

Pediatric Behavioral Health

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Child Attention Profile

Child's Name _____ Age _____ Gender: M F

Filled Out by _____ Date _____

Directions: Below is a list of items that describe children's behaviors. For each item that describes this child, now or within the past week, check whether the item is *Not True*, *Somewhat or Sometimes True*, or *Very or Often True*. Check off an answer for each item, even if some do not seem to apply to this child.

	Not True	Somewhat or Sometimes True	Very or Often True	Attention	Activity
Fails to finish things he/she starts					
Can't concentrate, 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					
Totals					

Please feel free to write any comments about the pupil's work or behavior in the last week.