

Dear Teacher or Caregiver,
 Please answer the following items based on your observation of this child during the last week. Please add any additional comments that you feel would be beneficial. Completed forms can be faxed or emailed to one of the above.
 Thank you for your assistance,
 Ronda Dennis-Smithart, MD, FAAP Christine Doyle, ARNP, CPNP

Date _____ Child _____ Subject _____

Teacher _____ Grade _____ Phone _____

School _____ Class Time _____ Fax _____

	Not At All 0	A Little 1	Pretty Much 2	Very Much 3	N/A
1. Fidgets with hands/feet, squirms in seat					
2. Difficulty remaining seated					
3. Difficulty awaiting turn					
4. Talks excessively					
5. Interrupts others					
6. Always "on the go"					
7. Easily distracted					
8. Fails to finish assigned tasks					
9. Trouble paying attention					
10. Careless/messy work					
11. Does not seem to listen when spoken to					
12. Difficulty following directions					
13. Fails to follow class rules					
14. Fails to get along with peers					
15. Seems happy and in a good mood					
16. Seems depressed/unhappy					
17. Describe this child's mood	Happy	Depressed	Agitated	Distracted	Combative

Percentage of assigned work completed this week _____ Quality of Work _____

Please indicate any assignments that were missing _____

Additional Comments or Concerns _____