

**Skill-based Behavior Assessment: Attention & Hyperactivity**

**Name:** \_\_\_\_\_

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

**Parent/Guardian:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Please answer the following questions** – (Answer yes if the behavior is present often.)

Fails to give close attention to details or makes careless mistakes \_\_\_\_\_ Yes \_\_\_\_\_ No

Difficulty sustaining attention \_\_\_\_\_ Yes \_\_\_\_\_ No

Does not seem to listen when spoken to \_\_\_\_\_ Yes \_\_\_\_\_ No

Poor follow through/fails to finish tasks \_\_\_\_\_ Yes \_\_\_\_\_ No

Difficulty organizing materials or starting assignments \_\_\_\_\_ Yes \_\_\_\_\_ No

Avoids difficult tasks requiring continued attention \_\_\_\_\_ Yes \_\_\_\_\_ No

Loses materials or assignments or belongings \_\_\_\_\_ Yes \_\_\_\_\_ No

Distracted by noises or pictures/posters/objects... \_\_\_\_\_ Yes \_\_\_\_\_ No

Forgetful (needs many reminders) \_\_\_\_\_ Yes \_\_\_\_\_ No

Fidgets or squirms (can't seem to sit still) \_\_\_\_\_ Yes \_\_\_\_\_ No

Moves around when being seated is expected \_\_\_\_\_ Yes \_\_\_\_\_ No

Runs or climbs or jumps when not appropriate \_\_\_\_\_ Yes \_\_\_\_\_ No

Difficulty playing quietly \_\_\_\_\_ Yes \_\_\_\_\_ No

Seems "on the go" (or full of too much energy) \_\_\_\_\_ Yes \_\_\_\_\_ No

Talks excessively \_\_\_\_\_ Yes \_\_\_\_\_ No

The above difficulties negatively affect academic performance \_\_\_\_\_ Yes \_\_\_\_\_ No

The above difficulties have been present since my child was \_\_\_\_\_ years old.

Sleep habits: What time does your child usually go to sleep? \_\_\_\_\_

What time does your child usually wake up? \_\_\_\_\_

Does he/she wake in the night often? \_\_\_\_\_

Health/Medical: Diagnoses: \_\_\_\_\_

Prescribed medication(s): \_\_\_\_\_

Dosage: \_\_\_\_\_

Doctor: \_\_\_\_\_

Impressions: \_\_\_\_\_