

SNAP-IV 26 – Teacher and Parent Rating Scale

James M. Swanson, Ph.D., University of California, Irvine, CA 92715

Name: _____

Gender: _____ Age: _____ Grade: _____ Class Size: _____

Completed by: _____

☐

Teacher

☒

Parent

For each item, check the column which best describes this child.	Not at all	Just a little	Quite a bit	Very much
1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
2. Often has difficulty sustaining attention in tasks or play activities				
3. Often does not seem to listen when spoken to directly				
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties				
5. Often has difficulty organizing tasks and activities				
6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort				
7. Often loses things necessary for activities (e.g., toys, school assignments, pencils, or books)				
8. Often is distracted by extraneous stimuli				
9. Often is forgetful in daily activities				
10. Often fidgets with hands or feet or squirms in seat				
11. Often leaves seat in classroom or in other situations in which remaining seated is expected				
12. Often runs about or climbs excessively in situations in which it is inappropriate				
13. Often has difficulty playing or engaging in leisure activities quietly				
14. Often is "on the go" or often acts as if "driven by a motor"				
15. Often talks excessively				
16. Often blurts out answers before questions have been completed				
17. Often has difficulty awaiting turn				
18. Often interrupts or intrudes on others (e.g. butts into conversations/ games)				
19. Often loses temper				
20. Often argues with adults				
21. Often actively defies or refuses adult requests or rules				
22. Often deliberately does things that annoy other people				
23. Often blames others for his or her mistakes or misbehavior				
24. Often touchy or easily annoyed by others				
25. Often is angry and resentful				
26. Often is spiteful or vindictive				

WEISS FUNCTIONAL IMPAIRMENT RATING SCALE – PARENT REPORT (WFIRS-P)

Your name: _____

Relationship to child: _____

Circle the number for the rating that best describes how your child's emotional or behavioural problems have affected each item in the last month.

		Never or Not at all	Sometimes or somewhat	Often or much	Very often or very much	n/a
A	FAMILY					
1	Having problems with brothers & sisters					
2	Causing problems between parents					
3	Takes time away from family members' work or activities					
4	Causing fighting in the family					
5	Isolating the family from friends and social activities					
6	Makes it hard for the family to have fun together					
7	Makes parenting difficult					
8	Makes it hard to give fair attention to all family members					
9	Provokes others to hit or scream at him/her					
10	Costs the family more money					
B	SCHOOL					
	Learning					
1	Makes it difficult to keep up with schoolwork					
2	Needs extra help at school					
3	Needs tutoring					
4	Receives grades that are not as good as his/her ability					
	Behaviour					
1	Causes problems for the teacher in the classroom					
2	Receives "time-out" or removal from the classroom					
3	Having problems in the school yard					
4	Receives detentions (during or after school)					
5	Suspended or expelled from school					
6	Misses classes or is late for school					
C	LIFE SKILLS					
1	Excessive use of TV, computer, or video games					
2	Keeping clean, brushing teeth, brushing hair, bathing, etc.					
3	Problems getting ready for school					
4	Problems getting ready for bed					
5	Problems with eating (picky eater, junk food)					
6	Problems with sleeping					

		Never or Not at all	Sometimes or somewhat	Often or much	Very often or very much	n/a
7	Gets hurt or injured					
8	Avoids exercise					
9	Needs more medical care					
10	Has trouble taking medication, getting needles or visiting the doctor/dentist					
D	CHILD'S SELF-CONCEPT					
1	My child feels bad about himself/herself					
2	My child does not have enough fun					
3	My child is not happy with his/her life					
E	SOCIAL ACTIVITIES					
1	Being teased or bullied by other children					
2	Teases or bullies other children					
3	Problems getting along with other children					
4	Problems participating in after-school activities (sports, music, clubs)					
5	Problems making new friends					
6	Problems keeping friends					
7	Difficulty with parties (not invited, avoids them, misbehaves)					
F	RISKY ACTIVITIES					
1	Easily led by other children (peer pressure)					
2	Breaking or damaging things					
3	Doing things that are illegal					
4	Being involved with the police					
5	Smoking cigarettes					
6	Taking illegal drugs					
7	Doing dangerous things					
8	Causes injury to others					
9	Says mean or inappropriate things					
10	Sexually inappropriate behaviour					

