

Evansville Psychiatric Associates, LLC

Date and Time of Assessment

STUDENT ACTIVITY CHECKLIST

tudent's Name School					Grade	
	dent, we would like your input. Please of same age and/or grade. When rating the	•				
1 = Less than average	2 = Average 3 = A little more than ave	erage 4 = Sig	gnificar	ntly more	e than avera	ge
We appreciate your participation imes of day. You may return the 1627 (even if you are local, you n	peration in completing this important associated in this student's care. For optimum resurses forms to the student's parent or guard must dial the entire number). You may also also 47711. Additional checklists are one	ults, we hope dian or fax the so mail them	to coll em to u to us a	ect data us direct it the fol	from differe ly at 1-812-6 lowing addro	ent 671- ess:
1. Makes careless mistal	kes, does not pay attention to details.	1	2	3	4	
2. Has trouble paying attention in tasks or at play activity.			2	3	4	
3. Loses things, is forgetful in daily activities.			2	3	4	
4. Is easily distracted.			2	3	4	
5. Does not seem to listen. Fails to finish schoolwork.		1	2	3	4	
6. Fidgets, squirms or leaves seat in classroom.			2	3	4	
7. Is "on the go", runs about or climbs excessively.			2	3	4	
8. Talks excessively and has difficulty playing quietly.			2	3	4	
9. Blurts out answers, interrupts or intrudes on others.			2	3	4	
10. Acts impulsively, has	difficulty waiting turn.	1	2	3	4	
Name of person completing form						