

South River Pediatrics

Connors Evaluation Form

Name: _____ Age: _____ Grade: _____ Date: _____

Completed By: _____ Relationship: _____

Please circle the number that best describes this patient's behavior over the past _____ weeks.

	Never or Rarely	Sometimes	Often	Very Often
Fails to give close attention to details or makes careless mistakes.	0	1	2	3
Fidgets with hands or feet or squirms in seat.	0	1	2	3
Has difficulty sustaining attention in tasks or play activities.	0	1	2	3
Leaves seat in classroom or in other situations in which remaining seated is expected.	0	1	2	3
Does not seem to listen when spoken to directly.	0	1	2	3
Runs about or climbs excessively in situations in which it's inappropriate.	0	1	2	3
Does not follow through on instructions and fails to finish work.	0	1	2	3
Has difficulty playing or engaging in leisure activities quietly.	0	1	2	3
Has difficulty organizing tasks and activities.	0	1	2	3
Is "on the go" or acts as if "driven by a motor".	0	1	2	3
Avoids tasks (e.g., school work, homework) that require sustained mental effort.	0	1	2	3
Talks excessively.	0	1	2	3
Loses things necessary for tasks or activities.	0	1	2	3
Blurts out answers before questions have been completed.	0	1	2	3
Is easily distracted.	0	1	2	3
Has difficulty waiting turn.	0	1	2	3
Is forgetful in daily activities.	0	1	2	3
Interrupts or intrudes on others.	0	1	2	3

Comments: _____
