

CONNOR SCALE

TODAY'S DATE: _____

Patient/Student Name: _____ DOB: _____

Parent or Guardian: _____ Grade: _____

Teacher's Name: _____ School: _____

INSTRUCTIONS: Check the appropriate box for each item. Not all, Just a little, Pretty much, or Very much, which best describes your assessment of the child. If your child is taking medication for ADHD, please answer questions to describe child while on medication.

Taking medication _____ Not taking medication _____

OBSERVATION	DEGREE OF ACTIVITY			
	NOT AT ALL	JUST A LITTLE	PRETTY MUCH	VERY MUCH
Restless or Overactive				
Excitable, Impulsive				
Disturbs other Children				
Fails to Finish Things He/She Starts Short Attention Span				
Constantly Fidgeting				
Inattentive, Easily Distracted (Interferes with Learning)				
Demands Must be met Immediately (Easily Frustrated)				
Cries Often and Easily				
Mood Changes Quickly and Drastically				
Temper Outbursts, Explosive and Unpredictable Behavior				

Observers Signature: _____ Date: _____

Additional Comments:
