**CAP RATING SCALE**

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_Date of Rating:\_\_\_\_/\_\_\_\_/\_\_\_\_

Filled Out By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Below is a list of items that describe pupils. For each item that describes the pupil *now or within the last week*, check whether the item is **Not True, Somewhat 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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Morning** | Not True | Somewhat Or Sometimes True | Very or Often True | **Afternoon** | Not True | Somewhat or Sometimes True | Very Or Often True |
| 1.Fails to finish things he/she starts |  |  |  | 1.Fails to finish things he/she starts |  |  |  |
| 2.Can’t concentrate, can’t pay attention for long |  |  |  | 2.Can’t concentrate, can’t pay attention for long |  |  |  |
| 3.Can’t sit still, restless or hyperactive |  |  |  | 3.Can’t sit still, restless or hyperactive |  |  |  |
| 4.Fidgets |  |  |  | 4.Fidgets |  |  |  |
| 5.Daydreams or gets lost in his/her thoughts |  |  |  | 5.Daydreams or gets lost in his/her thoughts |  |  |  |
| 6.Impulsive, or acts without thinking |  |  |  | 6.Impulsive, or acts without thinking |  |  |  |
| 7.Difficulty following directions |  |  |  | 7.Difficulty following directions |  |  |  |
| 8.Talks out of turn |  |  |  | 8.Talks out of turn |  |  |  |
| 9.Messy |  |  |  | 9.Messy |  |  |  |
| 10.Inattentive, easily distracted |  |  |  | 10.Inattentive, easily distracted |  |  |  |
| 11.Talks too much |  |  |  | 11.Talks too much |  |  |  |
| 12.Fails to carry out assigned tasks |  |  |  | 12.Fails to carry out assigned tasks |  |  |  |

**Concerns for Emotional Problems? Y\_\_\_ N\_\_\_ Please add any additional comments below (include another sheet or write on back if necessary, any other observations would be most helpful). Once completed, may give back to parent or fax to 1-888-519-4344, Ronald Magat MD Thank you!**