



2015 Maxwell Avenue, Evansville, IN 47711
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STUDENT ACTIVITY CHECKLIST

Student's Name

School

Grade

In order to best evaluate this student, we would like your input. Please compare this individual's behavior to the behavior of other students of the same age and/or grade. When rating the behavior, please use the following scale:

1 = Less than average **2** = Average **3** = A little more than average **4** = Significantly more than average

Thank you for your time and cooperation in completing this important assessment. We know that you are very busy. We appreciate your participation in this student's care. For optimum results, we hope to collect data from different times of day. You may return these forms to the student's parent or guardian or fax them to us directly at 1-812-671- 0627 (even if you are local, you must dial the entire number). You may also mail them to us at the following address: 2015 Maxwell Avenue, Evansville, IN 47711. Additional checklists are on our website, www.evansvillepsychiatric.com

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|--|---|---|---|---|
| 1. Makes careless mistakes, does not pay attention to details. | 1 | 2 | 3 | 4 |
| 2. Has trouble paying attention in tasks or at play activity. | 1 | 2 | 3 | 4 |
| 3. Loses things, is forgetful in daily activities. | 1 | 2 | 3 | 4 |
| 4. Is easily distracted. | 1 | 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. | 1 | 2 | 3 | 4 |
| 7. Is "on the go", runs about or climbs excessively. | 1 | 2 | 3 | 4 |
| 8. Talks excessively and has difficulty playing quietly. | 1 | 2 | 3 | 4 |
| 9. Blurts out answers, interrupts or intrudes on others. | 1 | 2 | 3 | 4 |
| 10. Acts impulsively, has difficulty waiting turn. | 1 | 2 | 3 | 4 |

Name of person completing form

Title

Date and Time of Assessment