

When were the problems first noticed? _____

What have you tried to do about these problems? _____

Has your child ever been diagnosed with developmental delay, learning disability, autism, mood disorder, or Attention Deficit Hyperactivity Disorder? Yes No (Please specify): _____

What are you child’s special qualities and strengths? _____

Why are you seeking help or evaluation at this time? _____

Who wanted, or suggested, getting this evaluation? _____

What would you like to accomplish with this evaluation? _____

Previous Evaluations and Treatments

Please indicate if your child has had any of the following:

*Please attach any reports

School Testing (such as a CORE evaluation, speech/language testing, etc.)

Year	Grade	Type of Testing (IQ, PT, OT, etc.)

Other Evaluations including psychologist, neurologist, or other specialist.)

Year	Professional’s Name	Type of Testing

Medical Tests (including EEG, MRI, Chromosomal Testing, etc.)

Year	Type of Testing	Results

Has your child received private counseling?

Therapist	Date Started	Date Stopped

Has your child had a psychiatric or drug treatment hospitalization? Yes No

Place: _____ Date(s): _____

Does your child receive Social Security Insurance (SSI) Benefits? Yes No Rejected

Has your child or family received services or case management through an Agency?

(Department of Social Services, Police, Court System, Child Protective Services, Department of Mental Retardation, Department of Mental Health, etc.) Yes No

Agency: _____

Service: _____

Agency: _____

Service: _____

Has your child taken medication for attention, behavior, or emotional problems? Yes No

Medication	Dosage	Date Started	Date Stopped	Effects or Adverse Effects

Health History

Is this child adopted? Yes No If YES, at what age? _____ From (country): _____

Pregnancy, Labor, & Delivery History	Yes	No	Comments
1. Age of mother when child was born:			
2. Is this child a twin or triplet?			
3. Were there any problems during pregnancy?			
4. Any medications prescribed? Why?			
5. Gestational Diabetes (sugar in urine)?			
6. Any problems with blood pressure or toxemia?			
7. Any problems with infections (including herpes)?			
8. Smoking during pregnancy? How many packs per day?			
9. Drink alcohol (beer, wine, etc.) during pregnancy?			
10. Any drugs (marijuana, cocaine, etc.) taken?			
11. Any problems during labor or delivery?			
12. Cesarean delivery? Why?			
13. At how many weeks was baby born?			

Newborn History	Yes	No	Comments
Birth Weight?			lbs. oz.
Were there any problems at birth or as a newborn?			
Were there any birth defects or birth injuries noted?			
Put in Special Care or Intensive Care Nursery?			
Have jaundice and need phototherapy?			
Did baby have to stay extra days in the hospital?			

Early Infancy

Describe your child as an infant or toddler: _____

Infant Temperament Problems	Yes	No	Comments
1. Severe or prolonged colic or excessive crying?			
2. Difficult Temperament (irritable or demanding)?			
3. Excessively wiggly or active as infant or toddler?			
4. Easily over-stimulated as infant or toddler?			
5. Passive, shy, or withdrawn as infant or toddler?			
6. Didn't like to be held or cuddled?			

