ADHD Parent Packet

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

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

In this packet you will find the following documents:

1. General Information on ADHD
2. Educational Rights for children with ADHD
3. Working with your child's school
4. Questionnaire for you, the parent to complete
5. Questionnaire for the teacher to complete
6. ADHD Medication Factsheet and Consent form

Once you have reviewed the information and have the complete and collected the questionnaires (parent and teacher's), call the office to schedule an appointment with your Physician. Some Physicians prefer to review the completed questionnaires in advance, so ask the staff in your office if this is necessary; otherwise, you may bring them with you at the time of 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 agrees to start medication therapy.

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

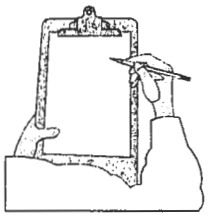
For Parents of Children with ADHD...

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 a 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, 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 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 effect 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's dosing schedule so that the medication is not wearing off during a time of "high demand" (for example, when homework or chores are usually being done).
- Create a period of "down-time" when your child can do calm activities like listen to music, take a bath, read, etc.
- Alternatively, let your child "blow off extra energy and tension" by doing some physical exercise.
- Talk to you 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

Adapted in part from a handout developed by the Child and Adolescent Services Research Center (CASRC) in collaboration with the Children's Hospital and Health Center (CHHC) Committee on Guidelines for ADHD in Pediatrics (C-GAP) and from Rief, Sandra. *The ADD/ADHD Checklist*, Paramus, N.J. Prentice-Hall, 1998

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 you 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 bed.
- Follow your child's height and weight with careful measurements 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 TV).
- 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 TV, 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

- Be firm. Set rules and keep to them.
- Make sure your child understands the rules, so he or she does not feel uninformed.
- Use positive reinforcement. Praise and reward your child for good behavior.
- 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.

TAKING CARE OF YOURSELF

- 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.

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NICHQ Vanderbilt Assessment Scale—PARENT Informant

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

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

Revised - 1102

NICHQ Vanderbilt Assessment Scale—PARENT Informant

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

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

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D4 NICHQ Vanderbilt Assessment Scale—TEACHER Informant

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

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

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D4 NICHQ Vanderbilt Assessment Scale—TEACHER Informant

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

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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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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://ericir.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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Working With Your Child's School

Why Is My Child Having Trouble in School?

It is very common for children with ADHD to have difficulties in school. These problems can occur for several reasons:

- Symptoms of ADHD like **distractibility and hyperactivity** make it hard for children with ADHD to pay attention or stay focused on their work, even though they may be capable learners and bright enough to understand the material.
- Many children with ADHD also have **trouble organizing** themselves, breaking an assignment down into smaller steps, and staying on a schedule.
- Some children with ADHD have **difficulty with self-control** and get into trouble with peers and/or teachers.
- Many children with ADHD also have **a learning disability.** Schools usually define a learning disability as a discrepancy between a child's IQ score and his or her performance on achievement tests. A child with a learning disability has difficulty understanding information he or she sees or hears OR trouble putting together information from different parts of the brain.
- Children with ADHD often **can learn material but it may take longer** and require more repetition.
- Children with ADHD often show **inconsistency in their work** because of their ADHD; one day they may know information and the next day they cannot seem to remember it.

Typical School Performance Difficulties Associated With ADHD

- Poor organization and study skills
- Weaknesses in written language/writing skills
- Minimal/inconsistent production and output (both in-class assignments and homework)
- Behavior that interferes with learning and impacts on interpersonal relationships
- Immature social skills

What Can I Personally Do to Help?

There are many different ways that a parent's participation can make a difference in a child's school experience, including:

- **Spending time** in the classroom, if your work schedule allows, and observing your child's behavior.
- **Talking with your child's teacher** to identify where your child is having the most problems.
- Working with your child's teacher to make a **plan** for how you will address these problems and what strategies at school and home will help your child be successful at learning and completing work.
- **Acknowledging the extra efforts your child's teacher** may have to make to help your child.
- **Reading all you can about ADHD** and sharing it with your child's teacher and other school officials.
- **Becoming an expert on ADHD and your child.**
- **Finding out about tutoring options** through your child's school or local community groups. Children with ADHD may take longer to learn material compared with other children even though they are just as smart. Tutoring may help your child master new materials.
- **Making sure your child actually has mastered** new material presented so that he or she does not get behind academically.
- **Acknowledging how much harder** it is for your child to get organized, stay on task, complete assignments, and learn material compared with other children. Help your child to get organized, break tasks down into smaller pieces, and expend his or her excess physical energy in ways that are "okay" at home and in the classroom.
- **Praising your child** and rewarding him or her for a job well done immediately after completing tasks or homework.
- **Joining a support group** for parents of children with ADHD or learning disabilities. Other parents may help you with ideas to help your child.

Another good way to get help from your school is to **determine if your school has a regular education process that helps teachers with students who are having learning or behavioral problems that the teacher has been unsuccessful in solving.** The process differs in various school districts and even among different schools in the same district. Some of the names this process may go by include Student Study Team (SST), Instructional Support Team (IST), Pupil Assistance Team (PAT), Student Intervention Team (SIT), or Teacher Assistance Team (TAT).

