



Dear Parents:

We understand that you are worried about your child's school and behavior issues. To thoroughly and efficiently evaluate your child, we need your help.

Please complete this packet in its entirety. The first part of this packet will need to be completed by your child's teacher. The Teacher Classroom Report and accompanying Assessment must be completed by each of your child's teachers. Please let us know if you will need multiple copies and we will be happy to provide them for you. The rest of the packet is to be completed by you, the parent or guardian.

The completed packet must be reviewed by the physician prior to scheduling your child an appointment. You may drop it off at the office once completed. The doctor will review this information and prepare a treatment plan to help your child. Once reviewed, you will receive a phone call to schedule an appointment.

Thank you,

Grand Strand Pediatrics and Adolescent Medicine



TEACHER CLASSROOM REPORT

Student Name: _____

Age: _____

School Name: _____

Grade: _____

Teacher Name: _____

Subject: _____

Date: _____

1. Describe the primary problems you are observing with this student while in your class (e.g. daydreaming, hyper, trouble paying attention, etc.).

2. What is his/her ability to do work (e.g. grade, level)?

3. If grades are low, what is the primary cause of the problem?

- a. Poor test scores
- b. Classroom work
- c. Does not complete homework
- d. Other (please specify) _____



4. Does this student have any behavior / conduct problems in your classroom?
If so, please specify.

5. How does this child's problem affect his/her relationship with other children?

6. Regardless of whether this child is popular or unpopular with peers, does he/she have a special, close "best friend" that he/she has kept for more than a few months?

Yes _____ No _____

7. What are his/her strengths?

Weaknesses?

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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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	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
Academic Performance					
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	Excellent	Above Average	Average	Somewhat of a 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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ADHD PARENT QUESTIONNAIRE

Child's Name: _____

Parent's Name: _____

Dear Parents:

The questions in this packet may be private in nature, however, please be assured that this information is strictly confidential and is only intended to help us provide your child with the best possible care. Please do not leave anything blank. Please answer each question as honestly and completely as possible and return this packet to the office.



PATIENT INFORMATION

Child's Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Home Address: _____

Phone: _____ Parent/Guardian Work Phone: _____

Child's School: _____

School Address: _____

Grade: _____ School Phone: _____

Permission to Contact School: Yes _____ No _____

PLEASE CHECK APPROPRIATE BOXES	Adult with Whom Child is Living	Adults Involved with Child (not living in home)
Biological Mother		
Biological Father		
Stepmother		
Stepfather		
Adoptive Mother		
Adoptive Father		
Other (specify)		
Other (specify)		

Briefly state your concerns:

SCHOOL HISTORY

1. Please list schools attended in chronological order:

School	Grades Attended	City

2. Please summarize your child's progress – academic and social, within each of these grade level:

Preschool:

Kindergarten:

Grades 1 through 3:

Grades 4 through 6:

Grades 7 through 12:

3. To the best of your knowledge, at what grade level is your child functioning in the following areas?

Reading: _____ Spelling: _____ Mathematics: _____



4. Present class placement (circle one): Regular Class Special Class

If special class, please specify: _____

5. Have any instructional modifications been attempted?

	Yes	No	When
Private Tutoring			
Behavior Modification			
Daily or Weekly Progress Report Cards			
Class Note Taker Assistants			
Audio Textbooks			
Training / Use of Computer			

6. Has your child ever been:

	Yes	No	When
Suspended from School			
Expelled from School			
Repeated a Grade			

7. Please list any academic testing, psychological evaluations, and medical evaluations previously done for your child's learning problems (e.g. MAT, WISC-R, WRAT, etc.).

8. Does your child have difficulty verbally expressing him/herself?

9. Do you think that your child understands spoken direction as well as peers?

10. Does your child have any speech impediments? _____

If so, has your child had any speech therapy? _____

Duration of therapy? _____

11. How do you rate your child's overall level of intelligence compared to peers?

CURRENT BEHAVIOR CONCERNS

1. Rate your child's ***school experiences*** related to ***behavior*** :

	Good	Average	Poor
Preschool			
Kindergarten			
Current Grade			

1. Does your child's teacher describe any of the following as significant problems in the ***classroom?***

	Yes	No
Fidgeting or hyperactive		
Difficulty remaining seated		
Easily distracted		
Difficulty awaiting turn		
Often blurts out answers to questions before they have been completed		
Difficulty following instructions		
Difficulty sustaining attention (daydreaming)		
Frequent shifts from one activity to another		
Difficulty playing quietly		
Often talks excessively		
Often interrupts or intrudes on others		
Often does not listen		
Often loses things (belongings, schoolwork)		
Often engages in physically dangerous activities		

Comment briefly on any "yes" responses:

At what age did these problems begin? _____



2. Many ADHD children appear defiant. Which of the following are significant problems at the present time?

	Yes	No
Often loses temper		
Often argues with adults		
Often actively defies or refuses adult requests or rules		
Often does things that deliberately annoy other people		
Often blames others for own mistakes		
Is often touchy or easily annoyed by others		
Is often angry or resentful		
Is often spiteful or revengeful		
Often swears or uses obscene language		

Comment briefly on any "yes" response:

At what age did problems begin? _____

3. Many ADHD children have personal conduct difficulties. Which of the following are significant problems at the present time?