Medical History	Yes	No	Comments
1. Problems with vision (crossed eyes, wears glasses)			
2. Problems with hearing?			
3. Serious or chronic health problems (diabetes, etc.)?			
4. Birth defect or birth marks?			
5. Hospitalizations or surgeries?			
6. Serious infections or illnesses (e.g. meningitis)?			
7. Serious injury, burn, or broken bones?			
8. Head injury or loss of consciousness?			
9. Frequent accidents or multiple minor injuries?			
10. Fainting spells or dizziness?			
11. Seizures, convulsions, or starting spells?			
12. Motor tics (blinking, squinting, head tossing)?			
13. Vocal tics (sniffing, grunting, throat clearing)?			
14. Compulsive mannerisms (hand washing, picking, counting)?			
15. Frequent headaches/Migraines?			
16. Serious ear infections? Chronic antibiotics or tubes?			
17. Thyroid disorders or other hormone problems?			
18. Blood problems or anemia (iron deficiency, low blood count, etc.)?			
19. Poisoning or exposure to toxic chemicals (e.g. Lead)?			
Medical History (continued)	Yes	No	Comments
20. Unusual reaction to immunization(s)?			
21. History or suspicion of physical or sexual abuse?			
22. History or suspicion of tobacco, alcohol, or drug use?			
23. Problems with restless sleep or snoring?			
24. Difficulties with eating, diet, or appetite?			
25. Allergies to medications? Please specify.			
26. Other allergies? Please specify.			
27. Any vitamin supplements? Please specify.			
28. Any herbal medicines or other nutritional supplements?			
29. Any non-medical treatments (diet, chiropractic, acupuncture)?			
30. Any prescribed medications? Please specify.			

Developmental History

Developmental Milestones	Yes	No	Too Young
1. Sit up by 8 months?			
2. Crawl by 10 months?			
3. Walk by 15 months?			
4. Speak in 2-word sentences by 2 years?			
5. Could strangers understand your child by 3 years?			
6. Toilet trained during the day by 3 ½ years?			
7. Dry at night by 5 years?			
8. Read simple words by 6 years?			

Developmental Difficulties	Yes	No	Too Young
1. Urine accidents? Daytime or night time wetting?			
2. Stool/ bowel accidents (soiling)?			
3. Difficulty falling asleep or bedtime behavior?			
4. Difficulty staying asleep or staying in bed at night?			
5. Difficulty waking up in the morning?			
6. Difficulty with self care (feeding self, washing, or toileting)?			
7. Difficulty learning to name colors or shapes?			
8. Difficulty learning to name letters or numbers?			
9. Difficulty learning to ride a tricycle or bicycle?			

Did your child seem to develop normally but then lose developmental skills? Yes No

If yes, please describe: _____

Current Developmental Skills	Above Average	Average	Below Average	Too Young
1. Ability to understand spoken words (Receptive Language).				
2. Pronounces words clearly (Articulation)				
3. Ability to talk and use good sentences (Expressive Language)				
1. Conversation skills (Turn-taking, uses polite language).				
5. Ability to use fingers to write or draw (Fine Motor).				
2. Ability to use large muscles to run or play sports. (Gross Motor)				

Comments on development or skills: _____

Current School Performance

*Complete if five years or older.

Subject	Above Average	Average	Below Average	Failing
Reading				
Understanding what he/she reads				
Spelling				
Handwriting				
Writing Sentences or Paragraphs				
Mathematics				
Word problems in math				
Social Studies/ History				
Science				
Art				
Music				
Gym				
Other:				

School-Related Behaviors	Not True	Sometimes	Often True
1. Difficulty concentration on work in school.			
2. Trouble sitting still in school.			
3. Rushes through work.			
4. Works too slowly.			
5. Calls out answer or interrupts in school.			
6. Disrupts class or distracts others.			
7. Needs a lot of repetition or explanations.			
8. Difficulty learning new material.			
9. Difficulty recalling what he/she has learned.			
10. Low test grades.			
11. Problem with being organized.			
12. Forgets homework or books.			
13. Performance is up and down.			
14. Problem with starting on homework.			
15. Problem with finishing homework.			
16. Trouble with projects or long term assignments.			
17. Creative, has original ideas.			

Other Information

Please add any other information you feel may help us understand your child: _____

School History

If this child is in preschool or school-aged, please answer the following questions.

Name of School: _____ School District: _____
 State: _____ Main Teacher: _____ Current Grade: _____
 Length of time at this school: _____ Principal: _____
 School Phone Number: (____) _____

Placement, Programs, and Services (now or in the past)	Yes	No	If Yes, When?
Early Intervention Program?			
Speech Therapy?			
Occupational Therapy?			
Physical Therapy?			
Repeated a grade? If yes, which grade?			
Suspended from school?			
Failed or if dialing a grade or subject(s)?			
Received any special education services?			
Placed in any special classes, programs, or school?			
Received resource room support or school-based tutoring?			
Received tutoring outside school?			
Received a Section 504 plan?			
Currently receiving any special education services?			
If yes to above, please specify:			

How satisfied are you with your child’s current school placement and services?