Parents are encouraged to request a meeting on their child to discuss concerns and create a plan of action to address their child's needs. In addition to the child's teacher, members of the team may include the child, the parents, a mentor teacher or other teachers, the principal, the school nurse, the resource specialist, a speech and language specialist, or a counselor or psychologist. The team members meet to discuss the child's strengths and weaknesses, the child's progress in his or her current placement, and the kinds of problems the child is having. The team members "brainstorm" to develop a plan of action that documents the kinds of interventions that will help the child, the timeline for the changes to take place, and the school staff responsible for the implementation of the team's recommendations.

The team should also come up with a plan to monitor the child's progress. A follow-up meeting should be scheduled within a reasonable time frame (usually 4 to 6 weeks) to determine whether the team's interventions are actually helping the child in the areas of difficulty.

Adapted from material developed by Laurel K. Leslie, MD, San Diego ADHD Project.

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Consumer & Specialty Pharmaceuticals

ADHD Resources Available on the Internet

ADHD Information

About Our Kids
http://www.aboutourkids.org/articles/about_adhd.html

ADDitude Magazine for People With ADHD
http://www.additudemag.com

ADDvance Online Resource for Women and Girls With ADHD
http://www.addvance.com

American Academy of Family Physicians (AAFP)
http://www.aafp.org

American Academy of Pediatrics (AAP)
http://www.aap.org

American Medical Association (AMA)
http://www.ama-assn.org

Attention-Deficit Disorder Association (ADDA)
http://www.add.org

Attention Research Update Newsletter
http://www.helpforadd.com

Bright Futures
http://www.brightfutures.org

Center for Mental Health Services Knowledge Exchange Network
http://www.mentalhealth.org

Children and Adults With Attention-Deficit/Hyperactivity Disorder (CHADD)
http://www.chadd.org

Comprehensive Treatment for Attention-Deficit Disorder (CTADD)
http://www.ctadd.com

Curry School of Education (University of Virginia) ADD Resources
http://teis.virginia.edu/go/cise/ose/categories/add.html

Intermountain Health Care
http://www.ihc.com/xp/ihc/physician/clinicalprograms/primarycare/adhd.xml

National Center for Complementary and Alternative Medicine (NCCAM)
http://nccam.nih.gov

National Institute of Mental Health (NIMH)
http://www.nimh.nih.gov/publicat/adhdmenu.cfm

Northern County Psychiatric Associates
http://www.ncpamd.com/adhd.htm

One ADD Place
http://www.oneaddplace.com

Pediatric Development and Behavior
http://www.dbpeds.org

San Diego ADHD Web Page
http://www.sandiegoadhd.com

Vanderbilt Child Development Center
http://peds.mc.vanderbilt.edu/cdc/rating~1.html

Educational Resources

American Association of People With Disabilities (AAPD)
http://www.aapd.com

Consortium for Citizens With Disabilities
http://www.c-c-d.org

Council for Learning Disabilities
http://www.cldinternational.org

Education Resources Information Center (ERIC)
http://ericir.syr.edu

Federal Resource Center for Special Education
http://www.dssc.org/frc

Internet Resource for Special Children
http://www.irsc.org

Learning Disabilities Association of America
http://www.ldanatl.org

National Information Center for Children and Youth With Disabilities (NICHCY)
http://www.nichcy.org

Parent Advocacy Coalition for Educational Rights (PACER) Center
http://www.pacer.org

SAMSHSA
http://www.disabilitydirect.gov

SandraRief.com
http://sandrarief.com

TeachingLD
http://www.dldcec.org

US Department of Education
http://www.ed.gov

Please note: Inclusion in this publication does not imply an endorsement by the American Academy of Pediatrics or the National Initiative for Children's Healthcare Quality. The AAP and NICHQ are not responsible for the content of these resources. Web site addresses are as current as possible, but may change at any time.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

NICHQ
National Initiative for Children's Healthcare Quality

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STIMLANT MEDICATION FACT SHEET

PRECRIPTION POLICY AND CONSENT FORM

Stimulant medication is considered a safe and effective treatment for ADD/ADHD. Methylphenidate the original stimulant has been prescribed for over 50 years. Methylphenidate is a central nervous system stimulant and was first licensed by the FDA in 1955.Methylphenidate increases the activity of the central nervous system and it's approved for adults and children aged six years and older. Commonly reported side effects of methylphenidate include: insomnia, nausea, headache, vomiting, decreased appetite, and xerostomia. In this case, if your child is experiencing a suspected side effect, please contact your doctor and schedule an appointment to discuss.
If you feel your child needs a medication adjustment or change, an appointment with your doctor is required.

Sawgrass Pediatrics Policy on medication refills and follow-up visits:

- • Stimulants are considered controlled substances; therefore, refills cannot be called into the pharmacy. Please call the office within a week before your child's prescription runs out.
- • Follow-up appointments are important and required to monitor for maximum effectiveness and possible side effects. National guidelines require the following follow-up visits:
- • Within a month of starting medication
- • For established patients: ADHD follow-ups are separate from the annual physical exam.
- • Prescription refills WILL NOT be given if more than 3 months has elapsed since last ADHD follow-up appointment.
- • While a patient is on control substance patient must follow-up in every 3 months for medication follow-up and refills.

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

Parent Signature_____ Date_____

Witness_____ Date_____