Patient Name:
Date of Birth:
Physician Name:

MRN/File No:
Date:

## SNAP-IV 26 - Teacher and Parent Rating Scale

Name: $\qquad$ Gender: $\qquad$ Age: $\qquad$
Grade: $\qquad$ Ethnicity: $\square$ African-American $\square$ Asian $\square$ Caucasian

Hispanic Other: $\qquad$
Completed by: $\qquad$ Type of Class: $\qquad$ Class size:

| For each item, check the column which best describes this child: |  |
| :--- | :--- |
| 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 |  |