Very Satisfied Somewhat Satisfied Not Satisfied

For each of the following grades completed, were any problems with academics or behavior report? If yes, please describe the teacher or parent concerns.

Grade	Yes	No	Academic or Behavioral Concerns
Preschool			
Kindergarten			
1 st Grade			
2 nd Grade			
3 rd Grade			
4 th Through 5 th Grade			
6 th Through 8 th Grade			
High School			

Describe your child’s strengths or strongest areas in school: _____

Please list any further comments or concerns: _____

Social Development

Describe your child as a young child: _____

What is your child's temperament or personality like now? _____

How does your child get along with adult members of the family? _____

How does your child get along with adults outside of the family? _____

How does your child get along with siblings? _____

How does your child get along with playmates/peers? _____

Child's activities and special interests (sports, classes, favorite activities): _____

How much time per day does your child spend watching tv? _____

How much time per day does your child spend on computer/video games? _____

Do you own a computer? Yes No

Does your child use a computer for school work? Yes No

Does your child have internet access? Yes No

Some children behave in unusual ways. Please review the following items and indicate if they describe your child's behavior.

Behavior	Not True	Somewhat True	Very True
Poor eye contact.			
Doesn't use gestures (pointing).			
Doesn't try to use words to communicate.			
Echoes words or phrases.			
Speaks in unusual tones or matter.			
Hard to get child's attention.			
Seems preoccupied, aloof, or distant.			
Repetitive behaviors (flaps hands, moved body or fingers in unusual ways).			
Prefers to be alone; ignores others.			
Difficulty relating to peers or making friends.			
Unusual play behaviors; little pretend play.			
Has unusual or very intense interests.			

Takes things too literally; misses the point.			
Handle change poorly; insists on sameness.			

Emotional History

Describe your child's usual mood: _____

Emotional Symptoms	Never	Sometimes	Often	Very Often
Recovers easily from disappointments?				
Acts too young, seems "immature"?				
Overreacts or easily upset?				
Irritable or easily angered?				
Is moody or has mood swings?				
Has temper tantrums?				
Has violent outbursts or prolonged rages?				
Cries a lot?				
Feels bad about self (low self-esteem)?				
Unhappy, sad, or depressed?				
Low energy or tired for no reason?				
Talks about death or suicide?				
Enjoys many activities?				
Worried, nervous, or anxious?				
Worries about leaving home or parents?				
Refuses to speak except to family members?				
Too concerned with neatness or cleanliness?				
Emotional Symptoms (Cont.)	Never	Sometimes	Often	Very Often
Unusual habits? Has to do things a certain way?				
Can't stop worrying (germs, doing things perfectly)?				
Very self-conscious or easily embarrassed?				
Avoids going to school?				
Overly fearful? Specify: _____				

Stressful Life Experiences	Yes	No
Child has a very upsetting experience (e.g. witnessed violence, physical abuse, sexual abuse, etc.)?		
Moved? Number of Moves:		
Out of home placement (foster care, residential center)?		
Family problems that may be bothering child?		
Divorce, separation, or remarriage?		
Frequent arguments in home		
Physical fights in home?		
Serious physical illness in parent, caregiver, or sibling?		
Alcohol or substance abuse in immediate family member?		

<p style="text-align: center;">Serious money or housing problems?</p>		
<p style="text-align: center;">Concerns about safety in neighborhood?</p>		
<p style="text-align: center;">Are there guns or other firearms in the house?</p>		

Home Life

Family composition:

Child lives with: Birth Mother Birth Father Stepmother Stepfather
 Partner Other Adult (e.g. grandparent or boyfriend) Specify: _____

Parents' Marital Status: Married Never Married Separated/Divorced

Birth Mother's Name: _____ Age: _____ Occupation: _____

Highest Level of School Completed: _____

Birth Father's Name: _____ Age: _____ Occupation: _____

Highest Level of School Completed: _____

Adoptive/Step/ or Other Mother Name: _____ Age: _____ Occupation: _____

Highest Level of School Completed: _____

Adoptive/Step/ or Other Father Name: _____ Age: _____ Occupation: _____

Highest Level of School Completed: _____

Additional Adults: _____

If separated/divorced, how long? _____

Contact with non-custodial parent or custody arrangements, if any: _____

Child Care arrangements: _____

What does your child do after school? _____

Any special circumstances in the family situation: _____

What does the family enjoy doing together? _____

Child's siblings or other children living IN the home:	Full, Half, Adoptive, Step, Etc.	Age	Child's siblings NOT living in the home:	Full, Half, Adoptive, Step, etc.	Age

Any concerns regarding sibling's health, development, learning, or behavior? _____

Family History

Any difficult circumstances in MOTHER’S childhoods (e.g. abuse, alcoholic parents, etc.)? _____

Any difficult circumstances in FATHER’S childhoods (e.g. abuse, alcoholic parents, etc.)? _____

Any difficult circumstances in PARENTS’ PARTNERS’ childhoods (e.g. abuse, alcoholic parents, etc.)? _____

Does anyone in the family have problems similar to this child’s? If so, who? _____

Biological Family Medical and Psychiatric History

(I adopted, please indicate information on any known biological relatives and indicate information on adoptive family members on lines below)

Anyone in this child’s biological family have:	Yes	No	How is this person related to the child?
Attention problems/ ADHD			
Behavior problems as a child or teen			
Speech or language problems			
School problems			
Reading problems or Dyslexia			
Seizures or neurological problems			
Unusual drug reaction			
Intellectual Disability			
Birth defect or genetic disorder			
Tics/Tourette’s syndrome			
Autistic spectrum disorder			
Thyroid problems			
Heart problems before 50			
Physical or sexual abuse			
Depression			
Bipolar/manic depression			
Anyone in this child’s biological family have:	Yes	No	How is this person related to the child?
Social problems/shyness			
Anxiety or panic attacks			
Obsessive-Compulsive Disorder (OCD)			
Schizophrenia			
Alcohol problems			
Drug problems			
Trouble with the law			

Other problems that run in biological family: _____

Psychiatric, behavioral, or significant medical problems in step, adoptive, or foster family: _____

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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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: _____



Does My Child Have ADHD?

Many parents worry about this question. The answer comes from children, families, teachers, and doctors working together as a team. Watching your child's behavior at home and in the community is very important to help answer this question. Your doctor will ask you to fill out rating scales about your child. Watching your child's behavior and talking with other adults in the child's life will be important for filling out the forms.

Here are a few tips about what you can do to help answer the question:

Watch your child closely during activities where he or she should pay attention.

- Doing homework
- Doing chores
- During storytelling or reading

Watch your child when you expect him or her to sit for a while or think before acting.

- Sitting through a family meal
- During a religious service
- Crossing the street
- Being frustrated
- With brothers or sisters
- While you are on the phone

Pay attention to how the environment affects your child's behavior. Make changes at home to improve your child's behavior.

- Ensure that your child understands what is expected. Speak slowly to your child. Have your child repeat the instructions.
- Turn off the TV or computer games during meals and homework. Also, close the curtains if it will help your child pay attention to what he or she needs to be doing.
- Provide structure to home life, such as regular mealtimes and bedtime. Write down the schedule and put it where the entire family can see it. Stick to the schedule.
- Provide your child with planned breaks during long assignments.
- Give rewards for paying attention and sitting, not just for getting things right and finishing. Some rewards might be: dessert for sitting through a meal, outdoor play for finishing homework, and praise for talking through problems.
- Try to find out what things set off problem behaviors. See if you can eliminate the triggers.

