

HUDSON PSYCHIATRIC ASSOCIATES, LLC

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child's name	Parent Only weight	date
rater	relationship <input type="radio"/> parent <input type="radio"/> teacher	class and time of day
Parent Only		
medications, dosage, & dates		

Attention Monitor Parent & Teacher Report

Never *Rarely* *Occasionally* *Frequently* *Very Often*

Please select the response which best reflects the behavior of this child *over the past* _____ *weeks.*

					1. Fails to give close attention to details or makes careless mistakes in schoolwork or other assignments?
					2. Struggles to sustain attention in tasks or play activities?
					3. Does not seem to listen when spoken to directly?
					4. Fails to follow through on instructions and fails to finish schoolwork, chores, or duties?
					5. Struggles to organize for a project or task?
					6. Avoids, dislikes, or is reluctant to start on complicated work or tasks needing sustained mental effort?
					7. Lose or misplace things needed for tasks or activities?
					8. Gets distracted easily?
					9. Forgets activities, appointments or errands?
					10. Fidget or squirms when seated?
					11. Leaves their seat when in class or other situations where staying seated is expected?
					12. Runs around or climb excessively when inappropriate?
					13. Struggle playing or engaging in leisure activities quietly?
					14. Feels "on the go" or "driven by a motor"?
					15. Talk excessively?
					16. Blurts out answers or finish others' sentences?
					17. Struggle with waiting their turn?
					18. Interrupt or intrude on others?

Please feel free to write questions for your doctor on the back.

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