

ADHD Rating Scale IV - Preschool Version - Parent Follow Up

Child's Name: _____ Sex: M F Age: _____

Completed By: _____ Relationship: _____

Circle the number that <u>best describes</u> the child's behavior over the past 6 months.		Rarely or never	Sometimes	Often	Very often
1.	Fails to give close attention to details (i.e. rushes through activities, makes careless mistakes)	0	1	2	3
2.	Fidgets with hands or feet or squirms in seat (taps hands or feet)	0	1	2	3
3.	Has difficulty sustaining attention in tasks or play activities	0	1	2	3
4.	Leaves seat in classroom, during meals, or in other situations in which remaining seated is expected	0	1	2	3
5.	Does not seem to listen when spoken to directly (tunes you out)	0	1	2	3
6.	Runs about or climbs excessively in situations in which it is inappropriate	0	1	2	3
7.	Does not follow through on instructions or fails to finish tasks (i.e. "go upstairs, get your shoes and socks", has difficulty with transitions)	0	1	2	3
8.	Has difficulty playing quietly (alone or in groups)	0	1	2	3
9.	Has difficulty organizing tasks and activities (i.e. choosing an activity, getting materials, doing steps in order)	0	1	2	3
10.	Is "on the go" or acts as if "driven by a motor"	0	1	2	3
11.	Avoids tasks that require sustained mental effort (i.e. puzzles, learning ABC's, writing name)	0	1	2	3
12.	Talks excessively	0	1	2	3
13.	Loses things necessary for tasks or activities (i.e. mittens, shoes, backpack)	0	1	2	3
14.	Blurts out answers before questions have been completed	0	1	2	3
15.	Is easily distracted	0	1	2	3
16.	Has difficulty awaiting turn	0	1	2	3
17.	Is forgetful in daily activities (i.e. forgets papers, forgets directions)	0	1	2	3
18.	Interrupts or intrudes on others	0	1	2	3

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Parent Report

Child's Name: _____

Date of birth: _____

Today's Date: _____

Name of person answering this form and relationship to child _____

What concerns you most about your child?

Please feel free to write any additional comments about your child below