

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

Client Name:	_____
Date of Birth:	_____
Assessment Date:	_____
Clinician:	_____

II. Developmental and Medical History

Area	Details/Observations
Prenatal and Birth History	_____
Early Development Milestones	_____
Medical Conditions & Medications	_____
Family/Psychiatric History	_____

III. ADHD Symptom Checklist

Symptom	Never	Sometimes	Often	Very Often
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

Clinician Signature

Date: _____

