

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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Student name:	Date:	Subject:
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?		