

CHILD ATTENTION PROFILE

TEACHER FORM

Child's Name _____ Child's Age _____ Date: _____

Filled Out by _____ Child's Sex ()M ()F

Directions: Below is a list of items that describe pupils. For each item that describes the pupil *now* or *within the past week*, check whether the item is *Not True*, *Somewhat or Sometimes True*, or *Very or Often True*. Please check all items as well as you can, even if some do not seem to apply to this pupil.

	Not true	Somewhat or sometimes true	Very or often true
1. Fails to finish things he/she starts	()	()	()
2. Can't concentrate, can't pay attention for long	()	()	()
3. Can't sit still, restless, or hyperactive	()	()	()
4. Fidgets	()	()	()
5. Daydreams or gets lost in his/her thoughts	()	()	()
6. Impulsive or acts without thinking	()	()	()
7. Difficulty following directions	()	()	()
8. Talks out of turn	()	()	()
9. Messy work	()	()	()
10. Inattentive, easily distracted	()	()	()
11. Talks too much	()	()	()
12. Fails to carry out assigned tasks	()	()	()

Does this child have problems paying attention or concentrating in any of these situations? If so, indicate how severe these attentional difficulties are.

<i>Situations</i>	<i>Yes/No</i> (Circle one)		<i>If yes, how severe?</i>								
	Yes	No	Mild	(Circle one) Severe							
During individual deskwork	Yes	No	1	2	3	4	5	6	7	8	9
During small-group activities	Yes	No	1	2	3	4	5	6	7	8	9
During free-play time in class	Yes	No	1	2	3	4	5	6	7	8	9
During lectures to the class	Yes	No	1	2	3	4	5	6	7	8	9
On field trips	Yes	No	1	2	3	4	5	6	7	8	9
During special assemblies	Yes	No	1	2	3	4	5	6	7	8	9
During movies, filmstrips	Yes	No	1	2	3	4	5	6	7	8	9
During class discussions	Yes	No	1	2	3	4	5	6	7	8	9