**Initial Assessment**

Student’s Name: Parent’s Name:

Please answer the questions and feel free to make notes, the more information the better.

Thank you.

1. **Behavioral Observations:**
	* How often does your child have difficulty sustaining attention in tasks or school activities? (1 - Never, 5 - Always)
	* Do you see the same behaviors at home? Yes or No

If yes, please specify:

* + How often does your child seem to not listen when spoken to directly? (1 - Never, 5 - Always)
	+ How often does your child have difficulty organizing tasks and activities? (1 - Never, 5 - Always)
1. **Academic Performance:**
	* How would you rate your child’s academic performance in the past month? (1 - Poor, 5 - Excellent)
	* Current Grades
	* Are there specific subjects or tasks your child finds particularly challenging? (1 - Never, 5 - Always)
2. **Social Interactions:**
	* How often does your child have trouble waiting their turn? (1 - Never, 5 - Always)
	* How often does your child interrupt or intrude on others? (1 - Never, 5 - Always)
3. **Emotional Well-being:**
	* How often does your child seem anxious or stressed? (1 - Never, 5 - Always)
	* How often does your child express frustration or anger? (1 - Never, 5 - Always)
	* How would you rate your child self-awareness? Do they recognize the impact ADHD has on them? What skills do you feel your child already has as a coping skill or compensation skill?
4. **Additional Comments:**
	* Are there any other behaviors or concerns you would like to mention?
	* What are your hopes for coaching?

**Follow-up Questionnaire (After Six Weeks)**

1. **Behavioral Observations:**
	* Have you noticed any changes in your child’s ability to sustain attention? (1 - No Change, 5 - Significant Improvement)
	* Have there been any improvements in your child’s listening skills? (1 - No Change, 5 - Significant Improvement)
2. **Academic Performance:**
	* How would you rate your child’s academic performance in the past month? (1 - Poor, 5 - Excellent)
	* Have there been any changes in the subjects or tasks your child finds challenging? (1 - No Change, 5 - Significant Improvement)
3. **Social Interactions:**
	* Have you noticed any changes in your child’s ability to wait their turn? (1 - No Change, 5 - Significant Improvement)
	* Have there been any improvements in your child’s interactions with others? (1 - No Change, 5 - Significant Improvement)
4. **Emotional Well-being:**
	* Have you noticed any changes in your child’s anxiety or stress levels? (1 - No Change, 5 - Significant Improvement)
	* Have there been any changes in how your child expresses frustration or anger? (1 - No Change, 5 - Significant Improvement)
5. **Additional Comments:**
	* Are there any other changes or improvements you have noticed?