

Children's Health Services Behavioral Assessment Scale- Teacher Form
 A combination of Vanderbilt forms from 2002 & 2001 from the AAP



Children's Health Services, P.A.
 Pediatric & Adolescent Care

Teacher's name: _____ # _____ Date completed: _____
 Child's name: _____ Grade: _____
 Subject: _____ Time of day: _____

Each rating should be considered in the context of what is appropriate for the age of your child.

Is this evaluation based on a time when the child was:
 ___ ON medication ___ 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 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

Sub total

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 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 in on others (eg, butts into conversations/ games)	0	1	2	3

Sub total

Total

19. Loses temper	0	1	2	3
20. Actively defies or refuses to go along with adults' 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 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

Total

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
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/her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Total

Performance	Excellent	Above Average	Average	A Problem	Problematic	TOTAL		
Academic Performance								
36. Reading	1	2	3	4	5			
37. Mathematics	1	2	3	4	5			
38. Written expression	1	2	3	4	5			
Performance								
Classroom Behavioral Performance								
39. Relationships 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			
							Total	Total

Severity of Impairment (To be completed by Teacher)

Considering your total experience with this child, how severely impaired is he/she at this time? Compare this child to average normal children you are familiar with from you totality of experience. Please circle the number that best describes this child.

Normal, no impairment 1	Symptoms are not present any more than expected (of a typical child of the same age and gender in the same situations) and do not produce impairment of normal functioning at home or at school.
Slight impairment 2	Symptoms are present a little more frequently or intensely than expected (of a typical child of the same age and gender in the same situations) and only rarely produce impairment of normal functioning at home or school.
Mild impairment 3	Symptoms are present somewhat more frequently or intensely than expected (of a typical child of the same age and gender in the same situations) and only sometimes produce impairment of normal functioning at home or school.
Moderate impairment 4	Symptoms are present a lot more frequently or intensely than expected (of a typical child of the same age and gender in the same situations) and usually produce impairment of normal functioning at home or school.
Severe impairment 5	Symptoms are present a great deal more frequently or intensely than expected (of a typical child of the same age and gender in the same situations) and most of the time produces impairment of normal functioning at home or school.
Very severe impairment 6	Symptoms are present so much more frequently or intensely than expected (of a typical child of the same age and gender in the same situations) and almost always produce impairment of normal functioning at home or at school.
Maximal, profound impairment 7	Symptoms are present so frequently or intensely that they produce significant and pervasive impairment, which creates a crisis requiring immediate action to prevent serious deterioration, to avoid danger, or to prevent harm.

Medication Side Effects: Has the child experienced any of the following side effects or problems in the past week?	Are these side effects a problem?			
	None	Mild	Moderate	Severe
Headache				
Stomachache				
Change of appetite – EXPLAIN				
Trouble sleeping				
Irritability in the late morning, late afternoon, or evening(circle time that applies) – EXPLAIN				
Socially withdrawn – decreased interaction with others				
Extreme sadness or unusual crying				
Dull, tired, listless behavior				
Tremors/ feeling shaky				
Repetitive movements, tics, jerking, twitching, eye blinking –explain below EXPLAIN				
Picking at skin or fingers, nail biting, lip or cheek chewing – explain below EXPLAIN				
Sees or hears things that aren't there				

Comments:
