

HEALING MINDS

Vanderbilt ADHD Teacher Rating Scale — Initial

Child's Name:

Date:

Child's Age:

Gender:

Grade:

Teacher Name:

School:

Grade / Subject:

Contact Phone:

Email:

For each item below, please rate the child's behavior over the past 6 months.

0 = Never 1 = Occasionally 2 = Often 3 = Very Often

Item 1: _____
0 1 2 3

Item 2: _____
0 1 2 3

Item 3: _____
0 1 2 3

Item 4: _____
0 1 2 3

Item 5: _____
0 1 2 3

Item 6: _____
0 1 2 3

Item 7: _____
0 1 2 3

Item 8: _____
0 1 2 3

Item 9: _____
0 1 2 3

Item 10: _____
0 1 2 3

Item 11: _____
0 1 2 3

Item 12: _____
0 1 2 3

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Continued symptom ratings:

Item 13: _____
0 1 2 3

Item 14: _____
0 1 2 3

Item 15: _____
0 1 2 3

Item 16: _____
0 1 2 3

Item 17: _____
0 1 2 3

Item 18: _____
0 1 2 3

Item 19: _____
0 1 2 3

Item 20: _____
0 1 2 3

Item 21: _____
0 1 2 3

Item 22: _____
0 1 2 3

Item 23: _____
0 1 2 3

Item 24: _____
0 1 2 3

Item 25: _____
0 1 2 3

Item 26: _____
0 1 2 3

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Continued symptom ratings (cont.):

Item 27:	_____			
	0	1	2	3
Item 28:	_____			
	0	1	2	3
Item 29:	_____			
	0	1	2	3
Item 30:	_____			
	0	1	2	3
Item 31:	_____			
	0	1	2	3
Item 32:	_____			
	0	1	2	3
Item 33:	_____			
	0	1	2	3
Item 34:	_____			
	0	1	2	3
Item 35:	_____			
	0	1	2	3
Item 36:	_____			
	0	1	2	3
Item 37:	_____			
	0	1	2	3
Item 38:	_____			
	0	1	2	3
Item 39:	_____			
	0	1	2	3
Item 40:	_____			
	0	1	2	3

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Final symptom ratings:

Item 41: _____
0 1 2 3

Item 42: _____
0 1 2 3

Item 43: _____
0 1 2 3

Item 44: _____
0 1 2 3

Item 45: _____
0 1 2 3

Item 46: _____
0 1 2 3

Item 47: _____
0 1 2 3

Academic and Classroom Performance (past 6 months):

Rate classroom functioning. 1 = Problematic ... 5 = Excellent.

P1. Reading
1 2 3 4 5

P2. Mathematics
1 2 3 4 5

P3. Written expression
1 2 3 4 5

P4. Relationship with peers
1 2 3 4 5

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Academic and Classroom Performance (continued):

P5. Following directions

1 2 3 4 5

P6. Disrupting class

1 2 3 4 5

P7. Assignment completion

1 2 3 4 5

P8. Organizational skills

1 2 3 4 5

Impairment / Overall:

I1. Do the behaviors above cause problems in more than one setting (school, home, with peers)?

Yes No

I2. Overall, do these behaviors interfere with the student's classroom functioning?

Yes No

Additional comments:

Teacher Signature: _____

Date: _____