



Assessment powered by

NovoPsych

Vanderbilt ADHD Diagnostic Teacher Rating Scale (VADTRS)

<i>Client Name</i>	Generic Client	<i>Date administered</i>	18 Jun 2025
<i>Date of birth (age)</i>	14 Dec 2015 (9)	<i>Time taken</i>	2 min 31s
<i>Assessor</i>	Dr David Hegarty		

Informant

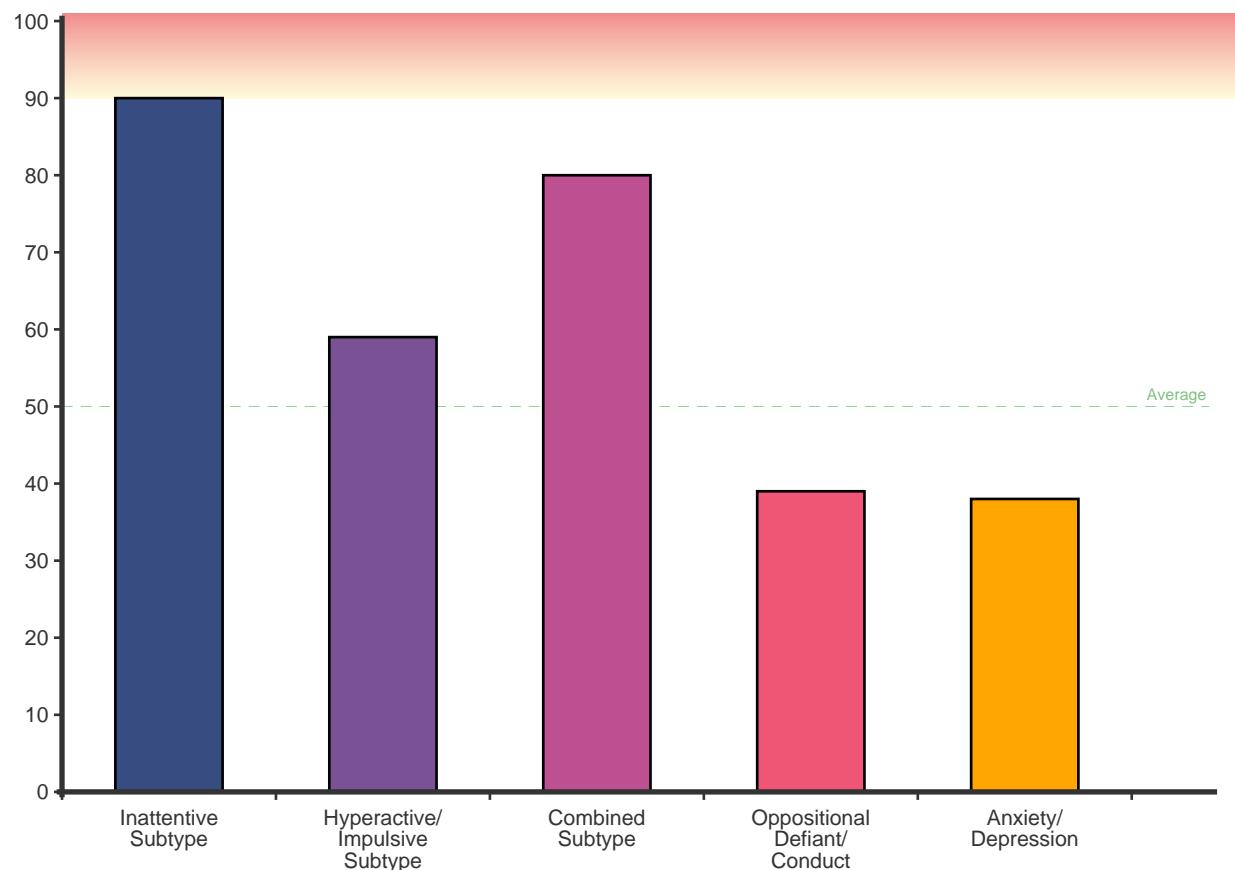
Teacher Name

Mr J. Smith

Results

	Raw Score	Symptom Count	Above clinical cutoff?	Normative Percentile
Inattentive Subtype	16	6	Yes	90
Hyperactive/Impulsive Subtype	9	2	No	59
Combined Subtype	25	8	No	80
Oppositional Defiant Disorder / Conduct Problems	5	0	No	39
Anxiety/ Depression	7	0	No	38

VADTRS Subscale Normative Percentiles





Assessment powered by

NovoPsych

Client Name | Generic Client

Interpretation

Gender-specific percentiles are reported below using the male normative sample.

The results of the Vanderbilt ADHD Diagnostic Teacher Rating Scale (VADTRS), as completed on 18 June 2025, indicate the client meets the screening criteria for ADHD Predominantly Inattentive presentation.

Inattentive Symptoms

Symptom Count: 6, Percentile: 90 (Above Clinical Cutoff)

The client's score on the Inattentive subscale is above the clinical cutoff, with 6 of 9 inattentive symptoms rated as occurring "Often" or "Very Often" (six or more are required to meet diagnostic criteria). Additionally, there is evidence of functional impairment in the classroom or academic performance. These results are consistent with the Predominantly Inattentive presentation of ADHD. In particular, the teacher endorsed the following inattentive symptoms:

- 6. *Avoids, dislikes, or is reluctant to engage in tasks that require sustaining mental effort (Very Often)*
- 1. *Does not pay attention to details or makes careless mistakes, such as in homework (Often)*
- 2. *Has difficulty sustaining attention to tasks or activities (Often)*
- 4. *Does not follow through on instruction and fails to finish schoolwork (not due to oppositional behaviour or failure to understand) (Often)*

Hyperactive/Impulsive Symptoms

Symptom Count: 2, Percentile: 59 (Below Clinical Cutoff)

The client's score does not suggest clinically significant hyperactive/impulsive symptoms from the teacher's perspective. They display 2 of the 9 hyperactive/impulsive symptoms at clinically significant levels (fewer than the six required).

Combined ADHD Presentation

Total Symptom Count: 8, Percentile: 80 (Below Clinical Cutoff)

The client does not meet criteria for a Combined presentation of ADHD. Although they meet criteria for the Inattentive presentation, they do not meet the full criteria for the Hyperactive/Impulsive presentation, which is required for a Combined diagnosis.

Oppositional Defiant Symptoms

Symptom Count: 0, Percentile: 39 (Below Clinical Cutoff)

The client's score does not suggest clinically significant oppositional defiant symptoms from the teacher's perspective. They display 0 of the 10 oppositional symptoms at clinically significant levels (fewer than the three required).

Anxiety/Depression Symptoms

Symptom Count: 0, Percentile: 38 (Below Clinical Cutoff)

The client's score does not suggest clinically significant anxiety or depression symptoms from the teacher's perspective. They display 0 of the 7 anxiety/depression symptoms at clinically significant levels (fewer than the three required).

Functional Impairment

The assessment indicates functional impairment in following directions/rules, disrupting class, assignment completion and organisational skills. These functional impairments are significant as they indicate that the symptoms are causing problems in the classroom environment, which is an essential criterion for diagnosis.



Client Name	Generic Client
-------------	----------------

Scoring and Interpretation Information

For comprehensive information on the VADTRS, [see here](#).

The Vanderbilt ADHD Diagnostic Teacher Rating Scale (VADTRS) scores consist of subscale scores across multiple clinical domains. Higher scores represent higher levels of symptoms within each of the domains measured. Raw scores (sum of Likert response options), symptom scores, clinical cutoff descriptors (whether meeting the diagnostic criteria or not), and percentiles (based upon the symptom counts) are provided for the following subscales of the VADTRS:

- Inattentive (Items 1-9) assesses core symptoms of inattention including difficulty sustaining attention, not listening when spoken to, failing to follow instructions, and being easily distracted.
- Hyperactive/Impulsive (Items 10-18) measures hyperactivity and impulsivity symptoms including fidgeting, inappropriate movement, excessive talking, and interrupting others.
- Combined presentation occurs when both Inattentive and Hyperactive/Impulsive criteria are met.
- Oppositional Defiant/Conduct Problems (Items 19-28) screens for oppositional and conduct behaviours such as arguing with adults, defying requests, being angry or resentful, and more serious rule-breaking behaviours.
- Anxiety/Depression (Items 29-35) assesses internalising symptoms including fearfulness, worry, sadness, and feelings of worthlessness.

Items 36-43 assess functional impairment in academic (reading, mathematics, and written expression) and classroom (peer relationships, following directions, class disruption, assignment completion, and organisational skills) domains. These functional impairment questions are used to determine whether a child meets the clinical cutoff criteria for each of the behavioural dimensions assessed.

The VADTRS employs both dimensional (raw score) and symptom count scoring approaches. The raw score uses the dimensional scoring technique where sum scores for each subscale provide continuous measures of symptom severity, where higher scores equate to higher symptom severity. However, the percentiles are based upon symptom counts (the number of items rated as "often" or "very often" for each subscale) and are derived from the original normative sample of over 8,000 elementary school children from the Wolraich et al. (1998) validation study. Percentiles are calculated separately for male and female students, with combined norms used when gender information is not available. Percentiles indicate the child's position relative to same-gender peers in the normative sample based on their symptom count. A percentile of 50 indicates that the symptom count for the child is at average and expected levels for a child of that gender, and a percentile of 90 indicates that the child has relatively high symptom counts compared to their peers (i.e., higher than 90 percent of their peers).

