

# Child Attention Profile (CAP) Form

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Filled Out By: \_\_\_\_\_

Child's Sex: \_\_\_\_\_

**Directions:** Below is a list of items that describe students. For each item that describes the student now, or within the past week, check whether the item is "Not True", "Somewhat/Sometimes True", or "Very/Often True". Please check all items as well as you can, even if some do not seem to apply to this student.

	Not True	Somewhat True or Sometimes True	Very True or Often True
Fails to finish things he/she starts	( )	( )	( )
Can't concentrate or pay attention for long	( )	( )	( )
Can't sit still, is restless or hyperactive	( )	( )	( )
Fidgets	( )	( )	( )
Daydreams or gets lost in his/her thoughts	( )	( )	( )
Impulsive or acts without thinking	( )	( )	( )
Difficulty following direction(s)	( )	( )	( )
Talks out of turn	( )	( )	( )
Messy work	( )	( )	( )
Inattentive, easily distracted	( )	( )	( )
Talks too much	( )	( )	( )
Fails to carry out assigned tasks	( )	( )	( )

**Please feel free to write any comments about the student's work or behavior in the last week:**

Please return to: Dr. Alecia Hanes, MD 508 W. Vandament, Suite 210 Yukon, OK 73099

Phone: (405) 350-0200

Fax: (405) 350-0024

email: [wecare@yukonpediatrics.com](mailto:wecare@yukonpediatrics.com)