

# AREAS OF CONCERN/IMPROVEMENT

Name \_\_\_\_\_ Date \_\_\_\_\_  
Phone \_\_\_\_\_ Age \_\_\_\_\_  
Form completed by: \_\_\_\_\_ Grade \_\_\_\_\_

LIST MAJOR IMPROVEMENTS SINCE LAST VISIT:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Please review the categories below and **circle** the areas of concern.

After the category place **↑up** if the symptoms are improving, and **↓down** if they are worse.

Academics _____	Chores _____	
Adaptability _____	Computer time _____	Focusing _____
Addictive issues _____	Coordination _____	Friendships _____
Anger _____	Crying _____	Frustration tolerance _____
Annoys others _____	Cruelty _____	Goal directed _____
Anxious _____	Defiance _____	Goals _____
Appetite _____	Depression _____	Headaches _____
Argumentative _____	Destructive _____	Home atmosphere _____
Attitude _____	Distracted _____	Impulsiveness _____
Behavior _____	Easily annoyed _____	Inappropriate behavior _____
Being bullied _____	Effort _____	Insight _____
Bullies others _____	Eye contact _____	Interruptions _____
Blaming _____	Excessive talking _____	Irritability _____
Blurting out _____	Fidgets _____	Judgment _____
Carelessness _____	Finishing tasks _____	

**continue on back →**

