

TEACHER'S FORM

PLEASE ASK THE TEACHER IN CHARGE OF YOUR CHILD/TEENAGER TO FILL OUT THIS FORM

We ask the teacher in charge of your child/teenager to fill out this form (or the teacher who know's him best)

Please modify this form directly (PDF)

Do not print this document

Please send it back to us in the same format (PDF)

For more infomation, visit www.excellemd.com/en/ADHD.

If you have any questions, contact us at 450-735-8111 (1-844-735-8111)

GO BACK TO THE ADHD WEB PAGE

Scan this QR code to go back to the ADHD page of ExcelleMD's website.

Contact us at 450-735-8111 (1-844-735-8111)





Patient Name: _____

Date of birth: _____ MRN/File #: _____

Clinician's Name: _____ Date: _____

CADDRA Teacher Assessment Form

Student's Name: _____ Age: _____ Gender: _____

School: _____ Grade: _____

Educator completing this form: _____ Date Completed: _____

How long have you known the student? _____ Time spent each day with student: _____

Student's Educational Designation: _____ None

Does this student have an educational plan? Yes No

ACADEMIC PERFORMANCE	Well Below Grade Level	Somewhat Below Grade Level	At Grade Level	Somewhat Above Grade Level	Well Above Grade Level	n/a
READING						
a) Decoding						
b) Comprehension						
c) Fluency						
WRITING						
d) Handwriting						
e) Spelling						
f) Written syntax (sentence level)						
g) Written composition (text level)						
MATHEMATICS						
h) Computation (accuracy)						
i) Computation (fluency)						
j) Applied mathematical reasoning						
CLASSROOM PERFORMANCE	Well Below Average	Below Average	Average	Above Average	Well Above Average	n/a
Following directions/instructions						
Organizational skills						
Assignment completion						
Peer relationships						
Classroom Behaviour						

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SNAP-IV 26 – Teacher Rating Scale

James M. Swanson, Ph.D., University of California, Irvine, CA 92715

Name: _____

Gender: _____ Age: _____ Grade: _____ Class Size: _____

Completed by: _____ Teacher Parent

For each item, check the column which best describes this child.	Not at all	Just a little	Quite a bit	Very much
1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
2. Often has difficulty sustaining attention in tasks or play activities				
3. Often does not seem to listen when spoken to directly				
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties				
5. Often has difficulty organizing tasks and activities				
6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort				
7. Often loses things necessary for activities (e.g., toys, school assignments, pencils, or books)				
8. Often is distracted by extraneous stimuli				
9. Often is forgetful in daily activities				
10. Often fidgets with hands or feet or squirms in seat				
11. Often leaves seat in classroom or in other situations in which remaining seated is expected				
12. Often runs about or climbs excessively in situations in which it is inappropriate				
13. Often has difficulty playing or engaging in leisure activities quietly				
14. Often is "on the go" or often acts as if "driven by a motor"				
15. Often talks excessively				
16. Often blurts out answers before questions have been completed				
17. Often has difficulty awaiting turn				
18. Often interrupts or intrudes on others (e.g. butts into conversations/ games)				
19. Often loses temper				
20. Often argues with adults				
21. Often actively defies or refuses adult requests or rules				
22. Often deliberately does things that annoy other people				
23. Often blames others for his or her mistakes or misbehavior				
24. Often touchy or easily annoyed by others				
25. Often is angry and resentful				
26. Often is spiteful or vindictive				