	Yes	No
Steals		
Runs away from home overnight at least twice		
Lies		
Deliberately sets fires		
Breaking and entering		
Cruel to animals		
Forces someone into sexual activity		
Often initiates physical fights		
Physically cruel to people		

Comment briefly on any "yes" response:

At what age did problems begin? _____

4. Many ADHD children have separation fears. Which of the following are significant at the present time?

	Yes	No
Unrealistic and persistent worry about possible harm to family members		
Unrealistic and persistent worry that calamitous events will separate child from family member		
Persistent school refusal		
Persistent refusal to sleep alone		
Persistent avoidance of being alone		
Repeated nightmares regarding separation		
Frequent complaints of body aches and pains		
Excessive distress anticipating separation		
Excessive distress separated from home		

Comment briefly on any "yes" response:

At what age did these problems begin? _____

5. Many ADHD children appear overanxious. Which of the following are significant problems at the present time?

	Yes	No
Unrealistic worry about future events		
Unrealistic concern about appropriateness of past behavior		
Unrealistic concern about competence		
Frequent complaints of body aches and pains		
Marked self-consciousness		
Excessive need for reassurance		
Marked inability to relax		

Comment briefly on any "yes" response:

At what age did these problems begin? _____

6. Many ADHD children appear depressed. Which of the following are significant problems at the present time?

	Yes	No
Depressed or irritable mood most of the day, nearly everyday		
Diminished pleasure in activities		
Decrease or increase in appetite associated with possible failure to achieve weight gain		
Insomnia or excessive sleeping, nearly everyday		
Marked agitation		
Fatigue or loss of energy		
Feeling of worthlessness or excessive guilt		
Diminished ability to concentrate		
Suicidal thoughts or attempts		

Comment briefly on any "yes" response:

At what age did these problems begin? _____

7. Which of the following are considered to be significant at the present time?

	Yes	No
Compulsive mannerisms (hand washing, chewing clothes, etc.)		
Motor tics (blinking, squinting, facial jerks)		
Vocal tics (sniffing, clearing throat, humming)		
Other nervous habits		

Comment briefly on any "yes" response:

At what age did these problems begin? _____

HOME BEHAVIOR

1. All children exhibit some degree of behavior listed below. Check those that you believe your child exhibits at **home** to an excessive or exaggerated degree when compared to other children his/her own age.

	Yes	No
Hyperactivity (high activity level)		
Poor attention span		
Impulsiveness (poor self-control)		
Temper outbursts		
Low frustration threshold		
Facial tic, blinking, humming, sniffing		
Interrupts frequently		
Doesn't listen		
Sudden outbursts of physical abuse to other children		
Child acts like they are driven by a motor		
Wears out shoes more frequently than siblings		
Heedless to danger		
Excessive number of accidents		
Doesn't learn from experience		
Poor memory		
More active than siblings		
A "different child"		

Comment briefly on any "yes" response:

At what age did these problems begin? _____

1. What type(s) of discipline do you use with your child?

	Yes	No
Verbal reprimands		
Time out (isolation)		
Removal of privileges		
Rewards		
Physical punishment		
Give in to child		
Avoidance of child		



2. To what extent are you and your spouse consistent with respect to disciplinary strategies?

3. Have any of the following stressful events occurred within the past 12 months?

	Yes	No
Parents divorced / separated		
Family accident / illness		
Death in the family		
Parents changed or lost job		
Changed schools		
Family moved		
Family financial problems		
Other (please specify)		

SOCIAL HISTORY

1. Please describe how your child gets along with siblings:

2. How easily does your child make friends?

3. How easily does your child keep friendships?

4. Does your child primarily play with children:

Own age? _____ Older? _____ Younger? _____

5. Please describe any problems your child may have with peers.



MEDICAL HISTORY

1. Has your child had any chronic health problems? (e.g. asthma, diabetes, heart condition, etc.) If so, please specify.

2. When was the onset of any chronic illness?

3. Is there any suspicion of alcohol or drug use? _____

4. Is there any history of physical or sexual abuse? _____

5. Does your child have any problems sleeping? _____

6. Does your child have bladder or bowel control problems? _____

7. Does your child have any eating disorder symptoms? _____

FAMILY HISTORY

Check all that apply	Mother	Father	Brother	Sister
Problems with aggressiveness, defiance				
Problems with attention, activity, impulse as a child				
Learning disabilities				
Failed to graduate high school				
Psychosis or schizophrenia				
Depression greater than 2 weeks				
Anxiety disorder that impaired judgement				
Tics or Tourette's				
Alcohol abuse				
Substance abuse				
Antisocial behavior				
Assault / theft				
Arrests				
Physical abuse				
Sexual abuse				

Please comment on all that apply:

Please list all siblings.

Name	Age	Living in home?

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

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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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: _____

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