

Patient Name _____

Self-Evaluation Form

Patient DOB _____



SNAP IV (Teacher and Parent Rating Scale)



For each item, select the box that best describes the child. Put only one check per item.

Date of Completion

____ / ____ / 20____

Age: _____ Grade: _____ Period of Time Covered by Rating: Past Week Past Month Past Year Lifetime

For **Teachers Only** Completed by: _____ Type of Class: _____ Class Size: _____

For **Parent(s) Only** Completed by: _____ # Parents living in home: _____ Family Size: _____

1	Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities	0	1	2	3
2	Often has difficulty sustaining attention in tasks or play activities	0	1	2	3
3	Often does not seem to listen when spoken to directly	0	1	2	3
4	Often does not follow through on instructions and fails to finish schoolwork, chores, or duties	0	1	2	3
5	Often has difficulty organizing tasks and activities	0	1	2	3
6	Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (ex. schoolwork or homework)	0	1	2	3
7	Often loses things necessary for tasks or activities (ex. toys, school assignments, pencils, books, or tools)	0	1	2	3
8	Often is distracted by extraneous stimuli	0	1	2	3
9	Often is forgetful in daily activities	0	1	2	3
10	Often fidgets with hands or feet or squirms in seat	0	1	2	3
11	Often leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12	Often runs about or climbs excessively in situations in which it is inappropriate	0	1	2	3
13	Often has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14	Often is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15	Often talks excessively	0	1	2	3
16	Often blurts out answers before questions have been completed	0	1	2	3
17	Often has difficulty awaiting turn	0	1	2	3
18	Often interrupt or intrudes on others (ex. butts into conversations/games)	0	1	2	3

			+	+
		(Total)	(Total)	(Total)
Total Score				