

## Parent/Physician ADHD Feedback Form

The checklist is designed to help the parent and physician decide if medication is helping the child. It also lists some possible adverse side effects, which may be observed at school. While the child is on medication, this is to be sent regularly to the **Parent and Physician**, with a copy kept at the School. The form should be sent weekly until it is clear to the physician and parent that the child's medication response is stabilized. At that point a less frequent schedule may be negotiated.

Student \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Classroom Teacher \_\_\_\_\_ Work Phone \_\_\_\_\_

Week of \_\_\_\_\_ Dosage (in mg) in AM \_\_\_\_\_ Dosage in PM \_\_\_\_\_

Time/s medication is given at school \_\_\_\_\_

<b>Attention Deficit Inattentive Descriptors:</b>	Not at all	A little bit	Pretty much	Very much
Difficulty sustaining attention				
Difficulty following through on assignments				
Difficulty with listening to others				
Makes careless errors				
Difficulty with organization				
Forgetful in daily activities				
Easily distracted				
<b>Hyperactive/Impulsive Descriptors:</b>				
Difficulty waiting turns				
Interrupts other/ Blurts out				
Fidgets hands or feet, squirms				
Has difficulty remaining seated				
On the go, "driven like a motor"				
Talks excessively				
<b>Side Effects:</b>	Not at all	A little bit	Pretty much	Very much
Complains of headaches				
Complains of stomachaches				
Sensitivity (e.g., cries more easily)				
Nausea or dizziness				
Vision Complaints				
Loss of appetite				
"Spaced out" or behaving mechanically				
Tremors or tics (report immediately)				
Other				

Please fax to Lori J Olson at **503-224-8878**

Written comments to parent and physician:

Please send a copy of this form to the parents, retain a copy for the school file, and send the original form to the acting physician.