ADD Action Coach Parent Coaching Checklist

Full Name:

Date of Birth:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Does Your Child/Teen	:				
Often has trouble keeping attention on tasks:	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Often loses or misplaces things:	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Is often easily distracted:	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Forgetful in daily activities:	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Has trouble following instructions and does not finish tasks:	0	\bigcirc	0	0	0
Difficulty giving close attention to detail and makes careless mistakes:	0	0	0	0	0
Organizational difficulties in the home and/or workplace:	0	\bigcirc	0	0	0

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Often has difficulty waiting in lines or waiting his turn:	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Often interrupts or intrudes on conversations:	0	\bigcirc	\bigcirc	\bigcirc	0
Often blurts out answers before questions have been finished:	0	\bigcirc	0	\bigcirc	0
Does he make impulsive decisions regarding school or with friends:	0	\bigcirc	\bigcirc	\bigcirc	0
Does he have trouble following conversations and staying on topic:	0	\bigcirc	0	\bigcirc	0
Trouble sitting still in the classroom:	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0
Often feeling like always on the go or often acts like being "driven by a motor":	0	\bigcirc	0	\bigcirc	0
Does he talk excessively:	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0
Often feels that relaxation is difficult and takes time to "settle down":	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

Does he have behavioral issues and/or have difficulty getting along with teachers:	0	0	0	0	0
Does he have difficulty keeping or making friends:	\circ	\bigcirc	\bigcirc	0	\bigcirc
Does he generally feel negative about school:	0	\bigcirc	0	0	0
Does he often daydream:	0	\circ	\circ	0	\bigcirc
Is there any history of bullying or being bullied:	0	\bigcirc	\circ	\circ	\bigcirc