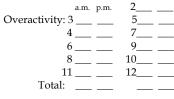
Edelbrock Rating Scale	9
------------------------	---

Child's Name:

Below is a list of items that describe behavior. For each item, check whether that behavior 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.

Morning	Not True	Somewhat or Sometimes True	Very or Often True		Afternoon	Not True	Somewhat or Sometimes True	Very or Often True
Fails to finish things s/he starts				1	Fails to finish things s/he starts			
Can't concentrate or can't pay attention for long				2	Can't concentrate or can't pay attention for long			
Can't sit still, restless, or hyperactive				3	Can't sit still, restless, or hyperactive			
Fidgets				4	Fidgets			
Daydreams or gets lost in his/her thoughts				5	Daydreams or gets lost in his/her thoughts			
Impulsive or acts without thinking				6	Impulsive or acts without thinking			
Difficulty following directions				7	Difficulty following directions			
Talks out of turn				8	Talks out of turn			
Messy work				9	Messy work			
Inattentive, easily distracted				10	Inattentive, easily distracted			
Talks too much				11	Talks too much			
Fails to carry out assigned tasks				12	Fails to carry out assigned tasks			

How serious a problem do you think this child has at this time? (Circle one) Moderate None Minor Severe Please feel free to write any comments about student's symptoms, work or behavior. Total Score: _____ a.m. p.m. Partial Scores: Inattention: 1____



Date scale completed: _____ Time: _____ Class period: _____