienced problems similar to those your child is experiencing? If so, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENTS (continued):**

Father \_\_\_\_\_  
Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_

School: Highest grade completed \_\_\_\_\_  
Learning problems \_\_\_\_\_  
Attention problems \_\_\_\_\_  
Behavior problems \_\_\_\_\_

Medical Problems \_\_\_\_\_

Have any of your blood relatives experienced problems similar to those your child is experiencing? If so, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIBLINGS**

	Name	Age	Medical, Social or School Problems
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

**PREGNANCY – Complications:**

Excessive vomiting \_\_\_\_\_ hospitalization required \_\_\_\_\_  
Excessive staining/blood loss \_\_\_\_\_ threatened miscarriage \_\_\_\_\_  
Infection(s) (specify) \_\_\_\_\_  
Toxemia \_\_\_\_\_ Operation(s) (specify) \_\_\_\_\_  
Other illness(es) (specify) \_\_\_\_\_  
Smoking during pregnancy \_\_\_\_\_ # cigarettes per day \_\_\_\_\_  
Alcoholic consumption during pregnancy \_\_\_\_\_  
Describe if beyond an occasional drink \_\_\_\_\_  
Medications taken during pregnancy \_\_\_\_\_  
X-ray studies during pregnancy \_\_\_\_\_  
Duration of pregnancy (weeks) \_\_\_\_\_

**DELIVERY**

Type of Labor: Spontaneous \_\_\_\_\_ Induced \_\_\_\_\_ Duration (hrs.) \_\_\_\_\_  
Type of Delivery: Normal \_\_\_\_\_ Breech \_\_\_\_\_ Cesarean \_\_\_\_\_  
Complications: Cord around neck \_\_\_\_\_ Hemorrhage \_\_\_\_\_  
Infant injured during delivery \_\_\_\_\_ Other \_\_\_\_\_  
Birth Weight \_\_\_\_\_

**POST DELIVERY PERIOD**

Jaundice \_\_\_\_\_ Cyanosis (turned blue) \_\_\_\_\_ Incubator Care \_\_\_\_\_  
Infection (specify) \_\_\_\_\_  
Number of days infant was in the hospital after delivery \_\_\_\_\_

**INFANCY PERIOD**

Were any of the following present — to a significant degree — during the first few years of life? If so, describe:

- Did not enjoy cuddling \_\_\_\_\_
- Was not calmed by being held or stroked \_\_\_\_\_
- Difficult to comfort \_\_\_\_\_
- Colic \_\_\_\_\_ Excessive restlessness \_\_\_\_\_
- Excessive irritability \_\_\_\_\_
- Diminished sleep \_\_\_\_\_
- Frequent headbanging \_\_\_\_\_
- Difficult nursing \_\_\_\_\_
- Constantly into everything \_\_\_\_\_

**MEDICAL HISTORY**

If your child's medical history includes any of the following, please note the age when the incident or illness occurred and any other pertinent information:

- Childhood diseases (describe ages and any complications) \_\_\_\_\_
- Operations \_\_\_\_\_
- Hospitalization for illness \_\_\_\_\_
- Head injuries \_\_\_\_\_
- Convulsions \_\_\_\_\_ with fever \_\_\_\_\_ without fever \_\_\_\_\_
- Coma \_\_\_\_\_
- Presistent high fevers \_\_\_\_\_
- Eye problems \_\_\_\_\_
- Ear problems \_\_\_\_\_
- Allergies or Asthma \_\_\_\_\_
- Poisoning \_\_\_\_\_
- Sleep problems \_\_\_\_\_
- Appetite \_\_\_\_\_

**PRESENT MEDICAL STATUS**

- Height \_\_\_\_\_ Weight \_\_\_\_\_
- Present illnesses for which the child is being treated \_\_\_\_\_
- Medications child is taking on ongoing basis \_\_\_\_\_

**DEVELOPMENTAL MILESTONES**

If you can recall, record the age at which your child reached the following developmental milestones. If you cannot recall exactly, check item at right:

- |                           | Age | Early | Normal | Late |
|---------------------------|-----|-------|--------|------|
| Smiled _____              |     |       |        |      |
| Sat without support _____ |     |       |        |      |

**DEVELOPMENTAL MILESTONES (continued):**

	Age	Early	Normal	Late
Crawled	_____	_____	_____	_____
Stood without support	_____	_____	_____	_____
Walked without assistance	_____	_____	_____	_____
Spoke first words	_____	_____	_____	_____
Said phrases	_____	_____	_____	_____
Said sentences	_____	_____	_____	_____
Bladder trained, day	_____	_____	_____	_____
Bladder trained, night	_____	_____	_____	_____
Bowel trained, day	_____	_____	_____	_____
Bowel trained, night	_____	_____	_____	_____
Rode tricycle	_____	_____	_____	_____
Rode bicycle (without training wheels)	_____	_____	_____	_____
Buttoned clothing	_____	_____	_____	_____
Tied shoelaces	_____	_____	_____	_____
Named colors	_____	_____	_____	_____
Named coins	_____	_____	_____	_____
Said alphabet in order	_____	_____	_____	_____
Began to read	_____	_____	_____	_____

