

Nombre del maestro(a)/Teacher's Name: .....

Hora de clase/Class Time: .....

Materia/Período/Class Name/Period: .....

Fecha actual/Today's Date: .....

Nombre del alumno(a)/Child's Name: .....

Grado escolar/Grade Level: .....

**Instrucciones:** Al evaluar a su alumno, conteste basándose en lo que considera apropiado para un niño de esa edad. Las respuestas deben reflejar su conducta desde el inicio del año escolar. Indique el número de semanas o meses que ha podido observar su conducta: .....

**Directions:** Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: .....

Esta evaluación se refiere a un período en el que el niño(a)

Is this evaluation based on a time when the child

 tomaba medicamentos  
was on medication

 no tomaba medicamentos  
was not on medication

 no lo sabe  
not sure?

Síntomas/ Symptoms	Nunca/ Never	A veces/ Occasionally	Seguido/ Often	Muy seguido/ Very Often
1. No pone atención a los detalles o comete errores en sus actividades escolares por descuido <i>Fails to give attention to details or makes careless mistakes in schoolwork</i>	0	1	2	3
2. Se le dificulta mantenerse atento al llevar a cabo sus tareas o actividades <i>Has difficulty sustaining attention to tasks or activities</i>	0	1	2	3
3. Parece no estar escuchando cuando se le habla directamente <i>Does not seem to listen when spoken to directly</i>	0	1	2	3
4. No sigue las instrucciones hasta el final y no concluye sus actividades escolares (no porque se rehúse a seguirlas o porque no las comprenda) <i>Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)</i>	0	1	2	3
5. Tiene dificultad al organizar sus tareas y actividades <i>Has difficulty organizing tasks and activities</i>	0	1	2	3
6. Evita, le disgusta o se niega a comenzar actividades que requieren un continuo esfuerzo mental <i>Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort</i>	0	1	2	3
7. Pierde cosas que son indispensables para cumplir con sus tareas o actividades (tareas de la escuela, lápices o libros) <i>Loses things necessary for tasks or activities (school assignments, pencils, or books)</i>	0	1	2	3
8. Se distrae fácilmente con estímulos externos <i>Is easily distracted by extraneous stimuli</i>	0	1	2	3
9. Es olvidadizo(a) en sus actividades cotidianas <i>Is forgetful in daily activities</i>	0	1	2	3
10. Mueve constantemente las manos o los pies, o no se está quieto(a) en su asiento <i>Fidgets with hands or feet or squirms in seat</i>	0	1	2	3

La información contenida en esta publicación no debe usarse a manera de sustitución del cuidado médico y consejo de su pediatra. Este podría recomendar variaciones en el tratamiento, según hechos y circunstancias individuales.

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Adaptación de las Escalas de Clasificación Vanderbilt, diseñadas por Mark L. Wolraich, MD.  
Revisión - 0303

**D4s2 Sistema NICHQ Vanderbilt de Evaluación. Continuación cuestionario del MAESTRO  
NICHQ Vanderbilt Assessment Scale—TEACHER Informant, continued**

