



ADHD PROGRESS REPORT

Date: _____

Patient Name: _____ Date of Birth: _____ Grade in School: _____

Name of Person Completing Form: _____

Name of Child's Teacher (if in elementary School): _____

Current Medications and Doses: _____

Check the box that corresponds to your child's current symptoms while on medication.

CORE SYMPTOMS	NOT A PROBLEM	MILD PROBLEM	MODERATE PROBLEM	SEVERE PROBLEM
Attention at school				
Attention at home				
Hyperactivity				
Impulsivity				
Forgetfulness				
Distractibility				
Organization				
SECONDARY SYMPTOMS				
Homework				
School behavior				
After school activities				
Social interactions				
Family participation				
Disruptive behaviors				
Accidents/injuries				