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If your child spends time in 2 households, compare observations.

- Consult your child's other parent about behavior in that home. Cooperation between parents in this area really helps the child.
- If the child behaves differently, consider differences in the environment that may explain the difference in behavior. Differences are common and not a mark of good or bad parenting.

Talk to your child's teacher.

- Learn about your child's behavior at school. Talk about how your child does during academic lessons and also during play with other children.
- Compare your child's behavior in subjects he or she likes and those in which he or she has trouble with the work.
- Determine how the environment at school affects your child's behavior. When does your child perform well? What events trigger problem behaviors?
- Consider with the teacher whether your child's learning abilities should be evaluated at school. If he or she has poor grades in all subjects or in just a few subjects or requires extra time and effort to learn material, then a learning evaluation may be valuable.

Gather impressions from other adult caregivers who know your child well.

- Scout leaders or religious instructors who see your child during structured activities and during play with other children
- Relatives or neighbors who spend time with your child
- Determine how other environments affect your child's behavior. When does your child perform well? What events trigger problem behaviors?

Make an appointment to see your child's doctor.

- Let the receptionist know you are concerned that your child might have ADHD.
- If possible, arrange a visit when both parents can attend.

Adapted from materials by Heidi Feldman, MD, PhD

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Evaluating Your Child for ADHD

Do 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, some children may have difficulty with

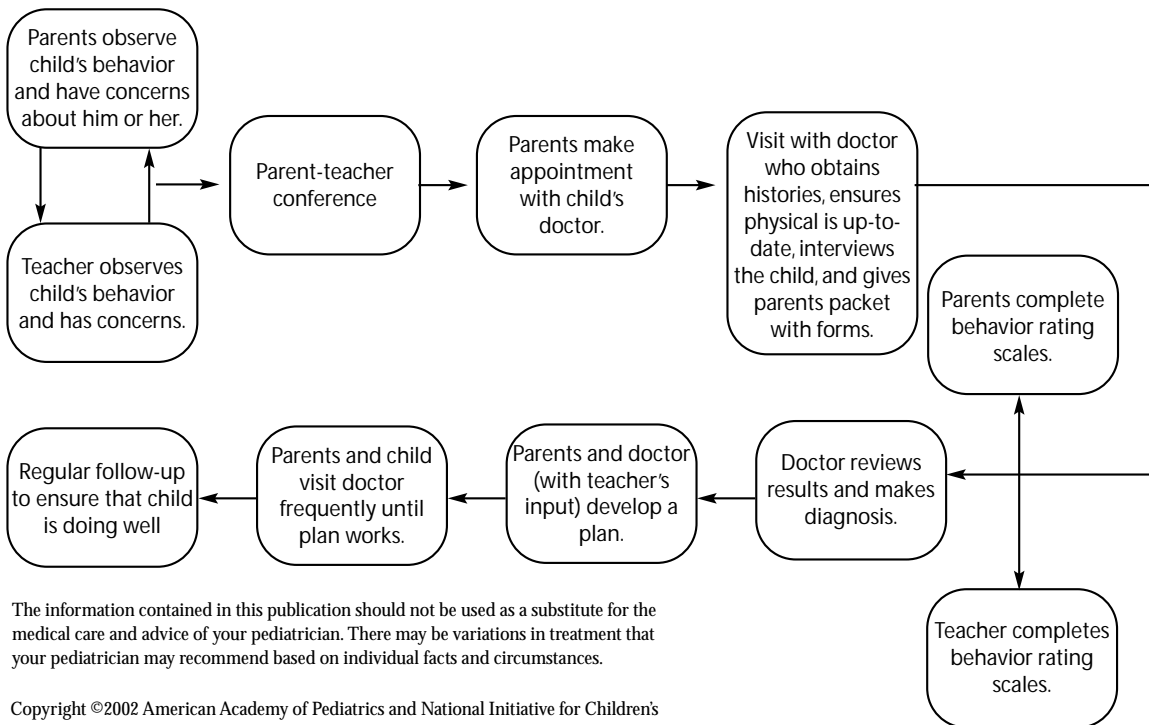
their hearing or vision, and some children may actually have ADHD. The answer comes from the parents, other family members, doctors, and other professionals working as a team. Here are the steps that the *team* needs to take to evaluate your child.

