

## ADHD Follow-up Report

Child's Name: \_\_\_\_\_ Dates of Observation: \_\_\_\_\_

School: \_\_\_\_\_ Teacher making report: \_\_\_\_\_ Class Time(s): \_\_\_\_\_

Was the child taking medication at the time? \_\_\_\_\_

### Behavior Observations

Please rank your observations on the above student in terms of the following behaviors with "0" being *no problem* and "3" being a *great deal of a problem*. It is helpful if you provide specific examples.

|   | <b>0</b> | <b>1</b> | <b>2</b> | <b>3</b> |
|---|----------|----------|----------|----------|
| <b>1. Attention Span/On Task</b><br>Comments:       |          |          |          |          |
| <b>2. Distractibility</b><br>Comments:              |          |          |          |          |
| <b>3. Disruptiveness/Impulsivity</b><br>Comments:   |          |          |          |          |
| <b>4. Fidgeting/Restlessness</b><br>Comments:       |          |          |          |          |
| <b>5. Work Completion</b><br>Comments:              |          |          |          |          |
| <b>6. Organization/Quality of Work</b><br>Comments: |          |          |          |          |
| <b>7. Social Skills/Peer Relations</b><br>Comments: |          |          |          |          |