

Vanderbilt Parent Assessment Scale

Date _____

Child's Name _____ DOB _____

Parents Name _____ Phone Number _____

EDUCATION HISTORY :

School _____ Current Grade _____

What Grade did School Problems Start? _____

Is your child currently receiving additional help? ___ SSD? ___ Other? _____

Has your child had educational/psychological testing? ___ If yes, by whom? _____

Results of Testing? _____

Areas of Concern:

<input type="checkbox"/> absenteeism	<input type="checkbox"/> peer relations	<input type="checkbox"/> memory	<input type="checkbox"/> written expression	<input type="checkbox"/> classwork completion
<input type="checkbox"/> anger control	<input type="checkbox"/> risk taking	<input type="checkbox"/> motor skills	<input type="checkbox"/> attention	<input type="checkbox"/> homework
<input type="checkbox"/> disobedience	<input type="checkbox"/> self esteem	<input type="checkbox"/> reading	<input type="checkbox"/> distractibility	<input type="checkbox"/> health problems
<input type="checkbox"/> disruptive behavior	<input type="checkbox"/> unhappy	<input type="checkbox"/> receptive language	<input type="checkbox"/> hyperactivity	<input type="checkbox"/> anxious
<input type="checkbox"/> inconsistent performance	<input type="checkbox"/> immaturity	<input type="checkbox"/> expressive language	<input type="checkbox"/> retaining information	
<input type="checkbox"/> test taking	<input type="checkbox"/> motivation	<input type="checkbox"/> math	<input type="checkbox"/> spelling	

Comments:

SOCIAL/FAMILY HISTORY:

Mother's Name _____ Father's Name _____

Occupation _____ Occupation _____

Parents: Married _____ Divorced _____ Separated _____

Patient lives with: _____

Siblings (names and ages): _____

Is there a family history of attention problems, depression, other psychiatric problems, or substance abuse? _____ If yes, please comment _____

	Never	Occasionally	Often	Very Often
1. Fails to given 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 when 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 (i.e. butts into conversations or games)	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 comply 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

	Never	Occasionally	Often	Very Often
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 vindictive	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Initiates physical fights	0	1	2	3
29. Lies to obtain goods for favors or to avoid obligations (i.e. "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 items of nontrivial value	0	1	2	3
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/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

