

Neurofeedback Advantage

Reach Your Goals with Neurofeedback

Weekly Monitoring Report

Child Name: _____ Date: _____

Teacher: _____ Class: _____

0	Not at all
1	A little
2	Pretty Much
3	Very Much

Teacher: Please answer the items below on your observations of this child during the past week by circling the number that best applies or typing the number in the box.

Question		Scale			
1.	Fidgets with hands or feet or squirms in seat. <input type="text"/>	0	1	2	3
2.	Difficulty remaining seated. <input type="text"/>	0	1	2	3
3.	Difficulty waiting turn. <input type="text"/>	0	1	2	3
4.	Talks excessively. <input type="text"/>	0	1	2	3
5.	Interrupts others. <input type="text"/>	0	1	2	3
6.	Always "on the go". <input type="text"/>	0	1	2	3
7.	Easily distracted. <input type="text"/>	0	1	2	3
8.	Fails to complete assigned tasks. <input type="text"/>	0	1	2	3
9.	Trouble paying attention. <input type="text"/>	0	1	2	3
10.	Careless/messy work. <input type="text"/>	0	1	2	3
11.	Does not seem to listen when spoken to. <input type="text"/>	0	1	2	3
12.	Difficulty following directions. <input type="text"/>	0	1	2	3
Note: For the following three items, higher scores indicate better functioning by the child.					
13.	Follows class rules. <input type="text"/>	0	1	2	3
14.	Gets along with peers. <input type="text"/>	0	1	2	3
15.	Seems happy and in good mood. <input type="text"/>	0	1	2	3

Please indicate how the behaviors rated above compared during morning and afternoon times for the prior week by circling one of the choices below or using the check box.

Note: If you only have this child in class during morning or afternoon, this does not apply.

Morning better than afternoon <input type="checkbox"/>	No clear difference <input type="checkbox"/>	Afternoon better than morning <input type="checkbox"/>
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Circle the value or check the box above the number to indicate the approximate percentage of assigned class work that this child completed during the past week:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	10	20	30	40	50	60	70	80	90	100

The quality of work completed by this child this week was:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very poor	Poor	Satisfactory	Good	Very good

If the quality of this child's work varied significantly between academic subjects, please indicate this in the next column.	
Did this child turn in all assigned homework? If not, please indicate the missing assignments	
Please indicate any other comments or observations that you believe are important:	

Thank you for your help!