

# ADHD Support Needs Assessment

## Personal Information

Name

Date of Birth

Contact Information

## Diagnosis & History

Have you been diagnosed with ADHD?

If yes, when were you diagnosed?

Other relevant diagnoses

## Current Challenges

Attention & Focus (describe any challenges)

Hyperactivity & Impulsivity

Organization & Time Management

Academic or Work Challenges

Social or Emotional Challenges

## Current Supports

Medications (if any)

Other Professionals Involved (therapist, coach, etc.)

Current Accommodations or Supports

## Support Needs & Goals

Areas where you need more support

What goals would you like to work toward?