

## CAP RATING SCALE

<b>Child's Name:</b>  <b>Today's Date:</b>  <b>Filled out by:</b>	<b>For Office Use Only</b>
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Below is a list of items that describes pupils. For each item that describes the pupil now or within the past \_\_\_\_\_, 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 .....	[]	[]	[]
2. Can't concentrate, can't pay attention for long ...	[]	[]	[]
3. Can't sit still, restless, or hyperactive .....	[]	[]	[]
4. Fidgets .....	[]	[]	[]
5. Daydreams or gets lost in his/her thoughts .....	[]	[]	[]
6. Impulsive or acts without thinking .....	[]	[]	[]
7. Difficulty following directions .....	[]	[]	[]
8. Talks out of turn .....	[]	[]	[]
9. Messy work .....	[]	[]	[]
10. Inattentive, easily distracted .....	[]	[]	[]
11. Talks too much .....	[]	[]	[]
12. Fails to carry out assigned tasks .....	[]	[]	[]

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