

Conner's Abbreviated Teacher Rating Scale

Child's Name: _____ Date: _____

Teacher: _____ Class: _____

Instructions: Please consider the last week only in filling out the checklist. Check the appropriate box for each item ("Not at All", "Just a Little", "Pretty Much", or "Very Much") which best describes your assessment of the child. Please complete all ten items.

Observation:	Not at All	Just a Little	Pretty Much	Very Much
1. Restless or overactive				
2. Excitable, impulsive				
3. Disturbs other children				
4. Fails to finish things started-short attention span				
5. Constantly fidgeting				
6. Inattentive, easily distracted				
7. Demands must be met immediately-easily frustrated				
8. Cries often and easily				
9. Mood changes quickly and drastically				
10. Temper outbursts, explosive and unpredictable behavior				

Is there a difference in behavior during the course of the day? If yes, please comment:

Additional Comments:

Please return by Fax to Dr. _____ @ 404-351-0243