

## TEACHER EVALUATION FORM

**Directions:**

Please press the **Tab** key to see the first entry blank (field). In each blank below, type in your answer and then press **Tab** to go to the next field. For more help with filling out Acrobat forms, see [help](#). **Please indicate what subject or grade you teach and the time of day you see the student. When you are done, please print out the completed form and fax or snail-mail it to the above address.** Thank you!

Date Sep 5, 2002

Student \_\_\_\_\_

School \_\_\_\_\_

Teacher \_\_\_\_\_

Class \_\_\_\_\_

Phone \_\_\_\_\_

Time of Class \_\_\_\_\_

**Please comment on any of the following statements.**

1. Reminders to work independently:
2. Reminders to finish work:
3. Distracting others:
4. Having a hard time sitting still:
5. Does not understand or follow through on directions:
6. Sleepiness or tuned out of learning situations:
7. Impulsive behavior:
8. Learning problems:

**Other Comments:**

## CAP RATING SCALE

**Directions:**  
 Please press the **Tab** key to enter the first entry blank (field). In each blank below, type in your answer and then press **Tab** to go to the next field. For more help with filling out Acrobat forms, see [help](#).

**Student Name** \_\_\_\_\_ **Student Age** \_\_\_\_\_  
**Filled Out By** \_\_\_\_\_ **Student Gender** M  F

For each item that describes the pupil now or within the past week, check the radio button as to 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="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Can't concentrate, can't pay attention for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Can't sit still—restless or hyperactive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Fidgets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Daydreams or gets lost in his/her thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	Is impulsive or acts without thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	Has difficulty following directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	Talks out of turn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	Does messy work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	Is inattentive, easily distracted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	Talks too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	Fails to carry out assigned tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Other Comments:**

**Please print this form and fax or snail-mail to the above address. Keep a copy for your records.**