

DATE \_\_\_\_\_

**ATTENTION PROFILE**

Child's Name: \_\_\_\_\_ Class Subject: \_\_\_\_\_  
 Filled Out By: \_\_\_\_\_ Time Of Day: \_\_\_\_\_

*Directions: Please check the item that describes the student within the past few weeks, as compared to typical age- related student behavior in the general classroom setting. Please check all items.*

	<b>RARELY TRUE</b>	<b>SOMETIMES TRUE</b>	<b>VERY OR OFTEN TRUE</b>
<b>1. Trouble completing assignments</b>			
<b>2. Too active, often out of seat, "driven by a motor"</b>			
<b>3. Fidgets with hands, squirms in seat</b>			
<b>4. Daydreams excessively</b>			
<b>5. Impulsive, acts without thinking</b>			
<b>6. Difficulty listening or following directions</b>			
<b>7. Argumentative or stubborn</b>			
<b>8. Messy work, poor handwriting</b>			
<b>9. Inattentive, easily distracted</b>			
<b>10. Talks excessively</b>			
<b>11. Avoids or refuses to do work</b>			
<b>12. Blurts out answers, has trouble waiting turn</b>			
<b>13. Acts silly "class clown," disrupts class</b>			
<b>14. Easily frustrated or annoyed</b>			
<b>15. Annoys or alienates peers</b>			
<b>16. Forgetful, loses things</b>			
<b>17. Rushes through, careless mistakes</b>			
<b>18. Disorganized</b>			
<b>19. Requires excessive prompting and redirection to start or complete work</b>			

**Please write any comments relating to the student's recent behavior and social interaction.**

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