

**myADHD.com**  
**Weekly ADHD Monitoring Form # 6178**

Child's name: \_\_\_\_\_

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

Teacher: \_\_\_\_\_

Teacher: Please answer the items below on your observations of this child during the past week. Note that for items 1-12 high scores indicate problems while for items 13-15, low scores indicate problems.

		Not at All	Just a Little	Often	Very Often
1.	fidgets with hands or feet and squirms in seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	difficulty remaining seated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	difficulty awaiting turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	always "up and on the go" or acts as if "driven by a motor"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	talks excessively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	interrupts or intrudes on others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	fails to finish assigned tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	difficulty sustaining attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	careless or messy work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	does not seem to listen when spoken to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	difficulty following directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	follows class rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	gets along with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	seems happy and in a good mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16.	Please indicate how the behaviors rated on the other side compared during the morning and afternoon times during the prior week by circling one of the choices below. (Note: If you only have this child in class during morning or afternoon this does not apply)  <input type="checkbox"/> morning better than afternoon <input type="checkbox"/> no clear difference <input type="checkbox"/> afternoon better than morning
17.	What percentage of assigned class work has this child completed during the past week?  <input type="checkbox"/> 0-2% <input type="checkbox"/> 21-40% <input type="checkbox"/> 41-60% <input type="checkbox"/> 61-80% <input type="checkbox"/> 81-100%
18.	The general quality of work completed by this child this week was:  <input type="checkbox"/> very poor <input type="checkbox"/> poor <input type="checkbox"/> satisfactory <input type="checkbox"/> good <input type="checkbox"/> very good
19.	If the quality of this child's work varied significantly between subjects, please indicate this below.
20.	Did this child turn in all assigned homework? If not, please indicate the assignments that were missing.
21.	Please include any other comments or observations that you believe are important.