The steps in an evaluation are as follows:

- | | |
|----------|--|
| Step 1: | Parents make careful observations of the child's behavior at home. |
| Step 2: | Teacher(s) makes 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. Parents give the doctor the name and phone number of the teacher(s) and school. |
| Step 5: | The doctor obtains a history, completes a physical examination (if not done recently), screens the child's hearing and vision, and interviews the child. |
| Step 6: | Parents are 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(s) returns the questionnaire by mail or fax. |
| Step 8: | At a second doctor visit, the doctor reviews the results of the parent and teacher questionnaires and determines if any other testing is required to make a diagnosis of ADHD or other condition. |
| Step 9: | The doctor makes a diagnosis and reviews a plan for improvement with the parents. |
| Step 10: | The child will need to revisit the doctor until the plan is in place and the child begins to show improvement, and then regularly for monitoring. Parents and teachers may be asked to provide behavior ratings at many times in this process. |

Adapted from materials by Heidi Feldman, MD, PhD

ADHD Evaluation Timeline



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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.
7. Catch your child being good and give immediate positive feedback.

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 to 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 because 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 reappear.
- 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 “downtime” 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 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 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, noncritical 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.

“Common Daily Problems” adapted from material developed by Laurel K. Leslie, MD, San Diego ADHD Project.

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For Parents of Children With ADHD

- Many parents find it very difficult to help their own child with schoolwork. 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.
- Change or rotate rewards frequently 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.

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.

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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What Can I Do When My Child Has Problems With Sleep?

Many children with ADHD have difficulty sleeping at night, whether or not they are on medication. This is partially related to the ADHD; parents often describe their children as being “on the go” and collapsing late at night. It may also be due to the fact that stimulant medication has worn off, making it more difficult for them to manage their behavior. Lastly, some children have difficulty falling asleep because the stimulants affect them the same way caffeine affects adults.

Here are a few tips:

- **Develop bedtime rituals/routines.**
 - A bedtime ritual is a powerful sign that it is time to sleep. It needs to be simple so the child can “re-create” the ritual even if the parent is not present.
 - Try writing out the bedtime ritual to make it consistent.
- **Pay attention to the sleep environment.**
 - Background noises, location, sleep partners, bedding, favorite toys, and lighting can all affect a child’s ability to fall asleep.
 - A cool, dark, quiet room is best.
- **Letting children cry themselves to sleep is not recommended.**
 - Teach them to soothe themselves, such as giving the child a special blanket, a picture of the parent(s), or a stuffed animal to hold while falling asleep.
 - Avoid activities that depend on a parent’s presence, including rocking or holding the child until he or she falls asleep.
- **Make the bedroom a sleep-only zone.**
 - Remove most toys, games, televisions, computers, and radios from your child’s bedroom if your child is having trouble falling asleep or is often up at night.
 - One or two stuffed animals are acceptable.
- **Limit time in bed.**
 - Hours spent awake in bed interfere with good sleep patterns; the goal is to make the child’s bed a place for sleeping only.
 - Be aware of how much sleep children need at different ages. Even though adults need about 8 hours of sleep, infants and toddlers often sleep more than 12 hours and children usually sleep 10 hours. Teenagers also need lots of sleep, sometimes requiring 9 hours or more.
- **Establish consistent waking times.**
 - Bedtimes and waking times should be the same 7 days a week.
 - It is easier to enforce a waking time than a bedtime.
- **Avoid drinks with caffeine.**
 - Caffeine is present in a wide range of beverages, such as tea, soda, cocoa, and coffee. Drinking these beverages past the afternoon may make it more difficult for your child to settle down to sleep.
- **Establish daytime routines.**
 - Regular mealtimes and activity times, including playtime with parents, also help set sleep times.
- **Chart your child’s progress.**
 - Praise your child for successful quiet nights.
 - Consider marking successful nights on a star chart and providing rewards at the end of the week.
- **Waking up at night is a habit.**
 - Social contact with parents, feeding, and availability of interesting toys encourage the child to be up late, so set limits on attention-getting behaviors at night.
- **Consider medical problems.**
 - Allergy, asthma, or conditions that cause pain can disrupt sleep. If your child snores loudly and/or pauses in breathing, talk to your doctor.
- **Try medications to help your child sleep only under the care of your child’s doctor.**
 - Medications need to be used very carefully in young children. Many medications can have complications and make sleep worse.
 - Some children with ADHD may actually be helped by a small dose of a stimulant medication at bedtime. Paradoxically, this dose may help a child to get organized for sleep.
 - Some children may ultimately need other bedtime medications—at least for a little while—to help improve sleep. Talk with your doctor before starting any over-the-counter or prescription medications.

