

James R. Parks, M.D. PLLC
Child & Adolescent Psychiatry

Office:
 102 E. Sunbridge Dr. Ste #1
 Fayetteville, AR 72703

Phone: (479) 790-4889
 Fax: (479) 935-3159
 Email: james@jamesparksmd.com

BEHAVIOR RATING SCALE – TEACHER FORM

Child's Name: _____ Date: _____
 Name of person completing this form: _____
 Teaches: (subject) _____

Instructions: Please circle the number next to each item that best describes the behavior of this child **during** the last six (6) months.

Items:	Never or Rarely	Sometimes	Often	Very Often
1. Fails to give close attention to details or makes careless mistakes in his/her work	0	1	2	3
2. Fidgets with hands or feet or squirms in seat	0	1	2	3
3. Has difficulty sustaining his/her attention in tasks or fun activities	0	1	2	3
4. Leaves his/her seat in classroom or in other situations in which seated is expected	0	1	2	3
5. Doesn't listen when spoken to directly	0	1	2	3
6. Seems restless	0	1	2	3
7. Doesn't follow through on instructions and fails to finish work	0	1	2	3
8. Has difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9. Has difficulty organizing tasks and activities	0	1	2	3
10. Feels "on the go" or "driven by a motor"	0	1	2	3
11. Avoids, dislikes, or is reluctant to engage in work that requires sustained mental effort	0	1	2	3
12. Talks excessively	0	1	2	3
13. Loses things necessary for tasks or activities	0	1	2	3
14. Blurts out answers before questions have been completed	0	1	2	3
15. Is easily distracted	0	1	2	3
16. Has difficulty awaiting turn	0	1	2	3
17. Is forgetful in daily activities	0	1	2	3
18. Interrupts or intrudes on other	0	1	2	3

How old was this child when you noticed the above problems? _____

Instructions: To what extent do the problems circled above interfere with this child's ability to function in each of these areas of school activities **during** the past six (6) months?

Items:	Never or Rarely	Sometimes	Often	Very Often
1. In his/her home life with my immediate family	0	1	2	3
2. In his/her interactions with other children	0	1	2	3
3. In his/her activities or dealings in the community	0	1	2	3
4. In school	0	1	2	3
5. In sports, clubs, or other organizations	0	1	2	3
6. In learning to take care of him/herself	0	1	2	3
7. In his/her play, leisure, or recreational activities	0	1	2	3
8. In his/her handling of daily chores or other responsibilities	0	1	2	3
9. In his/her management of time at school	0	1	2	3

James R. Parks, M.D. PLLC
Child & Adolescent Psychiatry

Instructions: Again, please circle the number next to each item that best describes the behavior of this child **during** the last six (6) months.

Items:	Never or Rarely	Sometimes	Often	Very Often
1. Loses temper	0	1	2	3
2. Argues with adults	0	1	2	3
3. Actively defies or refuses to comply with adults requests or rules	0	1	2	3
4. Deliberately annoys people	0	1	2	3
5. Blames others for his/her mistakes or misbehavior	0	1	2	3
6. Is touchy or easily annoyed by others	0	1	2	3
7. Is angry or resentful	0	1	2	3
8. Is spiteful or vindictive	0	1	2	3