

ADHD Checklist for Teachers

Student name:

Date:

Subject:

Ability to sit still during lessons:

1 2 3 4 5

Not at all a problem

Major problem

Talking out of turn or excessively:

1 2 3 4 5

Not at all a problem

Major problem

Ability to follow instructions:

1 2 3 4 5

Not at all a problem

Major problem

Ability to complete assignments:

1 2 3 4 5

Not at all a problem

Major problem

Organization abilities:

1 2 3 4 5

Not at all a problem

Major problem

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How is the student's academic performance? Please describe any deficits.

How is the student's behavior? Please describe any deficits.

How is the student's social functioning? Please describe any deficits.

Other comments: