REPLENISH

The Whatcom County Child & Adolescent Mental and Behavioral Health Community Connection Project

Assessment Preparation Worksheet - ADHD

1. What are your child's strengths?

2. When did you first start noticing concerns or wondering if your child was different from their peers? What did you notice?

3. What specifically are the things you are concerned about?

4. What have you tried to address the concerns?

5. Depending on their age, do you feel your child can follow directions with multiple steps? (Ex: Please brush your teeth, put on your socks, and grab your jacket?)

6. Do you have to repeat directions frequently?

7. Do they have trouble sleeping? If so when did that start?

8. Do they have trouble with any of the following things:

- ☐ Sitting still
- ☐ Being restless
- ☐ Waiting turns for activities
- ☐ Waiting their turn to talk
- ☐ Constantly moving
- ☐ Overly talkative

Other:

9. Do they often lose things or struggle to keep track of their belongings?

10. How is your child doing at school or pre-school? Does your child's teacher have any concerns about their behavior, attention, ability to complete school work, etc.?

11. Do other loved ones notice or say anything about your child and their attention, activity level, or mention concerns? If so, what do they say?

12. Has there been any difficulty with friends or friendships? If so, when did that start?