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## PARENT EVALUATION

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone Number (Home) \_\_\_\_\_

Address: \_\_\_\_\_ (Work) \_\_\_\_\_

\_\_\_\_\_

MAJOR CONCERNS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER PROBLEMS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE THERE:

Feeding Problems, Yes or No (If yes, describe): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sleeping Problems, Yes or No (If yes, describe): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**MEDICAL HISTORY:**

Birth Weight: \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Due Date: \_\_\_\_\_ Hospital: \_\_\_\_\_

Complications during pregnancy/birth:

Mother: \_\_\_\_\_

Child: \_\_\_\_\_

**MEDICAL PROBLEMS:**

Child's Physician: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications (current): \_\_\_\_\_

Immunizations: Up to date \_\_\_\_\_ Needs \_\_\_\_\_

Hospitalizations/Surgeries: \_\_\_\_\_

Other Illnesses: \_\_\_\_\_

Has your child used any of the following: (if still being seen, please list them)

Specialists: \_\_\_\_\_

Therapists: \_\_\_\_\_

Programs: \_\_\_\_\_

**DEVELOPMENTAL HISTORY (when appropriate):**

Milestones:

Age Child first: Sat alone: \_\_\_\_\_

Walked Independently: \_\_\_\_\_

Said first word: \_\_\_\_\_

Two word 'sentences': \_\_\_\_\_

Has child lost skills: \_\_\_\_\_

Interaction with children of same age: \_\_\_\_\_



## Vanderbilt Assessment Scale - Parent Informant #6175

Name of Child: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
 Completed by: \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

Directions: Each rating should be considered in the context of what is appropriate for the age of the child. When completing this form, please think about your child's behavior in the past 6 months.

Is this evaluation based on a time when the child \_\_\_\_ was on medication \_\_\_\_ was not on medication \_\_\_\_ not sure?

<i>Symptoms</i>	<i>Never</i>	<i>Occasionally</i>	<i>Often</i>	<i>Very Often</i>
1. Does not pay close 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 on instructions and fails to finish schoolwork, chores, or duties	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 (e.g., schoolwork or homework)	0	1	2	3
7. Loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, or books or tools)	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 (e.g. butts into conversations/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 adult's 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
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

<i>Symptoms</i>	<i>Never</i>	<i>Occasionally</i>	<i>Often</i>	<i>Very Often</i>
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

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

	<i>Excellent</i>	<i>Average</i>	<i>Above Average</i>	<i>Somewhat of a Problem</i>	<i>Problematic</i>
<i>Classroom Behavioral Performance</i>					
51. Relationship with peers	1	2	3	4	5
52. Following directions	1	2	3	4	5
53. Disrupting class	1	2	3	4	5
54. Assignment completion	1	2	3	4	5
55. Organizational skills	1	2	3	4	5

Comments:

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