

Behavior Rating Scale

Child's Name _____ Name of Person Completing Form _____

Date _____ Please circle the number that best describes your child's behavior over the past six months, or since the school year has started.

	Never or Rarely	Sometimes	Often	Very Often
Fails to give close attention to details or makes careless mistakes in schoolwork.	1	2	3	4
Fidgets with hands or feet or squirms in seat.	1	2	3	4
Does not seem to listen when spoken to directly.	1	2	3	4
Runs about or climbs excessively in situations in which it is inappropriate.	1	2	3	4
Has difficulty organizing tasks and activities.	1	2	3	4
Has difficulty playing or engaging in leisure or play activities quietly.	1	2	3	4
Loses things necessary for tasks or activities.	1	2	3	4
Is often on the go or acts as if "driven by a motor."	1	2	3	4
Is easily distracted.	1	2	3	4
Leaves seats in situations in which remaining seated is expected.	1	2	3	4
Is forgetful in daily activities.	1	2	3	4
Has difficulty sustaining attention in tasks or play.	1	2	3	4
Talks excessively.	1	2	3	4
Does not follow through on instructions and fails to finish work.	1	2	3	4
Blurts out answers to questions before they have been completed.	1	2	3	4
Avoids academic tasks that require sustained mental effort.	1	2	3	4
Has difficulty awaiting turn.	1	2	3	4
Often interrupts or intrudes on others (e.g., into conversations or activities).	1	2	3	4