

The SNAP-IV Teacher and Parent Rating Scale
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Name: _____ Gender: _____ Age: _____ Grade: _____

Ethnicity (circle one which best applies): African-American Asian Caucasian Hispanic Other _____

Completed by: _____ Type of Class: _____ Class size: _____

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 has difficulty maintaining alertness, orienting to requests, or executing directions	_____	_____	_____	_____
11. Often fidgets with hands or feet or squirms in seat	_____	_____	_____	_____
12. Often leaves seat in classroom or in other situations in which remaining seated is expected	_____	_____	_____	_____
13. Often runs about or climbs excessively in situations in which it is inappropriate	_____	_____	_____	_____
14. Often has difficulty playing or engaging in leisure activities quietly	_____	_____	_____	_____
15. Often is "on the go" or often acts as if "driven by a motor"	_____	_____	_____	_____
16. Often talks excessively	_____	_____	_____	_____
17. Often blurts out answers before questions have been completed	_____	_____	_____	_____
18. Often has difficulty awaiting turn	_____	_____	_____	_____
19. Often interrupts or intrudes on others (e.g., butts into conversations/games)	_____	_____	_____	_____
20. Often has difficulty sitting still, being quiet, or inhibiting impulses in the classroom or at home	_____	_____	_____	_____
21. Often loses temper	_____	_____	_____	_____
22. Often argues with adults	_____	_____	_____	_____
23. Often actively defies or refuses adult requests or rules	_____	_____	_____	_____
24. Often deliberately does things that annoy other people	_____	_____	_____	_____
25. Often blames others for his or her mistakes or misbehavior	_____	_____	_____	_____
26. Often touchy or easily annoyed by others	_____	_____	_____	_____
27. Often is angry and resentful	_____	_____	_____	_____
28. Often is spiteful or vindictive	_____	_____	_____	_____
29. Often is quarrelsome	_____	_____	_____	_____
30. Often is negative, defiant, disobedient, or hostile toward authority figures	_____	_____	_____	_____
31. Often makes noises (e.g., humming or odd sounds)	_____	_____	_____	_____
32. Often is excitable, impulsive	_____	_____	_____	_____
33. Often cries easily	_____	_____	_____	_____
34. Often is uncooperative	_____	_____	_____	_____
35. Often acts "smart"	_____	_____	_____	_____
36. Often is restless or overactive	_____	_____	_____	_____
37. Often disturbs other children	_____	_____	_____	_____
38. Often changes mood quickly and drastically	_____	_____	_____	_____
39. Often easily frustrated if demand are not met immediately	_____	_____	_____	_____
40. Often teases other children and interferes with their activities	_____	_____	_____	_____

Check the column which best describes this child:

	Not At All	Just A Little	Quite A Bit	Very Much
41. Often is aggressive to other children (e.g., picks fights or bullies)	_____	_____	_____	_____
42. Often is destructive with property of others (e.g., vandalism)	_____	_____	_____	_____
43. Often is deceitful (e.g., steals, lies, forges, copies the work of others, or "cons" others)	_____	_____	_____	_____
44. Often and seriously violates rules (e.g., is truant, runs away, or completely ignores class rules)	_____	_____	_____	_____
45. Has persistent pattern of violating the basic rights of others or major societal norms	_____	_____	_____	_____
46. Has episodes of failure to resist aggressive impulses (to assault others or to destroy property)	_____	_____	_____	_____
47. Has motor or verbal tics (sudden, rapid, recurrent, nonrhythmic motor or verbal activity)	_____	_____	_____	_____
48. Has repetitive motor behavior (e.g., hand waving, body rocking, or picking at skin)	_____	_____	_____	_____
49. Has obsessions (persistent and intrusive inappropriate ideas, thoughts, or impulses)	_____	_____	_____	_____
50. Has compulsions (repetitive behaviors or mental acts to reduce anxiety or distress)	_____	_____	_____	_____
51. Often is restless or seems keyed up or on edge	_____	_____	_____	_____
52. Often is easily fatigued	_____	_____	_____	_____
53. Often has difficulty concentrating (mind goes blank)	_____	_____	_____	_____
54. Often is irritable	_____	_____	_____	_____
55. Often has muscle tension	_____	_____	_____	_____
56. Often has excessive anxiety and worry (e.g., apprehensive expectation)	_____	_____	_____	_____
57. Often has daytime sleepiness (unintended sleeping in inappropriate situations)	_____	_____	_____	_____
58. Often has excessive emotionality and attention-seeking behavior	_____	_____	_____	_____
59. Often has need for undue admiration, grandiose behavior, or lack of empathy	_____	_____	_____	_____
60. Often has instability in relationships with others, reactive mood, and impulsivity	_____	_____	_____	_____
61. Sometimes for at least a week has inflated self esteem or grandiosity	_____	_____	_____	_____
62. Sometimes for at least a week is more talkative than usual or seems pressured to keep talking	_____	_____	_____	_____
63. Sometimes for at least a week has flight of ideas or says that thoughts are racing	_____	_____	_____	_____
64. Sometimes for at least a week has elevated, expansive or euphoric mood	_____	_____	_____	_____
65. Sometimes for at least a week is excessively involved in pleasurable but risky activities	_____	_____	_____	_____
66. Sometimes for at least 2 weeks has depressed mood (sad, hopeless, discouraged)	_____	_____	_____	_____
67. Sometimes for at least 2 weeks has irritable or cranky mood (not just when frustrated)	_____	_____	_____	_____
68. Sometimes for at least 2 weeks has markedly diminished interest or pleasure in most activities	_____	_____	_____	_____
69. Sometimes for at least 2 weeks has psychomotor agitation (even more active than usual)	_____	_____	_____	_____
70. Sometimes for at least 2 weeks has psychomotor retardation (slowed down in most activities)	_____	_____	_____	_____
71. Sometimes for at least 2 weeks is fatigued or has loss of energy	_____	_____	_____	_____
72. Sometimes for at least 2 weeks has feelings of worthlessness or excessive, inappropriate guilt	_____	_____	_____	_____
73. Sometimes for at least 2 weeks has diminished ability to think or concentrate	_____	_____	_____	_____
74. Chronic low self-esteem most of the time for at least a year	_____	_____	_____	_____
75. Chronic poor concentration or difficulty making decisions most of the time for at least a year	_____	_____	_____	_____
76. Chronic feelings of hopelessness most of the time for at least a year	_____	_____	_____	_____
77. Currently is hypervigilant (overly watchful or alert) or has exaggerated startle response	_____	_____	_____	_____
78. Currently is irritable, has anger outbursts, or has difficulty concentrating	_____	_____	_____	_____
79. Currently has an emotional (e.g., nervous, worried, hopeless, tearful) response to stress	_____	_____	_____	_____
80. Currently has a behavioral (e.g., fighting, vandalism, truancy) response to stress	_____	_____	_____	_____
81. Has difficulty getting started on classroom assignments	_____	_____	_____	_____
82. Has difficulty staying on task for an entire classroom period	_____	_____	_____	_____
83. Has problems in completion of work on classroom assignments	_____	_____	_____	_____
84. Has problems in accuracy or neatness of written work in the classroom	_____	_____	_____	_____
85. Has difficulty attending to a group classroom activity or discussion	_____	_____	_____	_____
86. Has difficulty making transitions to the next topic or classroom period	_____	_____	_____	_____
87. Has problems in interactions with peers in the classroom	_____	_____	_____	_____
88. Has problems in interactions with staff (teacher or aide)	_____	_____	_____	_____
89. Has difficulty remaining quiet according to classroom rules	_____	_____	_____	_____
90. Has difficulty staying seated according to classroom rules	_____	_____	_____	_____

SCHOOL INFORMATION FOR PUPIL PRIOR TO PLACING ON THE ADHD PATHWAY

CHILD

Surname:		Address:
Forename:		
DOB:		
First Language:		
Gender:		Postcode:
Looked After Child	YES / NO	Tel No.:

PARENT(S) / CARER(S)

Surname:	Surname:
Forename:	Forename:
Address:	Address:
Postcode:	Postcode:
Tel No.:	Tel No.:
Relationship:	Relationship:

CHILD'S CURRENT SETTING (if applicable)

Name of setting:	Tel No:
Class teacher:	SENCO:

IS THE CHILD SUPPORTED THROUGH ANY OF THE FOLLOWING? (Please tick)

- ENHANCED QUALITY FIRST PROVISION
- INDIVIDUAL SEND SUPPORT PLAN
- POSITIVE HANDLING PLAN
- HIGH NEEDS TOP UP FUNDING
- EHC PLAN

WHAT DO YOU HOPE TO GAIN FROM SERVICE INVOLVEMENT?

CHILD'S POSITIVE QUALITIES, STRENGTHS AND INTERESTS

AREAS OF DIFFICULTY AND FURTHER LEARNING AND DEVELOPMENT

Please tick IF THERE IS EVIDENCE OF NEED:

General Development	<input type="checkbox"/>	Gross Motor Skills	<input type="checkbox"/>
Social Emotional Mental Health	<input type="checkbox"/>	Fine Motor Skills	<input type="checkbox"/>
Communication / Interaction	<input type="checkbox"/>	Medical	<input type="checkbox"/>
Physical Needs	<input type="checkbox"/>	Vision	<input type="checkbox"/>
Sensory Needs	<input type="checkbox"/>	Hearing	<input type="checkbox"/>

PLEASE INDICATE NAMES OF ANY PROFESSIONALS/ORGANISATIONS INVOLVED e.g. Health Visitor, Paediatrician, Early Help, Social Worker, Therapists etc (with contact details)

WHAT ARE THE BARRIERS TO LEARNING FOR THIS CHILD AS YOU SEE THEM?

ADDITIONAL INFORMATION (e.g. medical condition or diagnosis, relevant information for professionals conducting home visits etc)

PARENT(S) / CARER(S) VIEWS

DOES THIS CHILD RECEIVE ANY OTHER INTERVENTIONS OR SPECIAL HELP? PLEASE SPECIFY, E.G. SMALL GROUP WORK, PASTORAL PROGRAMME, SPEECH AND LANGUAGE THERAPY ETC.

ARE THERE MEMBERS OF SCHOOL STAFF THAT THIS CHILD HAS A GOOD RELATIONSHIP WITH? (E.G. CLASS TEACHER, SUPPORT ASSISTANT, TEACHING MENTOR, DINNER SUPERVISOR)

CHILD'S CURRENT ATTENDANCE: %

**HOW DOES THIS CHILD PRESENT WITH THE FOLLOWING?
(RATING SCALE: 1 EXCELLENT, 2 GOOD, 3 FAIR, 4 POOR)**

- RELATIONSHIPS WITH OTHER CHILDREN
- RELATIONSHIPS WITH ADULTS
- RESPONSE TO RULES AND DISCIPLINE
- HOME SCHOOL RELATIONSHIP

If known please state any risk factors for ADHD

Parent or Sibling with ADHD or Autism?

Premature birth?

Birth complications?

IVF baby?

CLASSROOM BEHAVIOUR

PLEASE DESCRIBE ANY CONCERNS YOU HAVE ABOUT HOW THIS CHILD BEHAVES IN CLASS E.G. CONCENTRATION, ABILITY TO SIT STILL, OPPOSITIONALITY, ORGANISATION, WAITING TURNS ETC?

HOW DOES THE CHILD RESPOND WHEN INSTRUCTED TO START A TASK IN CLASS?

HOW DOES THE CHILD CONTINUE WITH THE TASK?

SOCIAL BEHAVIOUR

HOW DOES THE CHILD BEHAVE DURING UNSTRUCTURED TIME - E.G. BREAK/DINNER TIMES?

PLEASE DESCRIBE THE QUALITY OF THE CHILD'S RELATIONSHIPS WITH PEERS: DO THEY SHOW INTEREST IN OTHERS, RESPOND TO OTHERS, HAVE FRIENDS, UNDERSTAND OTHERS FEELINGS, TAKE TURNS, PLAY CONSTRUCTIVELY?

PLEASE DESCRIBE THE QUALITY OF THE CHILD'S RELATIONSHIPS WITH ADULTS IN THE SCHOOL.

PLEASE DESCRIBE ANY CONCERNS ABOUT HOW THIS CHILD USES AND/OR UNDERSTANDS SPOKEN LANGUAGE.

EMOTIONAL WELLBEING

PLEASE DESCRIBE THIS CHILD'S SELF-ESTEEM AND SELF-CONFIDENCE

DO YOU HAVE ANY CONCERNS REGARDING THIS CHILD'S EMOTIONAL WELL-BEING? IF YES, PLEASE DESCRIBE THESE AND THE IMPACT THEY HAVE.

FORM COMPLETED BY

Name (please print):

Address:

Signed:

Date:

Designation:

