



Neurofeedback Follow Up Parent/Teacher Assessment

Name _____

Date _____

After 10 sessions _____

After 20 sessions _____

Speech/ Language No Change Positive Improvement

Cognition (Reading & Math Improvements) No Change Positive Improvement

Social Skills No Change Positive Improvement

Temperament No Change Positive Improvement

Sleep Patterns No Change Positive Improvement

Teacher/ Therapist Feed Back No Change Positive Improvement

Other Comments
