

CHILD'S NAME _____ DATE _____

NAME OF PERSON COMPLETING FORM _____

RELATIONSHIP TO CHILD : MOTHER FATHER GUARDIAN

Please respond to all questions by circling the number that corresponds to the behavior.
 NEVER SOMETIMES OFTEN VERY OFTEN

1. Makes careless mistakes	0	1	2	3
2. Inattention	0	1	2	3
3. Does not seem to listen	0	1	2	3
4. Difficulty following instructions	0	1	2	3
5. Unorganized	0	1	2	3
6. Avoid things that require mental effort	0	1	2	3
7. Loses things	0	1	2	3
8. Distracted easily	0	1	2	3
9. Forgetful	0	1	2	3
10. Fidgets. Squirms	0	1	2	3
11. Difficulty sitting still	0	1	2	3
12. Runs around and climbs	0	1	2	3
13. Difficulty playing quietly	0	1	2	3
14. Always on the go	0	1	2	3
15. Talks a lot	0	1	2	3
16. Blurts out answers to questions	0	1	2	3
17. Impatient	0	1	2	3
18. Interrupts others	0	1	2	3

QUESTIONS/CONCERNS