The clinical cutoffs use the symptom count approach where behaviours rated as "often" or "very often" are flagged as significant symptoms, with clinical cutoffs based upon meeting both threshold numbers AND functional impairment (Items 36-43). ADHD presentations require six or more qualifying symptoms plus functional impairment in at least one domain. Oppositional Defiant/Conduct problems require three or more symptoms plus impairment, and Anxiety/Depression requires three or more symptoms plus functional impairment. The functional impairment questions (Items 36-43) evaluate eight domains: three academic performance areas (reading, mathematics, written expression) and five classroom behavioural performance areas (peer relationships, following directions, class disruption, assignment completion, and organisational skills), where scores of 1 or 2 (problematic or somewhat of a problem) indicate

**Client Name** | Generic Client

Scoring and Interpretation Information (cont.)

significant impairment.

Note, research has consistently demonstrated gender differences in the presentation and recognition of ADHD, with females often being underdiagnosed due to less disruptive symptom presentations and different behavioural expressions (Hinshaw et al., 2022; Martin, 2024). To address this potential bias, the VADTRS interpretive system includes gender-equivalence flagging that identifies cases where female students may warrant further clinical evaluation despite not meeting traditional diagnostic thresholds. Specifically, when a female student's symptom count falls below the diagnostic threshold but her percentile rank matches or exceeds that of males who do meet diagnostic criteria (90th percentile for inattentive symptoms, 95th percentile for hyperactive/impulsive symptoms), the interpretive text will include a clinical note highlighting this discrepancy. This flagging system recognises that percentile ranks may represent clinical significance across genders, and ensures that clinicians are alerted to potentially significant symptoms that might otherwise be overlooked in female students, thereby supporting more equitable diagnostic practices.

On first administration of the VADTRS a plot shows the normative percentiles for all subscales with a coloured background at the 90th percentile and above, indicating potentially elevated scores. A line is presented on this plot at the 50th percentile which indicates an average symptom level for each of the subscales. Subsequent administrations of the VADTRS show longitudinal plots showing the ADHD subtype raw scores and comorbid percentiles over time. Note the coloured shading in the background of both plots represents symptom severity, not necessarily whether a client meets diagnostic criteria or not (given this is dependent upon functional impairment too).

When VADTRS scores are available from multiple timepoints, changes in scores can provide valuable information about the effectiveness of interventions or developmental changes in symptoms. For comparative interpretation, changes in symptom counts are flagged. If applicable, this interpretive text outlining change in scores is displayed first within the interpretive text section.

Client Responses

		Never	Occasionally	Often	Very Often
1	Does not pay attention to details or makes careless mistakes, such as in homework	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 instruction and fails to finish schoolwork (not due to oppositional behaviour or failure to understand)	0	1	2	3
5	Has difficulty organising tasks and activities	0	1	2	3

**Client Name** | Generic Client**Client Responses (cont.)**

		Never	Occasionally	Often	Very Often
6	Avoids, dislikes, or is reluctant to engage in tasks that require sustaining 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 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	Blurs 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
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

**Client Name** | Generic Client**Client Responses (cont.)**

		Never	Occasionally	Often	Very Often
25	Lies to obtain goods for favours 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 others' 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

PERFORMANCE

36	Rate his/her academic performance in reading
----	--

- 1 Problematic
- 2 Somewhat of a Problem
- 3 Average**
- 4 Above Average
- 5 Excellent

		Problematic	Somewhat of a Problem	Average	Above Average	Excellent
37	Rate his/her academic performance in mathematics	1	2	3	4	5
38	Rate his/her academic performance in written expression	1	2	3	4	5



Assessment powered by

NovoPsych

Client Name | Generic Client

Client Responses (cont.)

CLASSROOM BEHAVIOURAL PERFORMANCE						
39	Rate his/her classroom behavioural performance in relationships with peers	1	2	3	4	5
	1 Problematic					
	2 Somewhat of a Problem					
	3 Average					
	4 Above Average					
	5 Excellent					
40	Rate his/her classroom behavioural performance in following directions/rules	1	2	3	4	5
41	Rate his/her classroom behavioural performance in disrupting class	1	2	3	4	5
42	Rate his/her classroom behavioural performance in assignment completion	1	2	3	4	5
43	Rate his/her classroom behavioural performance in organisational skills	1	2	3	4	5
44	Name of teacher who completed this form:					
	Mr J. Smith					