

TEACHER EVALUATION FORM

Directions:

Please press the **Tab** key to see the first entry blank (field). In each blank below, type in your answer and then press **Tab** to go to the next field. For more help with filling out Acrobat forms, see [help](#). **Please indicate what subject or grade you teach and the time of day you see the student. When you are done, please print out the completed form and fax or snail-mail it to the above address.** Thank you!

Date _____

Student _____

School _____

Teacher _____

Class _____

Phone _____

Time of Class _____

Please comment on any of the following statements.

1. Reminders to work independently:
2. Reminders to finish work:
3. Distracting others:
4. Having a hard time sitting still:
5. Does not understand or follow through on directions:
6. Sleepiness or tuned out of learning situations:
7. Impulsive behavior:
8. Learning problems:

Other Comments:

CAP RATING SCALE

Directions:
 Please press the **Tab** key to enter the first entry blank (field). In each blank below, type in your answer and then press **Tab** to go to the next field. For more help with filling out Acrobat forms, see [help](#).

Student Name _____ **Student Age** _____

Filled Out By _____ **Student Gender** M ____ F ____

For each item that describes the pupil now or within the past week, check the radio button as to whether the item 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 to this pupil.

		Not True	Somewhat or Sometimes True	Very or Often True
1.	Fails to finish things he/she starts	___	___	___
2.	Can't concentrate, 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.	Is impulsive or acts without thinking	___	___	___
7.	Has difficulty following directions	___	___	___
8.	Talks out of turn	___	___	___
9.	Does messy work	___	___	___
10.	Is inattentive, easily distracted	___	___	___
11.	Talks too much	___	___	___
12.	Fails to carry out assigned tasks	___	___	___

Other Comments:

Please print this form and fax or snail-mail to the above address. Keep a copy for your records.