



School Follow Up Checklist

Name: _____

Date: _____ Age: _____ Current Grade _____

For each item, check the most appropriate column	Not at all	Just a little	Quite a bit	Very Much
Has difficulty paying attention at school				
Has difficulty with quiet activities at home				
Has difficulty completing homework				
Often is forgetful in daily activities				
Has difficulty following directions				
Often fidgets or squirms in seat				
Often has difficulty playing quietly				
Often is "on the go"				
Often talks excessively				
Often has difficulty waiting for turn				

For each symptom, check most appropriate column	Not at all	Just a bit	Often	Always
Poor appetite				
Difficulty with sleep				
Irritability				
Listless/flat				
Anger				
Aggressiveness				
Anxiety				
Tics				
Obsessive behaviour				
Depressed mood				

