ADHD Screener Report

[redacted]

Report Last Updated: 06-04-2026 05:23 AM

Disclaimer

This screener is not meant to diagnose ADHD. The sole function of this tool is to assist in identifying possible characteristics of ADHD in a structured manner. Each item on the screener has been validated against a globally well-researched indicator/symptom of ADHD. All responses selected as 'Always' and 'Often' must be paid attention to, as it can help establish the specific protocol for comprehensive assessment and remedial support.

[redacted]

ID: [redacted] **Date:** Mar 27, 2026

Gender: Female **Email:** [redacted]

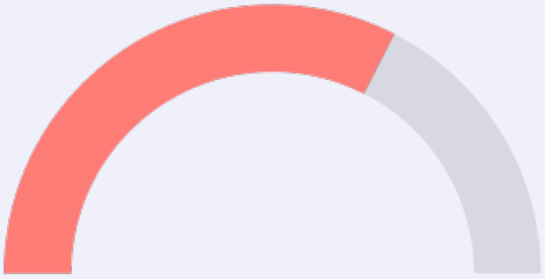
Age: 11 Years **Academic level:**

Overall ADHD Score

[redacted] has a score of 65, indicating a strong presence of ADHD symptoms. This suggests a significant impact on daily functioning, and a comprehensive professional evaluation is highly recommended. Specific interventions and support plans should be developed to address these challenges. Additional screenings for related conditions, such as executive functioning, anxiety, and depression are also advised to identify any comorbidities. The following subtest scores and individual responses indicate issues with:

IA: Inattention
HA: Hyperactivity
IM: Impulsivity

65 (Severe)



Minimal Severe

Interpretation of total score

Less than 30: Minimal signs of ADHD
31 to 60: Moderate signs of ADHD
More than 60: Severe signs of ADHD

Screener Completed By:
Self

Detailed findings

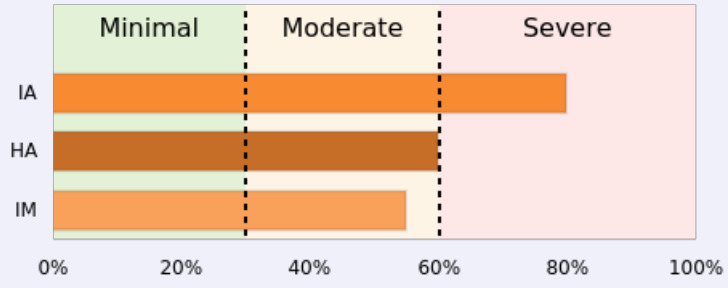
[redacted] showed SEVERE risk indicators consistent with adhd type difficulties based on IA . This is critical and requires urgent attention and remediation.

[redacted] also has MODERATE risk indicators consistent with adhd type difficulties on HA and IM Individual responses should be reviewed for specific support to be provided.

The bar graph below indicates the severity levels by types of adhd based on the responses.

ADHD Types Performance

All the scores above the line of significance indicate areas of reported difficulties.



IA: Inattention
HA: Hyperactivity
IM: Impulsivity

[redacted] *ndividual responses indicating issues*

View Responses

Email | support@mymemorymentor.com

Interpretation of Scores

1. Inattention (Severe): [redacted] shows significant challenges with maintaining focus and attention to detail. She frequently loses things, gets distracted easily, makes mistakes due to missing important details, and has difficulty sustaining attention during homework or classroom instruction. She also consistently struggles with organization of her belongings and often forgets to complete tasks like chores or homework. These patterns indicate substantial difficulties with executive functioning and sustained attention that significantly impact her academic performance and daily functioning.
2. Hyperactivity (Severe): [redacted] demonstrates considerable difficulty with motor restlessness and the need for constant movement. She frequently has trouble sitting still, often needs to move or tap her feet, talks excessively, and finds it challenging to engage in quiet activities. She sometimes gets up from her seat when expected to remain seated and occasionally runs around or climbs inappropriately. These behaviors suggest intense internal energy and movement needs that can be disruptive to learning environments and social situations.
3. Impulsivity (Moderate): [redacted] shows some challenges with impulse control, though less severe than her attention and hyperactivity difficulties. She sometimes acts without thinking through consequences, occasionally blurts out answers before questions are completed, and sometimes interrupts others during conversations. While these behaviors occur regularly, they appear more manageable than her other areas of concern.

Recommendations

1. Implement structured environmental supports including preferential seating near the teacher, reduced visual distractions in the workspace, and clear organizational systems with labeled containers for school supplies and materials.
2. Establish consistent daily routines with visual schedules and checklists to help with task completion and memory support for assignments and chores.
3. Provide frequent movement breaks throughout the school day, such as allowing fidget tools, standing desk options, or brief walking opportunities between academic tasks.
4. Break down complex instructions and assignments into smaller, manageable steps with frequent check-ins to maintain focus and prevent overwhelm.
5. Use positive reinforcement systems that acknowledge effort and progress in attention, organization, and self-regulation skills rather than focusing solely on academic outcomes.
6. Collaborate with teachers to implement classroom accommodations such as extended time for assignments, reduced homework load when appropriate, and alternative ways to demonstrate knowledge.
7. Consider a comprehensive evaluation by a qualified healthcare professional to explore potential ADHD diagnosis and discuss whether behavioral interventions, educational support plans, or other treatments might be beneficial.
8. Monitor for potential co-occurring conditions such as learning disorders, anxiety, or executive functioning challenges that commonly present alongside ADHD symptoms.

Email | support@mymemorymentor.com

Notes:

Clinical Commentary

[redacted] profile carries a finding that is clinically significant precisely because it is statistically under-detected: an 11-year-old girl with severe inattention as the dominant presentation. ADHD in girls is missed at roughly three times the rate of boys because the referral pathway is biased toward externalising, disruptive behaviour. [redacted] profile - Inattention at Severe, Hyperactivity (borderline moderate-severe) and Impulsivity at Moderate maps onto what DSM-5 classifies as the Predominantly Inattentive Presentation, the subtype most frequently overlooked in school-aged girls. This screener has caught what classrooms often do not.

The self-completion at age 11 is valuable. The five-for-five endorsement across all Inattention items: disorganisation, losing things, careless mistakes, sustained focus difficulty, and task incompletion, paints a coherent picture of executive functioning breakdown that is likely being internalised as personal failure rather than recognised as neurodevelopmental.

What should happen now (before you get to a formal diagnostic assessment)

At home, externalise executive function. Visual checklists on the wall, a single launch pad for school items, and a consistent evening routine with a "pack bag" step will reduce the cognitive load that overwhelms her working memory. Avoid framing forgotten tasks as carelessness, instead reframe them as a systems problem, not a character problem.

At school, provide preferential seating away from visual distractions, chunk assignments with check-in points, and allow movement-compatible fidget tools. Written instructions alongside verbal ones are essential as she is likely losing auditory information mid-sentence.

Pursue comprehensive ADHD evaluation with a clinician experienced in female presentations. Additionally, screen for full executive functioning issues and anxiety as inattentive ADHD in adolescent girls frequently co-occurs with internalising conditions that compound academic avoidance. The pattern here is clear. Parents must act before the gap becomes an identity.

Apr 6, 2026 [redacted]

Email | support@mymemorymentor.com

[redacted] Responses

The following items were indicated as 'ALWAYS', 'OFTEN', and 'SOMETIMES' and should be reviewed individually to come up with a targeted remediation plan for [redacted]

Inattention : Severe

Hyperactivity : Moderate

Impulsivity : Moderate

Email | support@mymemorymentor.com