

CHILD ATTENTION PROFILE

Child's Name _____ Child's Age _____

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Can't concentrate, can't pay attention for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Can't sit still, restless, or hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Fidgets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Daydreams or gets lost in his/her thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Impulsive or acts without thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Difficulty following directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Talks out of turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Messy Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Inattentive, easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Talks too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Fails to carry out assigned tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please feel free to write any comments about the pupil's work or behavior in the last week here.

Note. From C.S. Edelbrock. University of Massachusetts Medical Center, Worcester.
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