

Functional Assessment Checklist: Home Version

Child's Name: _____

Name of Rater: _____

Relation to Child: _____

Date of Rating: _____

Children and teens diagnosed with ADHD can have a wide range of problems at home. To develop a comprehensive treatment program to best help your child and to evaluate your child's progress, I would like you to complete this brief checklist. Please read each statement and write a numerical rating from 1 to 5 (or write N) using the following scale:

1. Rarely or never
 2. Once or twice per week
 3. Three or four times per week
 4. Almost daily
 5. Every day
- N. Not expected at this age.

INDEPENDENT LIVING SKILLS:

____ Wakes in the morning, without repeated prompting

____ Washes, brushes teeth, combs hair, without repeated prompting

(continued)

Functional Assessment Checklist: Home Version (Continued)

- ___ Gets dressed in the morning without repeated prompting
- ___ Makes bed in the morning without repeated prompting
- ___ Eats breakfast that includes some kind of protein without repeated prompting
- ___ Takes medication without repeated prompting
- ___ Remembers to pack homework, school papers without repeated prompting
- ___ Gets to the school bus (or car) on time in the morning without repeated prompting
- ___ Eats a lunch at school that includes protein
- ___ Comes home after school on time
- ___ Does homework without repeated prompting
- ___ Does at least one "chore" without repeated prompting
- ___ Eats a dinner that includes protein without prompting
- ___ Puts away clothes, toys, papers, etc., without repeated prompting
- ___ Uses a calendar, phone, computer, or other device to keep track of their schedule
- ___ Cleans room without repeated prompting
- ___ Washes up, brushes teeth in the evening without repeated prompting
- ___ Goes to the bedroom at bedtime and rests quietly without repeated prompting
- ___ **Total: Independent Living Skills**

SCHOOL FUNCTIONING:

Please read each statement and write a numerical rating from 1 to 5 (or write "N") using the following scale:

- 1. Rarely or never
- 2. Once or twice per week
- 3. Three or four times per week
- 4. Almost daily
- 5. Every day
- N. Not expected at this age

Functional Assessment Checklist: Home Version (Continued)

- ___ Gets to classes on time
- ___ Brings the necessary books and materials to class
- ___ Remembers to turn in homework
- ___ Sits in seat at school
- ___ Does not interrupt the teacher
- ___ Speaks when called on in class
- ___ Does school work in class
- ___ Copies down homework assignments
- ___ Remembers to bring home books and materials needed for homework

___ **Total: School Functioning**

EMOTIONAL CONTROL:

Please read each statement and write a numerical rating from 1 to 5 (or write "N") using the following scale:

- 1. Rarely or never
- 2. Once or twice per week
- 3. Three or four times per week
- 4. Almost daily
- 5. Every day
- N. Not expected at this age

- ___ Follows parent instructions without arguing
- ___ Solves disagreements with siblings and parents without arguing or fighting
- ___ Controls physical outbursts of anger (e.g., throwing/hitting objects; striking people)
- ___ Controls verbal outbursts of anger (e.g., insulting, yelling, threatening others)
- ___ Apologizes, accepts responsibility for mistakes and makes up
- ___ Handles disappointment without sulking, complaining or crying
- ___ Attempts activities that cause anxiety

___ **Total: Emotional Control**

(continued)

Functional Assessment Checklist: Home Version (Continued)

SOCIAL SKILLS:

Please read each statement and write a numerical rating from 1 to 5 (or write "N") using the following scale:

- 1. Rarely or never
- 2. Once or twice per week
- 3. Three or four times per week
- 4. Almost daily
- 5. Every day
- N. Not expected at this age

- ___ Does something kind and thoughtful for another family member
- ___ Tells a story about their day during meal time
- ___ Listens to other family members tell stories about their day
- ___ Asks questions that are on the topic when listening to other family members
- ___ Shares toys, games, and other playthings without complaint
- ___ Spends time reading, painting, building, playing a musical instrument or engaging in any recreational activity that requires thinking (*not* video/computer games)
- ___ Calls/contacts another child to talk
- ___ Is called/contacted by another child to talk
- ___ Invites a friend to get together
- ___ Is invited by a friend to get together
- ___ Joins and participates in an organized community social group (e.g., sports, scouts, dance, music, drama, church group, 4-H Club, or other group)

___ **Total Social Skills**