**COORDINATION**

Rate your child on the following skills:

	Good	Average	Poor
Walking	_____	_____	_____
Running	_____	_____	_____
Throwing	_____	_____	_____
Catching	_____	_____	_____
Shoelace tying	_____	_____	_____
Buttoning	_____	_____	_____
Writing	_____	_____	_____
Athletic abilities	_____	_____	_____
Excessive number of accidents compared to other children	_____	_____	_____

**COMPREHENSION AND UNDERSTANDING**

Do you consider your child to understand directions and situations as well as other children his or her age? If not, why not? \_\_\_\_\_

How would you rate your child's overall level of intelligence compared to other children?

Below Average \_\_\_\_\_ Above Average \_\_\_\_\_ Average \_\_\_\_\_

**SCHOOL HISTORY**

Were you concerned about your child's ability to succeed in kindergarten? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

Rate your child's school experiences related to *academic learning*:

Good                      Average                      Poor

Nursery school \_\_\_\_\_

Kindergarten \_\_\_\_\_

Current grade \_\_\_\_\_

To the best of your knowledge, at what grade level is your child functioning:

Reading \_\_\_\_\_ Spelling \_\_\_\_\_ Arithmetic \_\_\_\_\_

Has your child ever had to repeat a grade? If so, when? \_\_\_\_\_

Present class placement: Regular Class \_\_\_\_\_ Special Class (if so, specify) \_\_\_\_\_  
\_\_\_\_\_

Kinds of special counseling or remedial work your child is currently receiving \_\_\_\_\_  
\_\_\_\_\_

Describe briefly any academic school problems \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rate your child's school experiences related to *behavior*:

Good                      Average                      Poor

Nursery school \_\_\_\_\_

Kindergarten \_\_\_\_\_

Current grade \_\_\_\_\_

Does your child's teacher describe any of the following as significant classroom problems?

Doesn't sit still in his or her seat \_\_\_\_\_

Frequently gets up and walks around the classroom \_\_\_\_\_

Shouts out. Doesn't wait to be called on \_\_\_\_\_

Won't wait his or her turn \_\_\_\_\_

Doesn't cooperate well in group activities \_\_\_\_\_

Typically does better in a one-to-one relationship \_\_\_\_\_

Doesn't respect the rights of others \_\_\_\_\_

Doesn't pay attention during storytelling or show and tell \_\_\_\_\_

Describe briefly any *other* classroom behavioral problems \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As best you can recall, please use the following space to provide a general description of your child's school progress in each grade. Use the back of this form if extra space is needed.

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**PEER RELATIONSHIPS**

Does your child seek friendships with peers? \_\_\_\_\_  
Is your child sought by peers for friendship? \_\_\_\_\_  
Does your child play with children primarily his or her own age? \_\_\_\_\_  
    Younger? \_\_\_\_\_ Older? \_\_\_\_\_  
Describe briefly any problems your child may have with peers \_\_\_\_\_

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**HOME BEHAVIOR**

All children exhibit, to some degree, the behaviors listed below. Check those that you believe your child exhibits to an excessive or exaggerated degree when compared to other children his or her own age.

- Fidgets with hands, feet or squirms in seat \_\_\_\_\_
- Has difficulty remaining seated when required to do so \_\_\_\_\_
- Easily distracted by extraneous stimulation \_\_\_\_\_
- Has difficulty awaiting his turn in games or group situations \_\_\_\_\_
- Blurts out answers to questions before they have been completed \_\_\_\_\_
- Has problems following through with instructions (usually not due to opposition or failure to comprehend) \_\_\_\_\_
- Has difficulty paying attention during tasks or play activities \_\_\_\_\_
- Shifts from one uncompleted activity to another \_\_\_\_\_
- Has difficulty playing quietly \_\_\_\_\_
- Often talks excessively \_\_\_\_\_
- Interrupts or intrudes on others (often not purposeful or planned but impulsive) \_\_\_\_\_
- Does not appear to listen to what is being said \_\_\_\_\_
- Loses things necessary for tasks or activities at home \_\_\_\_\_
- Boundless energy and poor judgment \_\_\_\_\_
- Impulsivity (poor self control) \_\_\_\_\_
- Frustrates easily \_\_\_\_\_
- History of temper tantrums \_\_\_\_\_
- Temper outbursts \_\_\_\_\_
- Frustrates easily \_\_\_\_\_
- Sloppy table manners \_\_\_\_\_
- Sudden outbursts of physical abuse of other children \_\_\_\_\_

**HOME BEHAVIOR** *(continued)*:

- Acts like he or she is driven by a motor \_\_\_\_\_
- Wears out shoes more frequently than siblings \_\_\_\_\_
- Excessive number of accidents \_\_\_\_\_
- Doesn't seem to learn from experience \_\_\_\_\_
- Poor memory \_\_\_\_\_
- A "different child" \_\_\_\_\_

Does your child create more problems, either purposeful or non-purposeful, within the home setting than his or her siblings? \_\_\_\_\_

Does your child have difficulty benefitting from his experiences? \_\_\_\_\_

Types of discipline you use with your child \_\_\_\_\_

Is there a particular form of discipline that has proven effective? \_\_\_\_\_

Have you participated in a parenting class or obtained other forms of information concerning discipline and behavior management? \_\_\_\_\_

**INTERESTS AND ACCOMPLISHMENTS**

What are your child's main hobbies and interests? \_\_\_\_\_

What are your child's areas of greatest accomplishment? \_\_\_\_\_

What does your child enjoy doing most? \_\_\_\_\_

What does your child dislike doing most? \_\_\_\_\_

What do you like about your child? \_\_\_\_\_

**LIST NAMES AND ADDRESSES OF ANY OTHER PROFESSIONALS CONSULTED:**

(Including family doctor)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_





Many parents worry about this question. The answer comes from children, families, teachers, and doctors working together as a team. Watching your child's behavior at home and in the community is very important to help answer this question. Your doctor will ask you to fill out rating scales about your child. Watching your child's behavior and talking with other adults in the child's life will be important for filling out the forms.

**Here are a few tips about what you can do to help answer the question:**

**Watch your child closely during activities where he or she should pay attention.**

- Doing homework
- Doing chores
- During storytelling or reading

**Watch your child when you expect him or her to sit for a while or think before acting.**

- Sitting through a family meal
- During a religious service
- Crossing the street
- Being frustrated
- With brothers or sisters
- While you are on the phone

**Pay attention to how the environment affects your child's behavior. Make changes at home to improve your child's behavior.**

- Ensure that your child understands what is expected. Speak slowly to your child. Have your child repeat the instructions.
- Turn off the TV or computer games during meals and homework. Also, close the curtains if it will help your child pay attention to what he or she needs to be doing.
- Provide structure to home life, such as regular mealtimes and bedtime. Write down the schedule and put it where the entire family can see it. Stick to the schedule.
- Provide your child with planned breaks during long assignments.
- Give rewards for paying attention and sitting, not just for getting things right and finishing. Some rewards might be: dessert for sitting through a meal, outdoor play for finishing homework, and praise for talking through problems.
- Try to find out what things set off problem behaviors. See if you can eliminate the triggers.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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**If your child spends time in 2 households, compare observations.**

- Consult your child's other parent about behavior in that home. Cooperation between parents in this area really helps the child.
- If the child behaves differently, consider differences in the environment that may explain the difference in behavior. Differences are common and not a mark of good or bad parenting.

**Talk to your child's teacher.**

- Learn about your child's behavior at school. Talk about how your child does during academic lessons and also during play with other children.
- Compare your child's behavior in subjects he or she likes and those in which he or she has trouble with the work.
- Determine how the environment at school affects your child's behavior. When does your child perform well? What events trigger problem behaviors?
- Consider with the teacher whether your child's learning abilities should be evaluated at school. If he or she has poor grades in all subjects or in just a few subjects or requires extra time and effort to learn material, then a learning evaluation may be valuable.

**Gather impressions from other adult caregivers who know your child well.**

- Scout leaders or religious instructors who see your child during structured activities and during play with other children
- Relatives or neighbors who spend time with your child
- Determine how other environments affect your child's behavior. When does your child perform well? What events trigger problem behaviors?

**Make an appointment to see your child's doctor.**

- Let the receptionist know you are concerned that your child might have ADHD.
- If possible, arrange a visit when both parents can attend.

Adapted from materials by Heidi Feldman, MD, PhD

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Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ 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
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other 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 when 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 beginning quiet play activities	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 or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

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

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Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Somewhat of a		
			Average	Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

**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 Symptom Score for questions 1-18: \_\_\_\_\_

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 or 5 in questions 48-55: \_\_\_\_\_

Average Performance Score: \_\_\_\_\_

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Teacher's Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ 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: \_\_\_\_\_.

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 tasks 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 tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	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 excessively in situations in which 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 excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (eg, butts into conversations/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3

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.

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Teacher's Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_

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

Symptoms (continued)	Never	Occasionally	Often	Very Often
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems; feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Performance <i>Academic Performance</i>	Excellent	Average	Above Average	Somewhat	
				of a Problem	Problematic
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

<i>Classroom Behavioral Performance</i>	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
43. Organizational skills	1	2	3	4	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: \_\_\_\_\_

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

Total Symptom Score for questions 1-18: \_\_\_\_\_

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

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

Total number of questions scored 4 or 5 in questions 36-43: \_\_\_\_\_

Average Performance Score: \_\_\_\_\_

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