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ADHD PARENT PACKET

This parent packet has basic information on ADHD as well as the questionnaires and forms needed to start the ADHD evaluation process.

At Wellington Pediatrics, we follow the American Academy of Pediatrics guidelines for the diagnosis and treatment of ADHD.

In the addition documents that appear on our website, you will find the following:

1. General Information about ADHD.
2. Educational rights for children with ADHD.
3. Working with your child's school.
4. Questionnaire for you, the guardian, to complete.
5. Questionnaire for the teacher to complete – Obtain information from more than one teacher if possible.
6. ADHD Medication Fact Sheet and Consent Form.

Once you have reviewed the information and have completed and collected the questionnaires (yours and the teacher(s)), please call the office to schedule an appointment with your doctor. Some doctors prefer to review the completed questionnaires in advance, so ask the staff in our office if this is necessary; otherwise you may bring them with you at the time of your consultation.

Please take the time to review the ADHD Medication Factsheet and Consent Form. You will need to sign this form if you and the provider agree to start medication therapy.

Thank you for taking the time to collect this important information which is essential to a thorough evaluation for ADHD.



Stimulant Medication Fact Sheet
Prescription policy and Consent Form

Stimulant medications are considered a very safe and effective way to treat ADD/ADHD. Methylphenidate-the original stimulant - has been prescribed for over 50 years. Stimulants have a relatively short half -life: the effects last between a few hours to 12 hours depending on which preparation are used. The most common side effect is decreased appetite. Less common ones: stomach ache, headache, delay in falling asleep, irritability, behavior changes and mood changes. Many of these side effects are temporary and can be managed by adjusting the dose. On rare occasions stimulants may trigger or worsen tics - fortunately they usually disappear when the medication is discontinued. Concern about delayed growth has been raised but studies into adult life show no significant growth delay.

Some studies show that stimulants might increase the risk of irregular heart rate, increased blood pressure and possibly sudden death. These events are extremely rare (less than one in a million in the case of sudden death). If your child has a heart condition or a serious heart condition exists in a close family member, please inform your doctor prior to starting the medication.

If a child is experiencing a suspected side effect, call your doctor or schedule an appointment to discuss. If you feel your child needs a medication adjustment or change, please make an appointment with your doctor. Remember that although stimulants are the most effective treatment of ADD/ ADHD, other interventions such as counseling and behavioral modification programs as well as special learning and teaching interventions can be beneficial. The American Academy of Pediatrics does not recommend monitoring blood tests or ECG's for patients taking stimulants.

Wellington Pediatrics Policy on Stimulants Refills and Follow - up Visits

- Stimulants are considered controlled substances; therefore refills cannot be called in to the pharmacy. Please call the office a few days before your child's prescription runs out. Your doctor will write a new prescription which you will need to pick up in the office. Some doctors may require an office visit for each prescription renewal.
- Follow up appointments are important to monitor for maximum effectiveness and possible side effects. National guidelines require the following follow - up visits:
 1. A follow-up visit within 30 days of starting medication.
 2. Regular follow-up appointments every 6 months are required, the annual physical will not count as one of the follow-up visits.

- Prescription refills will not be given if more than 6 months has elapsed since the last in-office visit.

I have read the above and agree that my child _____ be treated with stimulant medication and understand the policy on refills and follow-up visits.

Parent Signature _____ Date _____

Witness _____ Date _____



Evaluating Your Child For ADHD

So you think your child may have ADHD, attention deficit hyperactivity disorder? Or your child's teacher thinks your child may have ADHD? There are steps that need to be taken to make a diagnosis of ADHD. Some children may have a learning disability, or some children may have difficulty with their vision or hearing, or some children may actually have ADHD. The answer comes from the parents, other family members, doctors and other professionals working as a team. Here are the steps that the team needs to take to evaluate your child.

The steps in an evaluation are as follows:

- Step 1: Parents make a careful observation of the child's behavior at home.
- Step 2: Teachers make careful observations of the child at school.
- Step 3: Parents and the child's teacher(s) have a meeting about concerns.
- Step 4: Parents make an appointment with the child's doctor. Parent gives the doctor name and phone number of the teacher and school.
- Step 5: The doctor completes a physical exam (if not done recently) and screens the child's hearing and vision. (Well child evaluation)
- Step 6: The parent is given a packet of information about ADHD, including parent and teacher behavior questionnaires, to be filled out before the next visit.
- Step 7: The teacher returns the questionnaire by mail or fax.
- Step 8: At a second doctor visit, the doctor reviews the results of the parent teacher questionnaires and determines if any other testing is required to make a diagnosis of ADHD or other problem. (Initial ADD evaluation, this is a one hour appointment)
- Step 9: The doctor and parent review a plan for improvement.
- Step 10: The child will need to revisit the doctor until the plan is in place and beginning to show improvement and then regularly for monitoring. Teachers may be asked to provide behavior ratings at many times in this process. (ADD follow up)



For Parents of Children with ADHD

GENERAL TIPS

1. Rules should be clear and brief. Your child should know exactly what you expect from him or her.
2. Give your child chores. This will give him or her sense of responsibility and boost self-esteem.
3. Short lists of tasks are excellent to help a child remember.
4. Routines are extremely important for children with ADHD. Set up regular times for meals, homework, TV, getting up and going to bed. Follow through on the schedule!
5. Identify what your child is good at doing (like art, math, and computer skills) and build on it.
6. Tell your child that you love and support him or her unconditionally.

COMMON DAILY PROBLEMS

It is very hard to get my child ready for school in the morning.

- Create a consistent and predictable schedule for rising and getting ready in the morning.
- Set up a routine so that your child can predict the order of events. Put this routine in writing or in pictures on a poster for your child. Schedule example:
Alarm goes off – Brush teeth – Wash face – Get dressed – Eat breakfast – Take medication – Get on the school bus.
- Reward and praise your child! This will motivate your child to succeed. Even if your child does not succeed in all parts of the “morning routine,” use praise to reward your child when he or she is successful. Progress is often made in a series of small steps!
- If your child is on medication try waking your child up 30 – 45 minutes before the usual wake time and give him or her the medication immediately. Then allow your child to “rest” in bed for the next 30 minutes. This rest period will allow the medication to begin working and your child will be better able to participate in the morning routine.

My child is very irritable in the late afternoon / early evening

(common side effects of Stimulant medications)

- The late afternoon and evening is often a very stressful time for all children in all families since parents and children have had to “hold it all together” at work and at school.

- If your child is on medication, your child may also be experiencing “rebound” – the time when your child’s medication is wearing off and ADHD symptoms may re-appear.
- Adjust your child dosing schedule so that the medication is not wearing off during a time of “high demand” (for example, when homework or chores are usually done).
- Create a period of “down time” when your child can do calm activities like listen to music, take a bath, read, ect.
- Alternatively, let your child “blow off extra energy and tension” by doing some physical exercise.
- Talk to your child’s doctor about giving your child a smaller dose of medication in the late afternoon. This is called a “stepped down” dose and helps a child transition off of medication in the evening.

My child is losing weight or not eating enough

(Common side effects of stimulant medication use)

- Encourage breakfast with calorie – dense foods.
- Give the morning dose of medication after your child has already eaten breakfast. Afternoon doses should also be given after lunch.
- Provide your child with nutritious after - school and bedtime snacks that are high in protein and in complex carbohydrates. Examples: Nutrition / Protein Bars, Shakes / drinks made with Protein Powder, Liquid meals.
- Get eating started with any highly preferred food before giving other foods.
- Consider shifting dinner to a time later in the evening when your child’s medication has worn off. Alternatively, allow your child to “graze” in the evening on healthy snacks, as he or she may be hungriest right before bedtime.
- Follow your child’s height and weight with careful measurement’s at your child’s doctor’s office and talk to your child’s doctor.

HOMEWORK TIPS

- Establish a routine and schedule for homework (a specific time and place.) Don’t allow your child to wait until the evening to get started.
- Limit distractions in the home during homework hours (reducing unnecessary noise, activity and phone calls and turning off the T.V.)
- Praise and compliment your child when he or she puts forth good effort, and completes tasks. In a supportive, non – critical manner it is appropriate and helpful to assist in pointing out and making some corrections of errors on the homework.

- It is not your responsibility to correct all of your child's errors on homework or make him or her complete and turn in a perfect paper.
- Remind your child to do homework and offer incentives: "when you finish your homework, you can watch T.V. or play a game.
- If your child struggles with reading, help by reading the material together or reading it to your son or daughter.
- Work a certain amount of time and then stop working on homework.
- Many parents find it very difficult to help their own child with school work. Find someone who can. Consider hiring a tutor! Often a junior or senior high school student is ideal, depending on the need and age of your child.

DISCIPLINE	TAKINE CARE OF YOURSELF
<ul style="list-style-type: none"> • Be firm, set rules and keep them. • Make sure your child understands the rules, so he or she does not feel uninformed. • <i>Use positive reinforcement. Praise and reward your child for good behavior.</i> • Change or rotate rewards frequently in order to maintain a high interest level. • Punish behavior not the child, If your child misbehaves, try alternatives like allowing natural consequences, withdrawing yourself from the conflict or giving your child a choice. 	<ul style="list-style-type: none"> • Come to terms with your child's challenges and strengths. • Seek support from family and friends or professional help such as counseling or support groups. • Help other family members recognize and understand ADHD

IDEA

Who is Eligible?

IDEA strongly emphasizes the provision of special education and related services that enable students to access and progress in the general education program. Sometimes students with ADHD qualify for special education and related services under the disability categories of "specific learning disability" (SLD) or "emotional disturbance" (ED). For example, a child who has ADHD who also has coexisting learning disabilities may be eligible under the SLD category. Students with ADHD most commonly are eligible for special education and related services under the IDEA category of "other health impaired" (OHI). Eligibility criteria under this category require that the child has a chronic or acute health problem (including ADHD) causing limited alertness to the educational environment (due to heightened alertness to environmental stimuli) that results in an adverse effect on the child's educational performance to the degree that special education is needed.

Note: The adverse effect on educational performance is not limited to academics, but can include impairments in other aspects of school functioning, such as behavior, as well.

How Does a Parent Access Services Under IDEA?

- Parents or school personnel may refer a child by requesting an evaluation to determine eligibility for special education and related services. It is best to put this request in writing.
- Within a limited time frame, the school's multidisciplinary evaluation team, addressing all areas of the child's difficulties, develops an assessment plan.
- After parents or guardians consent to the assessment plan, the child receives a comprehensive evaluation by the multidisciplinary team of school professionals.
- After the evaluation, an Individualized Education Program (IEP) meeting is scheduled with the team, including parents, teacher(s), special education providers, the school psychologist and/or educational evaluator, a school system representa-

and the student (as appropriate).

- Based on the results of the evaluation, as well as other input provided by parents and/or other team members, the team decides whether the child meets eligibility criteria for special education under one of the categories defined by IDEA.
- An IEP is developed and written for qualifying students through a collaborative team effort. It is tailored and designed to address the educational needs of the student.
- The IEP goes into effect once the parents sign it and agree to the plan.
- The IEP must address the following:
 - Present levels of educational performance, including how the child's disability affects his or her involvement and progress in the general curriculum
 - Delineation of all special education and related services, modifications (if any), and supports to be provided to the child or on behalf of the child
 - Annual goals and measurable, short-term objectives/benchmarks
 - The extent (if any) to which the child will not participate with children in the regular class and other school activities
 - Modifications (if any) in the administration of statewide and district-wide tests the child will need to participate in those assessments
 - Dates and places specifying when, where, and how often services will be provided, and by whom

What Happens After the IEP is Written?

1. Services are provided. These include all programs, supplemental aids, program modifications, and accommodations that are spelled out in the IEP.
2. Progress is measured and reported to parents. Parents are informed of progress toward IEP goals during the year, and an annual IEP review meeting is required.
3. Students are reevaluated every 3 years (triennial evaluation) or sooner if deemed necessary by the team or on parent/

Adapted from Rief S. *The ADD/ADHD Book of Lists*. San Francisco, CA: Jossey-Bass Publishers; 2002, and from material developed by Laurel K. Leslie, MD, San Diego ADHD Project.

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Section 504

Who Is Eligible?