Adapted from material developed by Laurel K. Leslie, MD, San Diego ADHD Project, and from material developed by Henry L. Shapiro, MD, FAAP, for the Pediatric Development and Behavior Web site (www.dbpeds.org).

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Homework Tips for Parents

- **Establish a routine and schedule for homework (a specific time and place)** and adhere to the schedule as closely as possible. Don't allow your child to wait until the evening to get started.
- **Limit distractions** in the home during homework hours (eg, reduce unnecessary noise, activity, and phone calls; turn off the TV).
- **Assist your child in dividing assignments into smaller parts** or segments that are more manageable and less overwhelming.
- **Assist your child in getting started on assignments** (eg, read the directions together, do the first items together, observe as your child does the next problem/item on his or her own). Then get up and leave.
- **Monitor and give feedback without doing all the work together.** You want your child to attempt as much as possible independently.
- **Praise and compliment your child when he or she puts forth good effort and completes tasks.** In a supportive, noncritical 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..."
- **A contract for a larger incentive/reinforcer may be worked out** as part of a plan to motivate your child to persist and follow through with homework. ("If you have no missing or late homework assignments this next week, you will earn. . .").
- **Let the teacher know your child's frustration and tolerance level in the evening.** The teacher needs to be aware of the amount of time it takes your child to complete tasks and what efforts you are making to help at home.
- **Help your child study for tests.** Study together. Quiz your child in a variety of formats.
- **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.** Don't force your child to spend an excessive and inappropriate amount of time on homework. If you feel your child worked enough for one night, write a note to the teacher attached to the homework.
- It is very common for students with ADHD to fail to turn in their finished work. It is very frustrating to know your child struggled to do the work, but then never gets credit for having done it. Papers seem to mysteriously vanish off the face of the earth! **Supervise to make sure that completed work leaves the home and is in the notebook/backpack.** You may want to arrange with the teacher a system for collecting the work immediately on arrival at school.
- Many parents find it very difficult to help their own child with schoolwork. Find someone who can. **Consider hiring a tutor!** Often a junior or senior high school student is ideal, depending on the needs and age of your child.
- **Make sure your child has the phone number of a study buddy**—at least one responsible classmate to call for clarification of homework assignments.
- Parents, **the biggest struggle is keeping on top of those dreaded long-range homework assignments** (eg, reports, projects). This is something you will need to be vigilant about. Ask for a copy of the project requirements. Post the list at home and go over it together with your child. Write the due date on a master calendar. Then plan how to break down the project into manageable parts, scheduling steps along the way. Get started AT ONCE with going to the library, gathering resources, beginning the reading, and so forth.

Adapted from Rief S. *The ADD/ADHD Book of Lists*. San Francisco, CA: Jossey-Bass Publishers; 2002

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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.

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