

# ADHD CONNORS TEACHER/PARENT QUESTIONNAIRE

Child's Name \_\_\_\_\_

Rating Date \_\_\_\_\_

Name of Rater \_\_\_\_\_ Teacher ( ) Parent ( )

Please rate accordingly:

0-Not at all.

1-Just a little.

2-Quite a bit,

3-Very much

Conditions for rating:

A specific day \_\_\_\_\_

This last week \_\_\_\_\_

Other \_\_\_\_\_

Observation / Rating

1. Restless or overactive / ( )

2. Excitable, impulsive / ( )

3. Disturbs other children / ( )

4. Fails to finish things / ( )

5. Constantly fidgeting / ( )

6. Inattentive, easily disturbed / ( )

7. Demands Must be Met Immediately / ( )

8. Cries often and easily / ( )

9. Mood changes quickly and drastically / ( )

10. Temper outburst explosive and unpredictable / ( )

Comments:

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