

**Skill-based Behavior Assessment: Attention & Hyperactivity**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Please answer the following questions** – (Answer yes if the behavior is present often.)

Fails to give close attention to details or makes careless mistakes  Yes  No

Difficulty sustaining attention  Yes  No

Does not seem to listen when spoken to  Yes  No

Poor follow through/fails to finish tasks  Yes  No

Difficulty organizing materials or starting assignments  Yes  No

Avoids difficult tasks requiring continued attention  Yes  No

Loses materials or assignments or belongings  Yes  No

Distracted by noises or pictures/posters/objects...  Yes  No

Forgetful (needs many reminders)  Yes  No

Fidgets or squirms (can't seem to sit still)  Yes  No

Moves around when being seated is expected  Yes  No

Runs or climbs or jumps when not appropriate  Yes  No

Difficulty playing quietly  Yes  No

Seems "on the go" (or full of too much energy)  Yes  No

Talks excessively  Yes  No

The above difficulties negatively affect academic performance  Yes  No

Does the student often seem tired or report lack of sleep?  Yes  No

**Primary positive behavioral supports used with this student:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Timer                                     | <input type="checkbox"/> One-on-one assistance    | <input type="checkbox"/> Peer tutoring  |
| <input type="checkbox"/> Token economy (incentives)                | <input type="checkbox"/> Organization assistance  | <input type="checkbox"/> Rule reminders |
| <input type="checkbox"/> Visual cues                               | <input type="checkbox"/> Verbal reminders or cues | <input type="checkbox"/> Extra breaks   |
| <input type="checkbox"/> Instructions: short and specific/repeated |   |   |

Impressions: \_\_\_\_\_