

### Conner's Abbreviated Teacher Rating Scale

Child's Name \_\_\_\_\_

#### Teacher's Observations

Information Obtained \_\_\_\_\_ by \_\_\_\_\_  
Month Day Year

Observation	Not at all 0	Just a little 1	Pretty much 2	Very much 3
1. Restless or overactive				
2. Excitable, impulsive				
3. Disturbs other children				
4. Fails to finish things he starts, short attention span				
5. Constantly fidgeting				
6. Inattentive, easily distracted				
7. Demands must be met immediately, easily frustrated				
8. Cries often and easily				
9. Mood changes quickly and drastically				
10. Temper outbursts, explosive/unpredictable behavior				

Other observations of teacher (use reverse side if more space is required)

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Please identify the child's strengths and weaknesses as you see them in the classroom:

Strengths \_\_\_\_\_

\_\_\_\_\_

Weaknesses \_\_\_\_\_

\_\_\_\_\_

Please circle the problems the child exhibits during the school day. Additional descriptions or examples are appreciated.

Refusal to do as asked	Overly sensitive to criticism
Short attention span	Shows signs of anxiety (crying, nail biting)
Lack of tolerance for tasks not enjoyed	Puts blame for behavior on external causes
Cannot wait or take turns	Will not speak up
Does not work with group	Antisocial tendencies (e.g., steals, lies)
Over-conforms to rules	Speaks inappropriately (e.g., curses)
Seeks attention excessively	Hurries through work
Cannot work alone	Works too slowly
Easily confused or disoriented	Easily distracted from work
Forgetful, needs constant reminders	Difficulty changing activities
Relationships with other children	Tires easily
Frustrated	Doesn't try
Not interested	Withdrawn
Unhappy	

Other \_\_\_\_\_

\_\_\_\_\_

Please circle the child's major problems.

Behavior	Perception
Language	Reading
Arithmetic	Speech
Writing	Home background
Intelligence level	Physical problem

Other \_\_\_\_\_

Under what circumstance(s) do behavior problems occur most frequently?

Morning	Mid-day
Afternoon	In a large group
In a small group	With peers
With teachers	Before, during or after activities such as gym, recess, lunch, assembly
Before, during or after a particular subject	

Please specify \_\_\_\_\_

\_\_\_\_\_

What program has been designed for the child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you.