

Skill-based Behavior Assessment: Attention & Hyperactivity

Name: \_\_\_\_\_  
Teacher: \_\_\_\_\_

Date: \_\_\_\_\_  
Grade: \_\_\_\_\_

Please answer the following questions -- (Answer yes if the behavior is present often.)

- Fails to give close attention to details or makes careless mistakes \_\_\_\_\_ Yes \_\_\_\_\_ No
- Difficulty sustaining attention \_\_\_\_\_ Yes \_\_\_\_\_ No
- Does not seem to listen when spoken to \_\_\_\_\_ Yes \_\_\_\_\_ No
- Poor follow through/fails to finish tasks \_\_\_\_\_ Yes \_\_\_\_\_ No
- Difficulty organizing materials or starting assignments \_\_\_\_\_ Yes \_\_\_\_\_ No
- Avoids difficult tasks requiring continued attention \_\_\_\_\_ Yes \_\_\_\_\_ No
- Loses materials or assignments or belongings \_\_\_\_\_ Yes \_\_\_\_\_ No
- Distracted by noises or pictures/posters/objects... \_\_\_\_\_ Yes \_\_\_\_\_ No
- Forgetful (needs many reminders) \_\_\_\_\_ Yes \_\_\_\_\_ No

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- Fidgets or squirms (can't seem to sit still) \_\_\_\_\_ Yes \_\_\_\_\_ No
- Moves around when being seated is expected \_\_\_\_\_ Yes \_\_\_\_\_ No
- Runs or climbs or jumps when not appropriate \_\_\_\_\_ Yes \_\_\_\_\_ No
- Difficulty playing quietly \_\_\_\_\_ Yes \_\_\_\_\_ No
- Seems "on the go" (or full of too much energy) \_\_\_\_\_ Yes \_\_\_\_\_ No
- Talks excessively \_\_\_\_\_ Yes \_\_\_\_\_ No
- The above difficulties negatively affect academic performance \_\_\_\_\_ Yes \_\_\_\_\_ No
- Does the student often seem tired or report lack of sleep? \_\_\_\_\_ Yes \_\_\_\_\_ No

Primary positive behavioral supports used with this student:

- |   |                              |                    |
|---|------------------------------|--------------------|
| ___ Time                                      | ___ One-on-one assistance    | ___ Peer tutoring  |
| ___ Token economy (incentives)                | ___ Organization assistance  | ___ Rule reminders |
| ___ Visual cues                               | ___ Verbal reminders or cues | ___ Extra breaks   |
| ___ Instructions: short and specific/repeated |                              |                    |

Impressions: \_\_\_\_\_

**Skill-based Behavior Assessment: Attention & Hyperactivity**

Name: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_  
 Grade: \_\_\_\_\_

Please answer the following questions – (Answer yes if the behavior is present often.)

Fails to give close attention to details or makes careless mistakes \_\_\_\_\_ Yes \_\_\_\_\_ No

Difficulty sustaining attention \_\_\_\_\_ Yes \_\_\_\_\_ No

Does not seem to listen when spoken to \_\_\_\_\_ Yes \_\_\_\_\_ No

Poor follow through/fails to finish tasks \_\_\_\_\_ Yes \_\_\_\_\_ No

Difficulty organizing materials or starting assignments \_\_\_\_\_ Yes \_\_\_\_\_ No

Avoids difficult tasks requiring continued attention \_\_\_\_\_ Yes \_\_\_\_\_ No

Loses materials or assignments or belongings \_\_\_\_\_ Yes \_\_\_\_\_ No

Distracted by noises or pictures/posters/objects... \_\_\_\_\_ Yes \_\_\_\_\_ No

Forgetful (needs many reminders) \_\_\_\_\_ Yes \_\_\_\_\_ No

Fidgets or squirms (can't seem to sit still) \_\_\_\_\_ Yes \_\_\_\_\_ No

Moves around when being seated is expected \_\_\_\_\_ Yes \_\_\_\_\_ No

Runs or climbs or jumps when not appropriate \_\_\_\_\_ Yes \_\_\_\_\_ No

Difficulty playing quietly \_\_\_\_\_ Yes \_\_\_\_\_ No

Seems "on the go" (or full of too much energy) \_\_\_\_\_ Yes \_\_\_\_\_ No

Talks excessively \_\_\_\_\_ Yes \_\_\_\_\_ No

The above difficulties negatively affect academic performance \_\_\_\_\_ Yes \_\_\_\_\_ No

The above difficulties have been present since my child was \_\_\_\_\_ years old.

Sleep habits: What time does your child usually go to sleep? \_\_\_\_\_

What time does your child usually wake up? \_\_\_\_\_

Does he/she wake in the night often? \_\_\_\_\_

Health/Medical: Diagnoses: \_\_\_\_\_

Prescribed medication(s): \_\_\_\_\_

Dosage: \_\_\_\_\_

Doctor: \_\_\_\_\_

Impressions: \_\_\_\_\_