Nombre del maestro(a)/Teacher's Name: \_\_\_\_\_

Hora de clase/Class Time: \_\_\_\_\_

Materia/Periodo/Class Name/Period: \_\_\_\_\_

Fecha actual/Today's Date: \_\_\_\_\_

Nombre del alumno(a)/Child's Name: \_\_\_\_\_

Grado escolar/Grade Level: \_\_\_\_\_

Síntomas (continuación)/ Symptoms (continued)	Nunca/ Never	A veces/ Occasionally	Seguido/ Often	Muy seguido/ Very Often
11. Se pone de pie en el aula cuando debiera permanecer sentado <i>Leaves seat in classroom or in other situations in which remaining seated is expected</i>	0	1	2	3
12. Corre o camina por todos lados cuando debiera permanecer sentado <i>Runs about or climbs excessively in situations in which remaining seated is expected</i>	0	1	2	3
13. Se le dificulta jugar o empezar actividades recreativas más tranquilas <i>Has difficulty playing or engaging in leisure activities quietly</i>	0	1	2	3
14. Está en constante movimiento o actúa como si "tuviera un motor por dentro" <i>Is "on the go" or often acts as if "driven by a motor"</i>	0	1	2	3
15. Habla excesivamente <i>Talks excessively</i>	0	1	2	3
16. Responde precipitadamente, incluso antes de escuchar la pregunta completa <i>Blurts out answers before questions have been completed</i>	0	1	2	3
17. Tiene dificultad haciendo fila o cola <i>Has difficulty waiting in line</i>	0	1	2	3
18. Se entromete o interrumpe a otros (en conversaciones o juegos) <i>Interrupts or intrudes on others (eg, butts into conversations/games)</i>	0	1	2	3
19. Pierde el control de sus emociones <i>Loses temper</i>	0	1	2	3
20. Desafía abiertamente o se niega a cumplir las órdenes o las reglas de los adultos <i>Actively defies or refuses to comply with adults' requests or rules</i>	0	1	2	3
21. Se le ve enojado(a) o resentido(a) <i>Is angry or resentful</i>	0	1	2	3
22. Es rencoroso(a) y vengativo(a) <i>Is spiteful and vindictive</i>	0	1	2	3
23. Reta, amenaza o intimida a otros <i>Bullies, threatens, or intimidates others</i>	0	1	2	3
24. Comienza peleas de contacto físico <i>Initiates physical fights</i>	0	1	2	3
25. Miente para conseguir bienes o favores o para eludir sus obligaciones <i>Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)</i>	0	1	2	3
26. Es físicamente cruel con los demás <i>Is physically cruel to people</i>	0	1	2	3
27. Ha robado objetos de cierto valor <i>Has stolen items of nontrivial value</i>	0	1	2	3
28. Destruye deliberadamente la propiedad ajena <i>Deliberately destroys others' property</i>	0	1	2	3
29. Siente miedo, ansiedad o está preocupado(a) <i>Is fearful, anxious, or worried</i>	0	1	2	3
30. Está pendiente de sus actos o se avergüenza fácilmente <i>Is self-conscious or easily embarrassed</i>	0	1	2	3



**D4s3 Sistema NICHQ Vanderbilt de Evaluación. Continuación cuestionario del MAESTRO**  
**NICHQ Vanderbilt Assessment Scale—TEACHER Informant, continued**

Nombre del maestro(a)/Teacher's Name: \_\_\_\_\_

Hora de clase/Class Time: \_\_\_\_\_

Materia/Periodo/Class Name/Period: \_\_\_\_\_

Fecha actual/Today's Date: \_\_\_\_\_

Nombre del alumno(a)/Child's Name: \_\_\_\_\_

Grado escolar/Grade Level: \_\_\_\_\_

<b>Síntomas (continuación)/ Symptoms (continued)</b>	<b>Nunca/ Never</b>	<b>A veces/ Occasionally</b>	<b>Seguido/ Often</b>	<b>Muy seguido/ Very Often</b>
31. Teme hacer nuevas cosas por temor a cometer errores <i>Is afraid to try new things for fear of making mistakes</i>	0	1	2	3
32. Se desprecia a si mismo se siente inferior <i>Feels worthless or inferior</i>	0	1	2	3
33. Siente que los problemas son responsabilidad suya y se siente culpable <i>Blames self for problems; feels guilty</i>	0	1	2	3
34. Se siente solo(a), rechazado(a) o sin amor; se queja de que nadie lo quiere <i>Feels lonely, unwanted, or unloved; complains that "no one loves him or her"</i>	0	1	2	3
35. Se le ve triste, infeliz o deprimido(a) <i>Is sad, unhappy, or depressed</i>	0	1	2	3

<b>Rendimiento/Performance Comportamiento Académico/Academic Performance</b>	<b>Excelente/ Excellent</b>	<b>Sobre lo normal/ Above Average</b>	<b>Normal/ Average</b>	<b>Cierta dificultad/ Somewhat of a Problem</b>	<b>Con dificultad/ Problematic</b>
36. Lectura <i>Reading</i>	1	2	3	4	5
37. Matemáticas <i>Mathematics</i>	1	2	3	4	5
38. Expresión escrita <i>Written expression</i>	1	2	3	4	5

<b>Conducta escolar Classroom Behavioral Performance</b>	<b>Excelente/ Excellent</b>	<b>Sobre lo normal/ Above Average</b>	<b>Normal/ Average</b>	<b>Cierta dificultad/ Somewhat of a Problem</b>	<b>Con dificultad/ Problematic</b>
39. Relación con sus compañeros <i>Relationship with peers</i>	1	2	3	4	5
40. Sigue instrucciones <i>Following directions</i>	1	2	3	4	5
41. Conducta en clase <i>Disrupting class</i>	1	2	3	4	5
42. Concluye las tareas asignadas <i>Assignment completion</i>	1	2	3	4	5
43. Habilidad para organizarse <i>Organizational skills</i>	1	2	3	4	5

**Comentarios/Comments:**

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

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

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

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay 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 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
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 too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	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 go along 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
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

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

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### D3 NICHQ Vanderbilt Assessment Scale—PARENT Informant, continued

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

Symptoms (continued)	Never	Occasionally	Often	Very Often
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 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

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Comments:

**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 Symptom Score for questions 1–18: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 19–26: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 27–40: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 41–47: \_\_\_\_\_

Total number of questions scored 4 or 5 in questions 48–55: \_\_\_\_\_

Average Performance Score: \_\_\_\_\_

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