

TEACHER Assessment Follow-Up

Teacher: _____ Subject & Time/Period: _____

Child's Name: _____ Date of Birth: _____ Today's Date: _____

Assessment is while patient is on medication: Yes No Time frame for Evaluation: _____

Symptoms	Never	Occasionally	Often	Very Often
1. Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (eg, overlooks or misses details, work is inaccurate).	0	1	2	3
2. Often has difficulty sustaining attention in tasks or play activities (eg, has difficulty remaining focused during lectures, conversations, or lengthy reading).	0	1	2	3
3. Often does not seem to listen when spoken to directly (eg, mind seems elsewhere, even in the absence of any obvious distraction).	0	1	2	3
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (eg, starts tasks but quickly loses focus and is easily sidetracked).	0	1	2	3
5. Often has difficulty organizing tasks and activities (eg, difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).	0	1	2	3
6. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (eg, schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).	0	1	2	3
7. Often loses things necessary for tasks or activities (eg, school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).	0	1	2	3
8. Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).	0	1	2	3
9. Is often forgetful in daily activities (eg, doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).	0	1	2	3
10. Often fidgets with or taps hands or feet or squirms in seat.	0	1	2	3
11. Often leaves seat in situations when remaining seated is expected (eg, leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).	0	1	2	3
12. Often runs about or climbs in situations where it is inappropriate. (Note: In adolescents or adults, may be limited to feeling restless.)	0	1	2	3
13. Often unable to play or engage in leisure activities quietly.	0	1	2	3
14. Is often "on the go," acting as if "driven by a motor" (eg, is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).	0	1	2	3
15. Often talks excessively.	0	1	2	3
16. Often blurts out an answer before a question has been completed (eg, completes people's sentences; cannot wait for turn in conversation).	0	1	2	3
17. Often has difficulty waiting his or her turn (eg, while waiting in line).	0	1	2	3
18. Often interrupts or intrudes on others (eg, butts into conversations, games, or activities; may start using other people's things without asking or receiving permissions; for adolescents and adults, may intrude into or take over what others are doing).	0	1	2	3

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Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
19. Overall school performance	1	2	3	4	5
20. Reading	1	2	3	4	5
21. Writing	1	2	3	4	5
22. Mathematics	1	2	3	4	5
23. Relationship with parents	1	2	3	4	5
24. Relationship with siblings	1	2	3	4	5
25. Relationship with peers	1	2	3	4	5
26. Participation in organized activities (eg, teams)	1	2	3	4	5

Side Effects: Has your child experienced any of the following side effects or problems in the past week?

	None	Mild	Moderate	Severe
Headaches				
Stomachache				
Change of Appetite: explain below				
Trouble Sleeping				
Irritability: late morning, late afternoon, or evening- explain below				
Socially withdrawn--decreased interaction with others				
Extreme sadness or unusual crying				
Dull, tired, listless behavior				
Tremors/feeling shaky				
Repetitive movements, tics, jerking, twitching, eye blinking--explain below				
Picking at skin or fingers, nail biting, lip or cheek chewing--explain below				
Sees or hears things that aren't there				

Explain/Comments:

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Please comment on ANY of the following statements:

Doesn't understand or follow through on directions?

Has a hard time sitting still?

Distracts others?

Sleepiness or tuned out of learning situations?

Impulsive behavior?

Learning problems?

Reminders to work independently?

Reminders to finish work?

Does student's ability to pay attention in school vary depending on time of day and/or subject matter?

Additional comments or concerns?

May child's physician or nurse contact you if additional information is needed? ____

If so, please provide number and best time to reach you.

Thank you for your help in the ongoing treatment of this child

Roswell Pediatric Center, P.C.