

# FOLLOW-UP ASSESSMENT CHECKLIST

## Longwood Pediatrics, LLP

**FOLLOW**

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Completed by: \_\_\_\_\_ ( Parent Teacher Other \_\_\_\_\_ )

**Directions:** Each rating should be considered in the context of what is appropriate for the age of the child and should reflect that child's behavior for the past 6 months or since the beginning of the school year. If fewer than 6 months, please indicate how long you have been able to evaluate the behaviors: \_\_\_\_\_

Is this evaluation based on a time when the child  was on medication  was not on medication  not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework.	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork or activities (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others conversations/activities	0	1	2	3

### Performance

Academic Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
19. Reading	1	2	3	4	5
20. Mathematics	1	2	3	4	5
21. Written expression	1	2	3	4	5

Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
22. Relationship with peers	1	2	3	4	5
23. Following directions	1	2	3	4	5
24. Disrupting class or home activities	1	2	3	4	5
25. Assignment or chore completion	1	2	3	4	5
26. Organizational skills	1	2	3	4	5

**PLEASE CONTINUE ON REVERSE**

Child's Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

**Comments:**

**Have the specific goals for this child been met?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please return the form to: **Tim Schuettge, LICSW, MPH**

Mailing Address: \_\_\_\_\_ **Longwood Pediatrics, LLP** \_\_\_\_\_  
**319 Longwood Ave**  
**Boston, MA 02115**

Fax Number: **617-277-7834**

**For Office Use Only**

Total Symptom Score for questions 1-18: \_\_\_\_\_

Average Performance Score for questions 19-26: \_\_\_\_\_