

ATTENTION PROBLEMS CHECKLIST  
Aiken County Public Schools

Child/Student: \_\_\_\_\_ School: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Name and Relationship to Child

How long have you known this child/student: \_\_\_\_\_

NOTE: INFORMATION CANNOT BE RELEASED TO A PHYSICIAN WITHOUT PARENTAL CONSENT.

Please indicate how often the child displays these behaviors and characteristics.

N = Never

S = Sometimes

O = Often

A = Always

Fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities N S O A

Has difficulty sustaining attention in tasks or play activities N S O A

Does not seem to listen when spoken to directly N S O A

Does not follow through on instructions and fails to finish school, work, chores, or duties (not due to oppositional behavior or a failure to understand instructions) N S O A

Has difficulty organizing tasks and activities N S O A

Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort N S O A

Loses things necessary for tasks or activities N S O A

Is easily distracted by extraneous stimuli N S O A

Is forgetful in daily activities N S O A

Fidgets with hands or feet or squirms in seat N S O A

Leaves seat in classroom or in other situations in which remaining seated is expected N S O A

Runs about or climbs excessively in situations in which it is inappropriate (in older children may be limited to subjective feelings of restlessness) N S O A

Has difficulty playing or engaging in leisure activities quietly N S O A

Is "on the go" or acts as if "driven by a motor"	N	S	O	A
Talks excessively	N	S	O	A
Blurts out answers before questions have been completed	N	S	O	A
Has difficulty awaiting turn	N	S	O	A
Interrupts or intrudes on others	N	S	O	A

Describe how these behaviors and characteristics have a significant impact upon the child's/student's functioning in the academic setting:\_\_\_\_\_

---



---



---

Attention problems can be caused by factors other than an attention deficit disorder. Do you know of or suspect problems in the following areas? If so, please explain. Be specific; for example, instead of writing that you think the child maybe be depressed, record the behaviors that make you think the child may be depressed (e.g. crying, fatigue, negative comments about self, etc.) Attach additional pages if necessary.

Emotional adjustment\_\_\_\_\_

---

Discipline/behavior\_\_\_\_\_

---

Academic deficits\_\_\_\_\_

---

Social, cultural factors\_\_\_\_\_

---

Sleep\_\_\_\_\_

---

Attendance\_\_\_\_\_

---

Other comments:\_\_\_\_\_

---



---



---

Attach the following before sending to a physician: Grades, Discipline detail (if applicable), Attendance detail (if applicable), Anecdotal records (if applicable)