Number of Items Scored '2' or '3'

A	Family			/
B	School	Learning		/
		Behavior		/
C	Life Skills			/
D	Child's self-concept			/
E	Social activities			/
F	Risky activities			/
G	Total			/

Total Score

A	Family		/
B	School	Learning	/
		Behaviour	/
C	Life Skills		/
D	Child's self-concept		/
E	Social activities		/
F	Risky activities		/
G	Total		/

Mean Score
(N/A items not included in calculation)

A	Family	
B	School	Learning
		Behavior
C	Life Skills	
D	Child's self-concept	
E	Social Activities	
F	Risky Activities	
G	Total	

*Calculated from _____ answered questions.

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WEISS FUNCTIONAL IMPAIRMENT RATING SCALE – SELF REPORT (WFIRS-S)

Patient Name: _____ Date: _____ Date of Birth: _____
 Work: _____ Full Time _____ Part Time _____ Other: _____
 School: _____ Full Time _____ Part Time _____

Circle the number for the rating that best describes how your emotional or behavioural problems have affected each item in the last month.

		Never or not at all	Sometimes or somewhat	Often or much	Very often or very much	n/a
A	FAMILY					
1	Having problems with family					
2	Having problems with spouse/partner					
3	Relying on others to do things for you					
4	Causing fighting in the family					
5	Makes it hard for the family to have fun together					
6	Problems taking care of your family					
7	Problems balancing your needs against those of your family					
8	Problems losing control with family					
B	WORK					
1	Problems performing required duties					
2	Problems with getting your work done efficiently					
3	Problems with your supervisor					
4	Problems keeping a job					
5	Getting fired from work					
6	Problems working in a team					
7	Problems with your attendance					
8	Problems with being late					
9	Problems taking on new tasks					
10	Problems working to your potential					
11	Poor performance evaluations					
C	SCHOOL					
1	Problems taking notes					
2	Problems completing assignments					
3	Problems getting your work done efficiently					
4	Problems with teachers					
5	Problems with school administrators					
6	Problems meeting minimum requirements to stay in school					
7	Problems with attendance					
8	Problems with being late					
9	Problems with working to your potential					
10	Problems with inconsistent grades					
D	LIFE SKILLS					
1	Excessive or inappropriate use of internet, video games or TV					
2	Problems keeping an acceptable appearance					
3	Problems getting ready to leave the house					
4	Problems getting to bed					
5	Problems with nutrition					
6	Problems with sex					

		Never or not at all	Sometimes or somewhat	Often or much	Very often or very much	n/a
7	Problems with sleeping					
8	Getting hurt or injured					
9	Avoiding exercise					
10	Problems keeping regular appointments with doctor/dentist					
11	Problems keeping up with household chores					
12	Problems managing money					
E	SELF-CONCEPT					
1	Feeling bad about yourself					
2	Feeling frustrated with yourself					
3	Feeling discouraged					
4	Not feeling happy with your life					
5	Feeling incompetent					
F	SOCIAL					
1	Getting into arguments					
2	Trouble cooperating					
3	Trouble getting along with people					
4	Problems having fun with other people					
5	Problems participating in hobbies					
6	Problems making friends					
7	Problems keeping friends					
8	Saying inappropriate things					
9	Complaints from neighbours					
G	RISK					
1	Aggressive driving					
2	Doing other things while driving					
3	Road rage					
4	Breaking or damaging things					
5	Doing things that are illegal					
6	Being involved with the police					
7	Smoking cigarettes					
8	Smoking marijuana					
9	Drinking alcohol					
10	Taking "street" drugs					
11	Sex without protection (birth control, condom)					
12	Sexually inappropriate behaviour					
13	Being physically aggressive					
14	Being verbally aggressive					

Number of Items Scored '2' or '3'

A	Family			/
B	Work			/
C	School			/
D	Life Skills			/
E	Self-concept			/
F	Social			/
G	Risky			/
	Total			

Total Score

A	Family		/
B	Work		/
C	School		/
D	Life Skills		/
E	Self-concept		/
F	Social		/
G	Risky		/
	Total		

Mean Score
(N/A items not included in calculation)

A	Family	
B	Work	
C	School	
D	Life Skills	
E	Self-concept	
F	Social	
G	Risky	
	Total	

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Completed by: _____ Date: _____

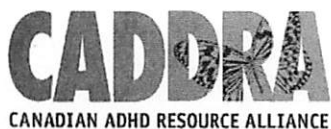


Teacher



Parent

For each item, check the column which best describes this child.	Not at all	Just a little	Quite a bit	Very much
1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
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Patient Name: _____

Date of birth: _____ MRN/File #: _____

Clinician's Name: _____ Date: _____

CADDRA Teacher Assessment Form

Student's Name: _____ Age: _____ Gender: _____

School: _____ Grade: _____

Educator completing this form: _____ Date Completed: _____

How long have you known the student? _____ Time spent each day with student: _____

Student's Educational Designation: _____ ☐ None

Does this student have an educational plan? ☐ Yes ☐ No

ACADEMIC PERFORMANCE	Well Below Grade Level	Somewhat Below Grade Level	At Grade Level	Somewhat Above Grade Level	Well Above Grade Level	n/a
READING						
a) Decoding						
b) Comprehension						
c) Fluency						
WRITING						
d) Handwriting						
e) Spelling						
f) Written syntax (sentence level)						
g) Written composition (text level)						
MATHEMATICS						
h) Computation (accuracy)						
i) Computation (fluency)						
j) Applied mathematical reasoning						
CLASSROOM PERFORMANCE	Well Below Average	Below Average	Average	Above Average	Well Above Average	n/a
Following directions/instructions						
Organizational skills						
Assignment completion						
Peer relationships						
Classroom Behaviour						

CADDRA Teacher Assessment Form

Strengths: What are this student's strengths?

Education plan: If this student has an education plan, what are the recommendations? Do they work?

Accommodations: What accommodations are in place? Are they effective?

Class Instructions: How well does this student handle large-group instruction? Do they follow instructions well? Can they wait for a turn to respond? Would they stand out from same-sex peers? In what way?

Individual seatwork: How well does this student self-regulate attention and behaviour during assignments to be completed as individual seatwork? Is the work generally completed? Would they stand out from same-sex peers? In what way?

Transitions: How does this student handle transitions such as going in and out for recess, changing classes or changing activities? Do they follow routines well? What amount of supervision or reminders do they need?

Impact on peer relations: How does this student get along with others? Does this student have friends that seek them out? Do they initiate play successfully?

Conflict and Aggression: – Is this student often in conflict with adults or peers? How do they resolve arguments? Is the student verbally aggressive? Are they the target of verbal or physical aggression by peers?

Academic Abilities: We would like to know about this student's general abilities and academic skills. Does this student appear to learn at a similar rate to others? Does this student appear to have specific weaknesses in learning?

Self-help skills: Independence, problem solving, activities of daily living:

Motor Skills (gross/fine): Does this student have problems with gym, sports, writing? If so, please describe.

Written output: Does this student have problems putting ideas down in writing? If so, please describe.

Primary Areas of concern: What are your major areas of concern/worry for this student? How long has this/these been a concern for you

Impact on student: To what extent are these difficulties for the student upsetting or distressing to the student, to you and/or the other students?

Impact on the class: Does this student make it difficult for you to teach the class?

Medications: If this student is on medication, is there anything you would like to highlight about the differences when they are on medication compared to off?

Parent Involvement: What has been the involvement of the parent(s)/guardians?

Are the problems with attention and/or hyperactivity interfering with the student's learning? Peer relationships?

Has the student had any problems with homework or handing in assignments?

Is there anything else you would like us to know? If you feel the need to contact the student's clinician during this assessment, please feel free to do so.