

CHILD ATTENTION PROFILE RATING SCALE
CAP

NAME: _____	MEDS: _____
DATE: _____	_____
TEACHER: _____	M () F () AGE: _____

DIRECTIONS:

Below is a list of items that describe a student. For each item that describes the student now or within the past week, check 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 student.

	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 own 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			

Additional comments: