

# Weekly Monitoring Report

Print this form and ask the teacher to use it to track the effectiveness of your child's treatment plan.

**CHILD'S NAME:** \_\_\_\_\_ Date: \_\_\_\_\_

**TEACHER:** \_\_\_\_\_ Class: \_\_\_\_\_

QUESTION	SCALE			
<b>TEACHER:</b> Please circle the number that best applies to each item below based on your observations of this child during the past week.	<b>0 = Not at all</b>		<b>2 = Pretty Much</b>	
	<b>1 = A Little</b>		<b>3 = Very Much</b>	
<b>1. Fidgets with hands or feet or squirms in seat</b>	0	1	2	3
<b>2. Difficulty remaining seated</b>	0	1	2	3
<b>3. Difficulty waiting turn</b>	0	1	2	3
<b>4. Talks excessively</b>	0	1	2	3
<b>5. Interrupts others</b>	0	1	2	3
<b>6. Always "on the go"</b>	0	1	2	3
<b>7. Easily distracted</b>	0	1	2	3
<b>8. Fails to complete assigned tasks</b>	0	1	2	3
<b>9. Trouble paying attention</b>	0	1	2	3
<b>10. Careless/messy work</b>	0	1	2	3
<b>11. Does not seem to listen when spoken to</b>	0	1	2	3
<b>12. Difficulty following directions</b>	0	1	2	3
<b>NOTE:</b> For the following three items, higher scores indicate better functioning by the child.				
<b>13. Follows class rules</b>	0	1	2	3
<b>14. Gets along with peers</b>	0	1	2	3
<b>15. Seems happy and in good mood</b>	0	1	2	3