

IOWA Conners Teacher Rating

Please score as best describes the child's behaviour as it appears at present. Please fill in as quickly as possible.

Child's name _____ Date _____

Filled in by _____ Medication name/dose _____

0 Not at all **1** Just a little **2** Pretty much **3** Very much

Inattention / Overactivity		Morning score	Afternoon score
(a)	Fidgeting	0 1 2 3	0 1 2 3
(b)	Hums and makes other odd noises	0 1 2 3	0 1 2 3
(c)	Excitable, impulsive	0 1 2 3	0 1 2 3
(d)	Inattentive, easily distracted	0 1 2 3	0 1 2 3
(e)	Fails to finish things he/she starts (short attention span)	0 1 2 3	0 1 2 3
Total			
Oppositional / Defiant		Morning score	Afternoon score
(a)	Quarrelsome	0 1 2 3	0 1 2 3
(b)	Acts "smart"	0 1 2 3	0 1 2 3
(c)	Temper outbursts (explosive unpredictable behaviour)	0 1 2 3	0 1 2 3
(d)	Defiant	0 1 2 3	0 1 2 3
(e)	Uncooperative	0 1 2 3	0 1 2 3
Total			

For children on medication

1. Do you have any concerns about this child's medication?

2. Does the medication appear to be wearing off? If so, please indicate the times this happens.

3. Do you have any other observations regarding the effect of medication?
