



Medication Monitoring Form

Student Name: _____
 Date: _____
 Teacher: _____
 Class: _____

Please circle the number next to each item that best describes the behaviour of this child today (or insert another period) by using the following scale:

0	Never
1	Sometimes
2	Often
3	Very often

Items:

Items:				
1. Always "on the go".	0	1	2	3
2. Difficulty remaining seated.	0	1	2	3
3. Interrupting or calling out.	0	1	2	3
4. Talking excessively.	0	1	2	3
5. Fidgeting or squirming in seat.	0	1	2	3
6. Difficulty working quietly.	0	1	2	3
7. Easily distracted.	0	1	2	3
8. Trouble paying attention.	0	1	2	3
9. Makes silly mistakes in school work.	0	1	2	3
10. Doesn't seem to listen.	0	1	2	3
11. Has difficulty following directions.	0	1	2	3
12. Failing to complete set tasks.	0	1	2	3
13. Gets along well with classmates.	0	1	2	3
14. Seems happy.	0	1	2	3

Please indicate how the behaviours you evaluated above were across the whole day.

Noticeably better in the morning	Behaviours same across whole day	Afternoon noticeably better than morning.
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The following requires an indication of the amount and quality of school work produced.

Indicate satisfaction with the *amount* of work produced today:

0	1	2	3	4	5	6	7	8	9	10
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Indicate satisfaction with the *quality* of work produced today:

0	1	2	3	4	5	6	7	8	9	10
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