

Edelbrock Rating Scale

Scale completed by: _____ Class Subject:: _____

Child's Name: _____ Date scale completed: _____ Time: _____ Class period: _____

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
Fails to finish things s/he starts			
Can't concentrate or can't pay attention for long			
Can't sit still, restless, or hyperactive			
Fidgets			
Daydreams or gets lost in his/her thoughts			
Impulsive or acts without thinking			
Difficulty following directions			
Talks out of turn			
Messy work			
Inattentive, easily distracted			
Talks too much			
Fails to carry out assigned tasks			

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

How serious a problem do you think this child has at this time? (Circle one) None Minor Moderate Severe

Total Score: _____ a.m. p.m.

Please feel free to write any comments about student's symptoms, work or behavior.

Partial Scores: Inattention: 1 _____

a.m. p.m. 2 _____

Overactivity: 3 _____ 5 _____

4 _____ 7 _____

6 _____ 9 _____

8 _____ 10 _____

11 _____ 12 _____

Total: _____