



3440 North Valdosta Road
Valdosta, Georgia 31602
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Board Certified Pediatric
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Initial Screening for Behavioral Problems (ADD / ADHD)

Date: _____

Patient's Name: _____ DOB: _____

Legal Guardian: _____

Does patient live with legal guardian? YES NO

IF no, who does child live with? _____

Current Academic History

Current School: _____ Current Grade: _____

Current Teacher (s): _____

Currently in special education classes or program? YES NO

Does child have problems with:

- Handwriting? YES NO
- Reading? YES NO
- Math? YES NO
- Spelling? YES NO
- Completing tasks? YES NO
- Homework? YES NO



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PARENT PORTION OF EVALUATION

Today's Date: _____ Patient's Name: _____ DOB: _____
 Parent's Name: _____ Phone: _____

Parent, each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behavior in the past 6 months.

- Is this evaluation based on a time when the child:
 - was on medication
 - was not on medication
 - not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes, for example, with homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (ie: toys, assignments, pencils or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his/her turn	0	1	2	3
18. Interrupts or intrudes on others conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his/her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens or intimidates others	0	1	2	3



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28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or avoid obligations (ie "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things of value	0	1	2	3
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted or unloved; complains that "no one loves him/her"	0	1	2	3
46. Is sad, unhappy or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Average Problem	Somewhat of a Problem	Problem
48. Overall school Performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with Parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participations in organized activities (ie teams)	1	2	3	4	5

Comments: _____



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TEACHER PORTION OF EVALUATION

Today's Date: _____ Patient's Name: _____ DOB: _____
 Teacher's Name: _____

Teacher, each rating should be considered in the context of what is appropriate for the age of the student. When completing this form, please think about the child's behavior in the past 6 months.

- Is this evaluation based on a time when the child:
 - was on medication
 - was not on medication
 - not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (ie: school assignments, pencils or books)	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others conversations and/or activities	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to go along with adults requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3



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25. Lies to obtain goods for favors or avoid obligations (ie "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for far of making mistakes	0	1	2	3
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems, feels guilty	0	1	2	3
34. Feels lonely, unwanted or unloved; complains that "no one loves him/her"	0	1	2	3
35. Is sad, unhappy or depressed	0	1	2	3

<u>Academic Performance</u>	Excellent	Above Average	Average Problem	Somewhat of a Problem	Problem
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written Expression	1	2	3	4	5
<u>Classroom Behavioral Performance</u>					
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

Comments: _____

