



ADHD TEACHER QUESTIONNAIRE

Name: _____ Date of Birth: _____ Date: _____

Please answer the following questions as thoroughly as possible.

Are there any problems with learning that you have seen? _____

Are you concerned with any behavior problems? _____

Is the child having problems completing classwork or homework: _____
How old was the child when he/she started having the above problems? _____
How would you describe the child's temperament? _____

Overall, how are the above problems significantly affecting:

- This child's ability to learn? _____
- Self-esteem of this child? _____
- His/Her social relationships at school? _____
- His/Her academic achievement? _____

How does this child play with other children his/her age? _____

How does this child play with groups of other children: _____

How would you describe the child's learning style? _____

Does the child retain information learned? _____

Is the child interested in reading books? _____

Does the child have trouble sounding out words or reading words? _____

What classroom interventions have been tried? _____

Is the child frequently sad or prefer isolated activities? _____

Does the child have persistent defiant, disobedient, or hostile behaviors toward authority figures? _____

Does the child have recurrent behavior problems that affect the rights of others or violate social norms? _____

Is there anything else about the child that you would like to share? _____

Completed By: _____ School: _____

Grade: _____ Date: _____