

Rudolph Bolling Psychiatry, PC
 VANDERBILT *TEACHER* BEHAVIOR EVALUATION SCALE (VTBES)

Please return to our office at (844)270-4926

Student's Name: _____ Today's Date: _____

Grade: _____ School: _____ Teacher's Name: _____

Subject(s) Taught: _____

Times of Day/ Period(s) that student is taught by teacher: _____

Each rating should be considered in the context of what is appropriate for the age of the children you are rating and reflecting his/her behavior. Please indicate the number of weeks or months you have been able to observe the behaviors: _____ weeks or _____ months

Frequency Code:	0=Never	1=Occasionally	2=Often	3=Very Often
1. Fails to give attention to details or makes careless mistakes in school work	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 tasks and 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 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 or games)	0	1	2	3

For items 1- 18, if you answered 2 or 3 ("often" or "very often"), please explain if the symptoms worsen over the course of the day, and, if so, at what time they seem to worsen. You may also explain any of the other answers that you gave above.

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Student's Name: _____

Today's date: _____

19.	Loses temper	0	1	2	3
20.	Actively defies or refuses to comply 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 or to avoid obligations (i.e., "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 other's property	0	1	2	3
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

ACADEMIC PERFORMANCE

	Problematic		Average	Above Average	
Reading	1	2	3	4	5
Mathematics	1	2	3	4	5
Written Expression	1	2	3	4	5
Homework completion	1	2	3	4	5

CLASSROOM BEHAVIOR

	Problematic		Average	Above Average	
Relationship with peers	1	2	3	4	5
Following directions/rules	1	2	3	4	5
Disrupting class	1	2	3	4	5
Assignment completion	1	2	3	4	5
Organizational skills	1	2	3	4	5

Please use the space below to explain any areas that you rated problematic or to express any other concerns. Thank you!
