

Vanderbilt Assessment Scale, Follow-up: *ADHD Toolkit* Teacher-Informant Form



Child's name: _____ Today's date: _____

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 number of questions scored 2 or 3 in questions 19–28: _____

Total number of questions scored 4 in questions 29–36: _____

Total number of questions scored 5 in questions 29–36: _____

