

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

Teacher's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**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 last assessment scale was filled out. Please indicate the number of weeks or months you have been able to evaluate the behaviors: \_\_\_\_\_.

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	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 efforts	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, 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. 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 in on others (eg, butts into conversations/ games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Activity 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 (eg, "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

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

<b>Academic Performance</b>	<b>Excellent</b>	<b>Average</b>	<b>Above Average</b>	<b>Somewhat of a Problem</b>	<b>Problematic</b>
29. Reading	1	2	3	4	5
30. Mathematics	1	2	3	4	5
31. Written expression	1	2	3	4	5

<b>Classroom Behavioral Performance</b>	<b>Excellent</b>	<b>Average</b>	<b>Above Average</b>	<b>Somewhat of a Problem</b>	<b>Problematic</b>
32. Relationships with peers	1	2	3	4	5
33. Following directions	1	2	3	4	5
34. Disrupting class	1	2	3	4	5
35. Assignment Completion	1	2	3	4	5
36. Organizational skills	1	2	3	4	5

	<b>Are these side effects currently a problem?</b>			
<b>Side Effects:</b> Has the student experienced any of the following side effect or problems in the past week?	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
Headache	0	1	2	3
Stomachache	0	1	2	3
Change of appetite – explain below	0	1	2	3
Trouble sleeping	0	1	2	3
Irritability in the late morning, late afternoon or evening – explain below	0	1	2	3
Socially withdrawn – decreased interaction with others	0	1	2	3
Extreme sadness or unusual crying	0	1	2	3
Dull, tired, listless behavior	0	1	2	3
Tremors/feeling shaky	0	1	2	3
Repetitive movements, tics, jerking, twitching, eye blinking – explain below	0	1	2	3
Picking at skin or fingers, nail biting, lip or cheek chewing – explain below	0	1	2	3
Sees or hears things that aren't there	0	1	2	3

**Explain/Comments:**

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**Please return this form to:** Cockerell & McIntosh Pediatrics, P.C.  
 1203 SW State Route 7  
 Blue Springs, MO 64014  
 Office Number: 816-228-4770  
 Fax Number: 816-228-1156