

CHILD OBSERVATION CHECKLIST FOR PARENTS & TEACHERS

Name of Child: _____ Age: _____ Grade: _____

Date of Evaluation: _____ Person Doing Observation: _____

DIRECTIONS: Please rate the child on the following items by placing an X or checkmark in the appropriate column:

	<i>Not Observed</i>	<i>Not At All</i>	<i>Just A Little</i>	<i>Pretty Much</i>	<i>Very Much</i>
<i>ATTENTION or FOCUS PROBLEMS</i>					
Fidgets, squirms, or seems restless					
Has difficulty remaining seated					
Is easily distracted					
Has difficulty awaiting turn					
Blurts out answers					
Has difficulty sustaining attention					
Has difficulty playing quietly					
Talks excessively					
Interrupts or intrudes on others					
Does not seem to listen					
Often loses things necessary for tasks					
Frequently engages in dangerous actions					
Frequently forgets instructions or directions for task					
<i>HYPERACTIVITY or EXCESSIVE ENERGY</i>					
Excessive running, climbing, or walking around					
Consistent over-activity; fidgeting					
Difficulty sitting still or out of seat frequently					
Motor restlessness					
Always on the go or exhibits excessive energy					
<i>IMPULSIVE FEATURES</i>					
Often acts before thinking					
Excessive shifting from one activity to another					
Has difficulty organizing work					
Needs a lot of supervision					
Frequent calling out or talking in class					
Difficulty waiting for turn in games or activities					
<i>EMOTIONAL FEATURES</i>					
Cries often and easily					
Mood changes quickly and drastically					
Seems to need attention					
Seems scared of new things					
Seems nervous or upset					
Seems to feel worthless or has low self-esteem					
Seems to be shy or withdraws from other children					

Further Comments or Explanations from Observer: