

HOME VERSION RATING FORM

Stephen B. McCarney

COVER SHEET

RATING GUIDELINES

- The child or youth should be rated by persons with primary observational opportunities who interact directly with the child or youth in the home environment.
 - The rater should conduct his/her ratings independently without conferring with others.
 - It is not necessary to complete the rating for a child or youth in one day. Several days may elapse before the observer is able to complete the scale.
 - The rater should rely on his/her personal observation of the child's or youth's behavior as it occurs naturally in the home environment.
 - It is recommended that the rater read each quantifier with the item, before rating the item. Using item 13 as an example, the rater would first read, "Not developmentally appropriate for age to start but not complete homework (e.g., too young for homework)," then "Not observed starting but not completing homework," then "One to several times per month starts but does not complete homework," then "One to several times per week starts but does not complete homework," then "One to several times per day starts but does not complete homework," and finally, "One to several times per hour starts but does not complete homework."
 - If the item/skill is developmentally beyond what is expected for the child's or youth's age, the rating should be
- 0**
- NOT DEVELOPMENTALLY APPROPRIATE FOR AGE.**
- If the rater has not personally observed the child or youth demonstrate a specific behavior(s), the rating should be
- 1**
- NOT OBSERVED.**
- If the rater has had the opportunity to observe the child or youth for more than one month and has observed the behavior one to several times (i.e., one to three times), the rating should be
- 2**
- ONE TO SEVERAL TIMES PER MONTH.**
- If the behavior has been observed one or more times per week, even several times per week (i.e., one to four times), the rating should be
- 3**
- ONE TO SEVERAL TIMES PER WEEK.**
- If the behavior has been observed at least once a day or more than one time a day (i.e., one to four times), the rating should be
- 4**
- ONE TO SEVERAL TIMES PER DAY.**
- If the behavior has been observed at least once an hour and included behaviors with unlimited frequency which may even defy accurate counting at extremely high rates, the rating should be
- 5**
- ONE TO SEVERAL TIMES PER HOUR.**

IMPORTANT *** PLEASE NOTE: *** IMPORTANT

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(800) 542-1673



TO RATER: Rate every item using the quantifiers (0-5) provided.
 Every item must be rated. Do not leave any boxes blank.

**NOT
DEVELOPMENTALLY
APPROPRIATE
FOR AGE**

0

NOT OBSERVED

1

**ONE TO
SEVERAL
TIMES PER
MONTH**

2

**ONE TO
SEVERAL
TIMES PER
WEEK**

3

**ONE TO
SEVERAL
TIMES PER
DAY**

4

**ONE TO
SEVERAL
TIMES PER
HOUR**

5

SUBSCALE 1

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><input type="checkbox"/> 1. Is easily distracted by other things happening in the home (e.g., other children, TV, radio, etc.)</p> <p><input type="checkbox"/> 2. Does not listen to what others are saying</p> <p><input type="checkbox"/> 3. Does not direct attention or fails to maintain attention to important sounds in the immediate environment (e.g., conversations, instructions, etc.)</p> <p><input type="checkbox"/> 4. Does not hear all of what is said (e.g., misses word endings, misses key words such as "do not," etc.)</p> <p><input type="checkbox"/> 5. Needs oral questions and directions frequently repeated (e.g., says, "I don't understand," needs constant reminders, etc.)</p> <p><input type="checkbox"/> 6. Has difficulty concentrating (e.g., staying on-task, following a conversation, etc.)</p> <p><input type="checkbox"/> 7. Is disorganized with possessions (e.g., loses or does not find toys, clothes, etc.)</p> <p><input type="checkbox"/> 8. Does not remain on-task to do homework (e.g., is more interested in other activities, sits and does nothing, etc.)</p> <p><input type="checkbox"/> 9. Does not listen to or follow verbal directions</p> <p><input type="checkbox"/> 10. Forgets (e.g., forgets things, forgets to return things, forgets to do things, etc.)</p> | <p><input type="checkbox"/> 11. Changes from one activity to another without finishing the first, without putting things away, before it is time to move on to the next activity, etc.</p> <p><input type="checkbox"/> 12. Has a short attention span (e.g., does not sit still while a story is being read, does not keep his/her attention on homework assignments, is easily distracted, etc.)</p> <p><input type="checkbox"/> 13. Starts but does not complete homework</p> <p><input type="checkbox"/> 14. Does not independently perform chores or responsibilities (e.g., has to be reminded, does not begin or complete responsibilities without assistance, etc.)</p> <p><input type="checkbox"/> 15. Does not remain on-task to study or prepare for tests or quizzes</p> <p><input type="checkbox"/> 16. Does not organize responsibilities (e.g., fails to do homework, neglects to perform chores, loses things, does not come home on time, is late for school, does not return things, etc.)</p> <p><input type="checkbox"/> 17. Does not prepare for school assignments (e.g., does not study for tests or quizzes, does not read assigned material, etc.)</p> <p><input type="checkbox"/> 18. Rushes through chores or tasks with little or no regard for quality of work (i.e., careless)</p> <p><input type="checkbox"/> 19. Does not read or follow written directions</p> <p><input type="checkbox"/> 20. Is easily frustrated (e.g., gives up easily, does not put forth his/her best effort, etc.)</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

NOT
DEVELOPMENTALLY
APPROPRIATE
FOR AGE

0

NOT OBSERVED

1

ONE TO
SEVERAL
TIMES PER
MONTH

2

ONE TO
SEVERAL
TIMES PER
WEEK

3

ONE TO
SEVERAL
TIMES PER
DAY

4

ONE TO
SEVERAL
TIMES PER
HOUR

5

21. Fails to follow necessary steps in doing things (e.g., performing chores, operating tools or appliances, etc.)

_____ Raw Score

SUBSCALE 2

22. Does not follow directions from parents or other authority figures in the home (e.g., refuses to do what he/she is told, goes on doing what he/she was doing, does the opposite of what he/she is told, etc.)

23. Refuses to follow requests or accept decisions made by parents or other authority figures in the home (e.g., does not take "no" for an answer)

24. Does not wait his/her turn in activities or games

25. Grabs things away from others

26. Interrupts others (e.g., begins talking while others are talking, pulls on parents while they are talking to others, etc.)

27. Is impulsive (e.g., reacts immediately to situations without thinking, is impatient, fails to wait for a turn or for assistance, etc.)

28. Fails to follow a routine (e.g., does things out of order, does not wait for an activity at the scheduled time, etc.)

29. Begins things before receiving directions or instructions (e.g., putting things together, performing chores, using tools, etc.)

30. Intrudes on others (e.g., during private times; when people are talking, trying to work, or involved in activities; etc.)

31. Is easily angered, annoyed, or upset

32. Bothers others while they are trying to work, play, etc.

33. Ignores consequences of his/her behavior (e.g., knows that his/her behavior will result in a negative consequence but engages in the behavior anyway)

34. Has accidents which are the result of impulsive or careless behavior

35. Moves about while seated, squirms, fidgets, etc.

36. Appears restless (e.g., shifts position in seat, paces about, etc.)

37. Does not follow the rules of games

38. Does not remain seated

39. Does not adjust behavior to expectations of different situations (e.g., gets excited at the playground and does not settle down, etc.)

40. Becomes overexcited (e.g., loses control in group activities, becomes loud, etc.)

41. Climbs on things

42. Moves about unnecessarily (e.g., walks around, rocks, shakes head, etc.)

43. Runs in the house, does not sit appropriately on the furniture, yells, etc.

44. Runs in the shopping mall, pushes and makes noises in line at the movies, yells in stores, etc.

45. Makes excessive noise

46. Behaves inappropriately when riding in the car (e.g., refuses to wear a seat belt, throws things out the window, fights with others, etc.)

_____ Raw Score

HOME VERSION RATING FORM

Stephen B. McCarney

PROFILE SHEET

Name of child: _____ Gender: _____

School: _____ Grade: _____

City: _____ State: _____

Date of rating: _____ (year) _____ (month) _____ (day)

Date of birth: _____ (year) _____ (month) _____ (day)

Age at rating: _____ (years) _____ (months) _____ (days)

Rated by: _____

Relationship to the child: _____

SUMMARY OF SCORES			
Subscales	Raw Score	Standard Score (Appendix A)	Standard Score SEM (Appendix C)
Inattentive			
Hyperactive-Impulsive			

TOTAL SCORE				
Sum of Subscale SS	Quotient (Appendix B)	Percentile (Appendix B)	Quotient SEM (Appendix C)	Confidence Interval
				%

Standard Scores	Subscales		Quotients	Quotient	Percentiles	Percentile Rank
	Inattentive	Hyperactive-Impulsive				
20	●	●	150	●	>99	●
19	●	●	145	●	95	●
18	●	●	140	●	90	●
17	●	●	135	●	85	●
16	●	●	130	●	80	●
15	●	●	125	●	75	●
14	●	●	120	●	70	●
13	●	●	115	●	65	●
12	●	●	110	●	60	●
11	●	●	105	●	55	●
10	●	●	100	●	50	●
9	●	●	95	●	45	●
8	●	●	90	●	40	●
7	●	●	85	●	35	●
6	●	●	80	●	30	●
5	●	●	75	●	25	●
4	●	●	70	●	20	●
3	●	●	65	●	15	●
2	●	●	60	●	10	●
1	●	●	55	●	5	●
			50	●	≤1	●

Important: Before using this scale, read the section titled *Rating Guidelines* on page one.

ADDES-3 HV
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