

ADHD Assessment Scale (follow up) – Teacher Informant

Teacher’s Name: _____ Class Time: _____ Class Name/ Period: _____

Today’s Date: _____ Child’s Name: _____ Grade Level: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child’s behavior since the last assessment scale was filled out. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____.

Is this evaluation based on a time when the child was on medication was not on medication not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Doesn’t pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Doesn’t seem to listen when spoken to	0	1	2	3
4. Doesn’t follow through when given directions and fails to activities (not because of refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or doesn’t want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is “on the go” or often acts as if “driven by a motor”	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others’ conversations and/or activities	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
1. Reading	1	2	3	4	5
2. Mathematics	1	2	3	4	5
3. Written Expression	1	2	3	4	5
4. Relationship with peers	1	2	3	4	5
5. Following direction	1	2	3	4	5
6. Disrupting class	1	2	3	4	5
7. Assignment completion	1	2	3	4	5
8. Organizational skills	1	2	3	4	5

ADHD Assessment Scale (follow up) – Teacher Informant (continued)

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Today’s Date: _____ Child’s Name: _____ Grade Level: _____

Side Effects: Has your child experienced any of the following side effects or problems in the past week?	Are these side effects currently a problem?			
	None	Mild	Moderate	Severe
Headache				
Stomachache				
Change of appetite- explain below				
Trouble sleeping				
Irritability in the 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:

For Office Use Only	Scores		
	Date/Medication	Date/Medication	Date/Medication
Total Symptom Score for questions 1-18			
Average Performance Score for questions 19-26			

Please return this form to: _____
Mailing address: _____

Fax number: _____