

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.:
Inattentiveness:							
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							
Impulsivity:							
Blurts our answers before questions are completed							
Difficult waiting for turn							
Interrupts or intrudes on others							
Easily angered or upset (lacks coping skills)							
Other							
Hyperactivity:							
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							