Person completing form		Date: Time: a.m. p.m.
Relationship to child		Confidential: Please do not place copy in student's permanent record.

ABBREVIATED SYMPTOM CHECKLIST FOR (CHILD'S NAME)

Item	Directions: Indicate the degree to which each item below is a problem. Please respond to all items by circling the appropriate number in the appropriate box. Please consider the child's behavior on the following days that are checked below. ☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday ☐Saturday ☐ Sunday	**Never**	**Sometimes**	**Often**	**Very Often**
1	Does not pay attention to details; makes careless mistakes	0	1	2	3
2	Difficulty maintaining attention	0	1	2	3
3	Does not seem to listen	0	1	2	3
4	Difficulty following instructions; does not finish things	0	1	2	3
5	Difficulty getting organized	0	1	2	3
6	Avoids doing things that require a lot of mental effort	0	1	2	3
7	Loses things	0	1	2	3
8	Easily distracted	0	1	2	3
9	Forgetful	0	1	2	3
10	Fidgets with hands or feet; squirms in seat	0	1	2	3
11	Difficulty remaining seated	0	1	2	3
12	Runs about or climbs on things	0	1	2	3
13	Difficulty playing quietly	0	1	2	3
14	"On the go"; acts as if "driven by a motor"	0	1	2	3
15	Talks excessively	0	1	2	3
16	Blurts out answers to questions	0	1	2	3
17	Difficulty awaiting turn	0	1	2	3
18	Interrupts others or butts into their activities	0	1	2	3

To return by fax send to 713-621-7015