

Suburban Pediatric Associates, Inc. Robinson ADHD College Tracker

Name: _____
 Date: _____
 College: _____
 Year: _____

Have you accessed Student Service Office on Campus: Y N

Current Grades: Satisfactory Unsatisfactory
 Improving Declining Stable

Do you have problems with:

	No	Occasionally	Frequently
Missing Classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing/Late assignments or papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procrastinating studies/ term papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making/keeping friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizing dorm room/apt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Losing/misplacing keys, cell phones, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving (tickets, accidents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing medication doses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you need extra doses for late night studying: Y N

Any other concerns? (e.g. anxiety, excessive worrying, depression)
