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*Focusing together on ADHD*

## Classroom Behavior Log

If your teen is working towards meeting particular behavior goals, it's important to have a record of his or her specific behaviors over time. Determine which class(es) your teen has the most behavioral difficulty in, and discuss with that teacher whether a daily classroom behavior log would be a helpful way to target specific behavioral problems. Sometimes, students with ADHD may only have difficulty with their behavior in certain classes, so using a classroom behavior log may not be appropriate for every class.

### **WHO SHOULD USE THIS TOOL?**

This tool is meant to be used by your teen's teacher(s) to track his or her classroom behavior during the course of a week.

### **HOW SHOULD IT BE USED?**

The Classroom Behavior Log can be given to your teen's teacher(s) to update daily, as a record of his or her behavior in class.

**Student's Name:** \_\_\_\_\_

**Teacher's Name:** \_\_\_\_\_

**Classroom Behavior Log**

**Week of:** \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Arrived prepared with materials</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____
<b>Arrived on time</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____
<b>Stayed in seat</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____
<b>Raised hand when answering questions</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____
<b>Did not socialize excessively w/ classmates</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____
<b>Was respectful to teacher</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____
<b>Used classroom time efficiently</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____
<b>Other behavior:</b> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____