Students with ADHD also may be protected under Section 504 of the Rehabilitation Act of 1973 (even if they do not meet eligibility criteria under IDEA for special education). To determine eligibility under Section 504 (ie, the impact of the disability on learning), the school is required to do an assessment. This typically is a much less extensive evaluation than that conducted for the IEP process.

Section 504 is a federal civil rights statute that:

- Protects the rights of people with disabilities from discrimination by any agencies receiving federal funding (including all public schools)
- Applies to students with a record of (or who are regarded as having) a physical or mental impairment that substantially limits one or more major life function (which includes learning)
- Is intended to provide students with disabilities equal access to education and commensurate opportunities to learn as their peers who are not disabled

How Does a Parent Access Services Under Section 504?

- Parents or school personnel may refer a child by requesting an evaluation to determine eligibility for special education and related services. It is best to put this request in writing.
- If the school determines that the child's ADHD *does* significantly limit his or her learning, the child would be eligible for a 504 plan designating:

- Reasonable accommodations in the educational program
- Related aids and services, if deemed necessary (eg, counseling, assistive technology)

What Happens After the 504 Plan Is Written?

The implementation of a 504 plan typically falls under the responsibility of general education, not special education. A few sample classroom accommodations may include:

- Tailoring homework assignments
- Extended time for testing
- Preferential seating
- Supplementing verbal instructions with visual instructions
- Organizational assistance
- Using behavioral management techniques
- Modifying test delivery

What Do Section 504 and IDEA Have in Common?

Both:

- Require school districts to provide free and appropriate public education (FAPE) in the least restrictive environment (LRE)
- Provide a variety of supports (adaptations/accommodations/modifications) to enable the student to participate and learn in the general education program
- Provide an opportunity for the student to participate in extracurricular and nonacademic activities
- Require nondiscriminatory evaluation by the school district
- Include due process procedures if a family is dissatisfied with a school's decision

Which One Is Right for My Child—a 504 Plan or an IEP?

This is a decision that the team (parents and school personnel) must make considering eligibility criteria and the specific needs of the individual student. For students with ADHD who have more significant school difficulties:

IDEA usually is preferable because:

- It provides for a more extensive evaluation.
- Specific goals and short-term objectives are a key component of the plan and regularly monitored for progress.
- There is a much wider range of program options, services, and supports available.
- It provides funding for programs/services (Section 504 is non-funded).
- It provides more protections (procedural safeguards, monitoring, regulations) with regard to evaluation, frequency of review, parent participation, disciplinary actions, and other factors.

A 504 plan would be preferable for:

- Students who have milder impairments and don't need special education. A 504 plan is a faster, easier procedure for obtaining accommodations and supports.
- Students whose educational needs can be addressed through adjustments, modifications, and accommodations in the general curriculum/classroom.

Adapted from Rief S. *The ADD/ADHD Book of Lists*. San Francisco, CA: Jossey-Bass Publishers; 2002, and from material developed by Laurel K. Leslie, MD, San Diego ADHD Project.

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**Sample Letter #2:
Request for Assessment for Special Education**

(Date)

School Site Principal's Name:
School Name
Address

RE: (Student's Name and Grade)

Dear (Principal's Name)*:

I am the parent of (Student's name) who is in Mr/Ms (Teacher's Name)'s class. (Student's Name) has been experiencing school problems for some time now. These problems include: _____

We have been working with the teacher(s) to modify (his/her) regular education program but (we have not seen any improvement or the problems have been getting worse). Therefore, I wish to request an assessment of my child for possible special education services according to the provisions of IDEA.

I look forward to working with you within the next 15 days to develop an assessment to begin the evaluation process. Please ensure that I receive copies of the assessment results 1 week prior to the IEP meeting. Thank you for your assistance. I can be reached by phone at (Area Code and Phone Number). The best time to reach me is (times/days).

Sincerely,

Sign your name
Print your name
Street Address
City, State, ZIP

Doctor's Signature
License Number
Practice Address
City, State, ZIP

Adapted from San Diego Learning Disabilities Association.
<http://ldasandiego.org/>

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There are 2 main laws protecting students with disabilities—including those with ADHD: 1) the Individuals with Disabilities Education Act of 1997 (IDEA) and 2) Section 504 of the Rehabilitation Act of 1973. IDEA is special education law. Section 504 is a civil rights statute. Both laws guarantee to qualified students a free and appropriate public education (FAPE) and instruction in the least restrictive environment (LRE), which means with their peers who are not disabled and to the maximum extent appropriate to their needs.

