

# Psychological Assessment Form: ADHD Evaluation

This **psychological assessment form** sample is designed to systematically evaluate ADHD symptoms and behaviors. It aids clinicians in accurately diagnosing and planning effective interventions. The form includes sections for developmental history, symptom checklists, and behavioral observations.

## I. General Information

|                         |       |
|-------------------------|-------|
| <b>Client Name:</b>     | _____ |
| <b>Date of Birth:</b>   | _____ |
| <b>Assessment Date:</b> | _____ |
| <b>Clinician:</b>       | _____ |

## II. Developmental and Medical History

| <b>Area</b>                      | <b>Details/Observations</b> |
|----------------------------------|-----------------------------|
| Prenatal and Birth History       | _____                       |
| Early Development Milestones     | _____                       |
| Medical Conditions & Medications | _____                       |
| Family/Psychiatric History       | _____                       |

## III. ADHD Symptom Checklist

| <b>Symptom</b>  | <b>Never</b>          | <b>Sometimes</b>      | <b>Often</b>          | <b>Very Often</b>     |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Fails to give close attention to details or makes careless mistakes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Difficulty sustaining attention in tasks or play                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Does not seem to listen when spoken to directly                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Easily distracted by extraneous stimuli                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## IV. Behavioral Observations

|                       |       |
|-----------------------|-------|
| Appearance & Demeanor | _____ |
| Activity Level        | _____ |
| Social Interactions   | _____ |
| Other Observations    | _____ |

## V. Summary and Recommendations

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Clinician Signature

\_\_\_\_\_ Date: \_\_\_\_\_

