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Name: _____

Date: _____

Sometimes (S) Often (O) or Never (N)

_____ It is hard for me to pay attention to my teacher when he/she is talking.

_____ When I should be working, I am often thinking of other things.

_____ I have trouble starting my work.

_____ I have trouble finishing my work.

_____ I do things without thinking first.

_____ I am disorganized.

_____ I have trouble sitting still.

_____ I have trouble making or keeping friends.

_____ I have trouble following most rules.

_____ I forget what I am supposed to do.

_____ It is hard for me to get ready for school on time in the morning.

_____ Noises or other students in the classroom distract me.

_____ I frequently lose things.