

## Attention Deficit Hyperactivity Disorder Tracking Sheet

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Please indicate by tally mark the number of incidents of each behavior observed for each 5-minute time interval. Begin documenting once behaviors are observed and continue for five minutes. Please attempt to document behaviors during the a.m. and p.m.

|   | <i>5- Minute randomly timed intervals (ex. from 8:10 to 8:15)</i> |       |       |        |       |       |       |
|---|---|-------|-------|--------|-------|-------|-------|
|   | a.m.:   | a.m.: | a.m.: | Lunch: | p.m.: | p.m.: | p.m.: |
| <b>Inattentiveness:</b>                               |   |       |       |        |       |       |       |
| Makes careless mistakes in schoolwork                 |   |       |       |        |       |       |       |
| Difficulty maintaining attention w/ tasks/ activities |   |       |       |        |       |       |       |
| Does not follow instructions/fails to finish work     |   |       |       |        |       |       |       |
| Loses things needed for task or activities            |   |       |       |        |       |       |       |
| Dislikes/avoids task requiring sustained attention    |   |       |       |        |       |       |       |
| Forgetful in daily activities                         |   |       |       |        |       |       |       |
| Easily distracted by extraneous stimuli               |   |       |       |        |       |       |       |
| Does not seem to listen                               |   |       |       |        |       |       |       |
| Other   |   |       |       |        |       |       |       |
| <b>Impulsivity:</b>                                   |   |       |       |        |       |       |       |
| Blurts out answers before questions are completed     |   |       |       |        |       |       |       |
| Difficult waiting for turn                            |   |       |       |        |       |       |       |
| Interrupts or intrudes on others                      |   |       |       |        |       |       |       |
| Easily angered or upset (lacks coping skills)         |   |       |       |        |       |       |       |
| Other   |   |       |       |        |       |       |       |
| <b>Hyperactivity:</b>                                 |   |       |       |        |       |       |       |
| Fidgets with hands, feet, squirms in seat             |   |       |       |        |       |       |       |
| Leaves seat when expected to remain seated            |   |       |       |        |       |       |       |
| Runs/climbs excessively in inappropriate places       |   |       |       |        |       |       |       |
| Difficulty engaging in leisure activities             |   |       |       |        |       |       |       |
| Is often on the go or acts as if “driven by a motor”  |   |       |       |        |       |       |       |
| Talks excessively                                     |   |       |       |        |       |       |       |
| Makes excessive noises /mouth/hands/feet...           |   |       |       |        |       |       |       |
| Other   |   |       |       |        |       |       |       |