

ADHD Checklist for Teachers

Learner 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 homework:				

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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Learner name:	Date:	Subject:
<p>How is the learner's academic performance? Please describe any deficits.</p>		
<p>How is the learner's behavior? Please describe any deficits.</p>		
<p>How is the learner's social performance? Please describe any deficits.</p>		
<p>Other comments?</p>		