

# CHILDHOOD SCHOOL PERFORMANCE SCALE-OTHER REPORT FORM

to be completed by former teacher or another individual who had the opportunity to directly observe the student (preferably on multiple occasions) as a child in the school environment.

Your Name \_\_\_\_\_ Date \_\_\_\_\_

Person to be rated by you \_\_\_\_\_

Your relationship to this person \_\_\_\_\_

**Instructions:** Please think back to when the person named above (“Person to be rated”) was a child in school. We want you to tell us about this person’s behavior at School and his/her typical school performance. Please circle the number next to each item that best describes the behavior of the person in school *when they were in grades 1 to 12.*

| Items:   | Never<br>or rarely | Sometimes | Often | Very<br>often |
|--|--------------------|-----------|-------|---------------|
| 1. Failed to give close attention to detail or made careless mistakes in his/her work          | 0                  | 1         | 2     | 3             |
| 2. Fidgeted with hands or feet or squirmed in seat   | 0                  | 1         | 2     | 3             |
| 3. Had difficulty sustaining his/her attention in tasks or fun activities                      | 0                  | 1         | 2     | 3             |
| 4. Left his/her seat in classroom or in other situations in which sitting was expected         | 0                  | 1         | 2     | 3             |
| 5. Didn’t listen when spoken to directly   | 0                  | 1         | 2     | 3             |
| 6. Seemed restless   | 0                  | 1         | 2     | 3             |
| 7. Didn’t follow through on instructions and failed to finish work                             | 0                  | 1         | 2     | 3             |
| 8. Had difficulty engaging in leisure activities or doing fun things quietly                   | 0                  | 1         | 2     | 3             |
| 9. Had difficulty organizing tasks and activities  | 0                  | 1         | 2     | 3             |
| 10. Seemed “on the go” or “driven by a motor”  | 0                  | 1         | 2     | 3             |
| 11. Avoided, disliked or was reluctant to engage in work that required sustained mental effort | 0                  | 1         | 2     | 3             |
| 12. Talked excessively   | 0                  | 1         | 2     | 3             |
| 13. Lost things necessary for tasks or activities  | 0                  | 1         | 2     | 3             |
| 14. Blurted out answers before questions were completed  | 0                  | 1         | 2     | 3             |
| 15. Was easily distracted  | 0                  | 1         | 2     | 3             |
| 16. Had difficulty awaiting turn   | 0                  | 1         | 2     | 3             |
| 17. Was forgetful of daily activities  | 0                  | 1         | 2     | 3             |
| 18. Interrupted or intruded on others  | 0                  | 1         | 2     | 3             |

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To what extent did this person have difficulties in the following areas of school performance when he/she was in grades 1 to 12?

| Areas  | Never<br>or rarely | Sometimes | Often | Very<br>often |
|--|--------------------|-----------|-------|---------------|
| In his/her completion of classwork   | 0                  | 1         | 2     | 3             |
| In his/her completion of homework assignments  | 0                  | 1         | 2     | 3             |
| In his/her behavior in the school classroom  | 0                  | 1         | 2     | 3             |
| In his/her behavior on the school bus  | 0                  | 1         | 2     | 3             |
| In sports, clubs, or other organizations at school                                     | 0                  | 1         | 2     | 3             |
| In his/her interactions with classmates  | 0                  | 1         | 2     | 3             |
| In his/her play or recreational activities at recess                                   | 0                  | 1         | 2     | 3             |
| In his/her behavior in the lunchroom at school   | 0                  | 1         | 2     | 3             |
| In his/her management of time at school  | 0                  | 1         | 2     | 3             |
| <hr/>  |                    |           |       |               |
| 1. Was this person ever held back a grade in school                                    |                    |           |       | Yes No        |
| 2. Was this person ever suspended or expelled from school?                             |                    |           |       | Yes No        |
| 3. Did this person receive any special education services?                             |                    |           |       | Yes No        |
| 4. Was this person punished at school more often than others?                          |                    |           |       | Yes No        |
| 5. Did this person skip school without permission?                                     |                    |           |       | Yes No        |
| 6. Did this person drop out of or fail to graduate from high school?                   |                    |           |       | Yes No        |
| 7. Did this person ever take any medication to help manage his/her behavior at school? |                    |           |       | Yes No        |

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