

Classroom Monitoring Report

Child Name: _____ Date: _____

Teacher: _____ Class: _____

0	Not at all
1	A little
2	Pretty Much
3	Very Much

Teacher: Please answer the items below on your observations of this child during the past week by circling the number that best applies or typing the number in the box.

Question	Scale			
1. Fidgets with hands or feet or squirms in seat.	0	1	2	3
2. Difficulty remaining seated.	0	1	2	3
3. Difficulty waiting turn.	0	1	2	3
4. Talks excessively.	0	1	2	3
5. Interrupts others.	0	1	2	3
6. Always “on the go”.	0	1	2	3
7. Easily distracted.	0	1	2	3
8. Fails to complete assigned tasks.	0	1	2	3
9. Trouble paying attention.	0	1	2	3
10. Careless/messy work.	0	1	2	3
11. Does not seem to listen when spoken to.	0	1	2	3
12. Difficulty following directions.	0	1	2	3
Note: For the following three items, higher scores indicate better functioning by the child.				
13. Follows class rules.	0	1	2	3
14. Gets along with peers.	0	1	2	3
15. Seems happy and in good mood.	0	1	2	3

Please indicate how the behaviors rated above compared during morning and afternoon times for the prior week by circling one of the choices below or using the check box.

Note: If you only have this child in class during morning or afternoon, this does not apply.

Morning better than afternoon	No clear difference	Afternoon better than morning
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Circle the value or check the box above the number to indicate the approximate percentage of assigned class work that this child completed during the past week:

0	10	20	30	40	50	60	70	80	90	100
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The quality of work completed by this child this week was:

Very poor	Poor	Satisfactory	Good	Very good
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If the quality of this child's work varied significantly between academic subjects, please indicate this in the next column.	
Did this child turn in all assigned homework? If not, please indicate the missing assignments	
Please indicate any other comments or observations that you believe are important:	

Thank you for your help!