

# Home Situations Questionnaire

Child's name \_\_\_\_\_ Date \_\_\_\_\_

Name of person completing this form \_\_\_\_\_

**Instructions:** Does your child present any problems with compliance to instructions, commands, or rules for you in any of these situations? If so, please circle the word Yes and then circle a number beside that situation that describes how severe the problem is for you. If your child is not a problem in a situation, circle No and go on to the next situation on the form.

<i>Situations</i>	<u>Yes/No</u>		<u>If Yes, how severe?</u>								
	(circle one)		<i>Mild</i>			(circle one)			<i>Severe</i>		
While playing alone	Yes	No	1	2	3	4	5	6	7	8	9
While playing with other children	Yes	No	1	2	3	4	5	6	7	8	9
At mealtimes	Yes	No	1	2	3	4	5	6	7	8	9
Getting dressed/undressed	Yes	No	1	2	3	4	5	6	7	8	9
Washing and bathing	Yes	No	1	2	3	4	5	6	7	8	9
While you are on the telephone	Yes	No	1	2	3	4	5	6	7	8	9
Watching television	Yes	No	1	2	3	4	5	6	7	8	9
When visitors are in your home	Yes	No	1	2	3	4	5	6	7	8	9
When you are visiting someone's home	Yes	No	1	2	3	4	5	6	7	8	9
In public places (restaurants, stores, church, etc.)	Yes	No	1	2	3	4	5	6	7	8	9
When father is home	Yes	No	1	2	3	4	5	6	7	8	9
When asked to do chores	Yes	No	1	2	3	4	5	6	7	8	9
When asked to do homework	Yes	No	1	2	3	4	5	6	7	8	9
At bedtime	Yes	No	1	2	3	4	5	6	7	8	9
While in the car	Yes	No	1	2	3	4	5	6	7	8	9
When with a babysitter	Yes	No	1	2	3	4	5	6	7	8	9

# Teen Driving Contract

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This contract is entered into this day of \_\_\_\_\_, between \_\_\_\_\_, hereafter known as the New Driver and his or her parent(s), \_\_\_\_\_, who will have full control over granting the driving privileges obtained through this contract. Both parties understand and agree to the following:

I, the New Driver, understand that I have ADHD, that it is a biological disorder, and that it affects my driving. My parent(s) and I have talked about ADHD and accept my diagnosis.

I, the New Driver, understand that I must follow specific rules and guidelines for driving that will help to make me a safer and more responsible driver.

I, the New Driver, agree to all the rules and guidelines of the graduated driving program and understand that each level is for a 6-month duration unless extended by my parents due to non-compliance with the rules.

## The Rules for Graduated Driving Levels

### *Everyday Rules*

- Prescribed medication taken on schedule
- Music to be kept low
- Preset radio stations
- No eating while driving
- No talking on cell phone while driving
- No other teens in the car
- Absolutely NO alcohol
- Drive posted speed limit

### *Level 1: 0–6 months*

Everyday Rules plus daytime driving only

### *Level 2: 6–12 months*

Everyday Rules plus extended drive time at parent's discretion

### *Level 3: 12–18 months*

Full license—safe driving with Everyday Rules plus any other rules agreed upon with parents

I, the New Driver, agree to abide by all the safety rules posted in the Driving Program.

I, the New Driver, agree to provide ALL information required in the Program's Trip Log every time I drive the car.

I, the Parent, agree to grant driving privileges if rules are complied with, but I have the right and responsibility to check on the information provided in the Trip Log by the New Driver.

Furthermore, I, the Parent, have the right to determine noncompliance with rules and to institute appropriate consequences, which include loss of driving privileges.

Signature of New Driver \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Teen Driving Behavior Rating Scale—Parent Form

Person you are rating \_\_\_\_\_ Relationship \_\_\_\_\_

**Instructions:** To complete the survey, please record the date and circle the number next to each item that represents how frequently you believe the driving skills listed below are used in the teen's typical driving performance. Make copies of this form that will allow you to complete the survey several times so that you can see the progress your teen is making during driver training

	Never or Rarely	Some- times	Often	Very Often
1. Prior to starting the car, my teen checks all mirrors, adjusts the seat (when necessary), and puts on the seat belt	0	1	2	3
2. When moving into traffic, my teen checks oncoming traffic, waits his or her turn, and accelerates properly	0	1	2	3
3. My teen uses directional (turn) signals prior to making a turn or changing lanes	0	1	2	3
4. My teen turns around and checks directly through the rear windshield for any obstacles or people in their way before backing up	0	1	2	3
5. My teen looks directly through the left or right passenger side windows to check any "blind" spots before changing lanes	0	1	2	3
6. My teen drives at a rate of speed that is within the posted speed limits	0	1	2	3
7. My teen drives within the marked lane on a highway and stays on his or her side of the road on two-lane roads	0	1	2	3
8. My teen avoids driving in the breakdown lanes or on road shoulders unnecessarily	0	1	2	3
9. My teen yields the right of way to other drivers at intersections and traffic rotaries	0	1	2	3
10. My teen reacts quickly and properly to brake lights when activated on vehicles ahead	0	1	2	3
11. My teen watches ahead of cars in front for obstacles that may be in the road	0	1	2	3

*(continued)*

## Teen Driving Log

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Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medications: (check if taken) \_\_\_\_ A.M. \_\_\_\_ P.M.

Time Out \_\_\_\_ : \_\_\_\_ Odometer reading: \_\_\_\_\_

Time In \_\_\_\_ : \_\_\_\_ Odometer reading: \_\_\_\_\_

Destination and contact (give location, contact name, address, and phone)

Location and address \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Route/Miles \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medications: (check if taken) \_\_\_\_ A.M. \_\_\_\_ P.M.

Time Out \_\_\_\_ : \_\_\_\_ Odometer reading: \_\_\_\_\_

Time In \_\_\_\_ : \_\_\_\_ Odometer reading: \_\_\_\_\_

Destination and contact (give location, contact name, address, and phone)

Location and address \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Route/Miles \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medications: (check if taken) \_\_\_\_ A.M. \_\_\_\_ P.M.

Time Out \_\_\_\_ : \_\_\_\_ Odometer reading: \_\_\_\_\_

Time In \_\_\_\_ : \_\_\_\_ Odometer reading: \_\_\_\_\_

Destination and contact (give location, contact name, address, and phone)

Location and address \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Route/Miles \_\_\_\_\_