DISRUPTIVE BEHAVIOR RATING SCALE—TEACHER FORM

Child's name:	Date:		
Name of person completing this form			

What class(es) do you teach this child?_____ In a typical school day, how many hours do you observe this child?_____

Instructions: Please circle the number next to each item that best describes the behavior of this child during the past week.

	Never			Very
Items:	or rarely	Sometimes	Often	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
 Has difficulty sustaining his/her attention in tasks or fun activities 	0	1	2	3
 Leaves his/her seat in classroom or in other situations in which seating is expected 	0	1	2	3
5. Doesn't listen when spoken to directly	0	1	2	3
<u>6. Seems restless</u>	0	1	2	3
 Doesn't follow through on instructions and fails to finish work 	0	1	2	3
 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
<u>10. Seems "on the go" or "driven by a motor"</u>	0	1	2	3
 Avoids, dislikes, or is reluctant to engage in work that requires sustained mental effort 	0	1	2	3
<u>1 2. Talks excessively</u>	0	1	2	3_
13. Loses things necessary for tasks or activities	0	1	2	<u>3</u> 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 others	0	1	2	3

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Please return to parent.

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