Because there are different criteria for eligibility, services/supports available, and procedures and safeguards for implementing the laws, it is important for parents, educators, clinicians, and advocates to be well aware of the variations between IDEA and Section 504 and fully informed about the respective advantages and disadvantages.

Additional Resources

1. *Advocacy Manual: A Parents' How-to Guide for Special Education Services*
Learning Disabilities Association of America, 1992. Contact the publisher at 4156 Library Rd, Pittsburgh, PA 15243 or 888/300-6710.
2. *Better IEPs: How to Develop Legally Correct and Educationally Useful Programs*
Barbara Bateman and Mary Anne Linden, 3rd edition, 1998. Contact the publisher, Sopris West, at 303/651-2829 or <http://www.sopriswest.com>.
3. *The Complete IEP Guide: How to Advocate for Your Special Ed Child*
Lawrence Siegel, 2nd edition, 2000. Contact the publisher, Nolo, at 510/549-1976 or <http://www.nolo.com>.
4. *Negotiating the Special Education Maze: A Guide for Parents and Teachers*
Winifred Anderson, Stephen Chitwood, and Deidre Hayden; 3rd edition; 1997. Contact the publisher, Woodbine House, at 6510 Bells Mill Rd, Bethesda, MD 20817 or 800/843-7323.
5. Children and Adults With Attention-Deficit/Hyperactivity Disorder
<http://www.chadd.org>
6. Education Resources Information Center
<http://eric.syr.edu>
7. Internet Resource for Special Children
<http://www.irsc.org>
8. San Diego ADHD Web Page
<http://www.sandiegoadhd.org>
9. National Information Center for Children and Youth with Disabilities
<http://www.nichcy.org>
10. Parent Advocacy Coalition for Educational Rights Center
<http://www.pacer.org>

Glossary of Acronyms

ADHD,	Attention-deficit/hyperactivity disorder
BIP	Behavioral Intervention Plan
ED	Emotional disturbance
FAPE	Free and appropriate public education
FBA	Functional Behavioral Assessment
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Program
IST	Instructional Support Team
LRE	Least restrictive environment
MDR	Manifestation Determination Review
MDT	Multidisciplinary Team
OHI	Other health impaired
SLD	Specific learning disability
SST	Student Study Team

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Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child.
When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child was on medication was not on medication not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

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HE0350

NICHOQ Vanderbilt Assessment Scale - PARENT Informant - continued

Today's Date: _____ Child's Name: _____ Date of Birth: _____
 Parent's Name: _____ Parent's Phone Number: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Comments: _____

For Office Use Only

Total number of questions scored 2 or 3 in questions 1-9: _____

Total number of questions scored 2 or 3 in questions 10-18: _____

Total Symptom Score for questions 1-18: _____

Total number of questions scored 2 or 3 in questions 19-26: _____

Total number of questions scored 2 or 3 in questions 27-40: _____

Total number of questions scored 2 or 3 in questions 41-47: _____

Total number of questions scored 4 or 5 in questions 48-55: _____

Average Performance Score: _____

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____

Is this evaluation based on a time when the child was on medication was not on medication not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (eg, butts into conversations/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

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American Academy of Pediatrics



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Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems; feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Performance Academic Performance	Above			Somewhat of a	
	Excellent	Average	Average	Problem	Problematic
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

Classroom Behavioral Performance	Above			Somewhat of a	
	Excellent	Average	Average	Problem	Problematic
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

Comments: _____

Please return this form to: _____

Mailing address: _____

Fax number: _____

For Office Use Only

Total number of questions scored 2 or 3 in questions 1-9: _____

Total number of questions scored 2 or 3 in questions 10-18: _____

Total Symptom Score for questions 1-18: _____

Total number of questions scored 2 or 3 in questions 19-28: _____

Total number of questions scored 2 or 3 in questions 29-35: _____

Total number of questions scored 4 or 5 in questions 36-43: _____

Average Performance Score: _____

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