

Please fill out the parent survey and have the teacher fill out the teacher survey. Forms may be hand-returned to our office prior to your next appointment or may be faxed or mailed to our office. Please call prior to your follow-up appointment to ensure your forms have been received, as the surveys will not be scored during your visit. This is to ensure that the provider has adequate time to review the surveys with you.

## 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/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/she needs to be doing.
- Provide structure to home life, such as regular meal times 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 behavior. See if you can eliminate the triggers.

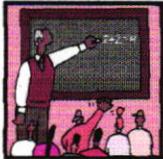
**If your child spends time in two households, compare observations.**

- ❑ 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 where 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.



## For Parents of Children with ADHD...

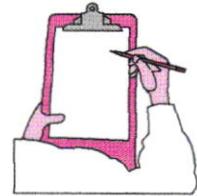
### GENERAL TIPS

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 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

# Evaluating Your Child For ADHD

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



## ***The steps in an evaluation are as follows:***

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

**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
Total number of questions scored "2" or "3" in question #'s 1-9: _____				
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/her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
Total number of questions scored "2" or "3" in question #'s 10-18: _____				
Total Symptom Score for question #'s 1-18: _____				
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
Total number of questions scored "2" or "3" in question #'s 19-26: _____				
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 (i.e., "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
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

-Please Turn Over-

Today's date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

	Never	Occasionally	Often	Very Often
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

**Total number of questions scored "2" or "3" in question #'s 27-40: \_\_\_\_\_**

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/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

**Total number of questions scored "2" or "3" in question #'s 41-47: \_\_\_\_\_**

<b>PERFORMANCE</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Somewhat of a Problem</b>	<b>Problematic</b>
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 (e.g., teams)	1	2	3	4	5

**Total number of questions scored "4" or "5" in question #'s 48-55: \_\_\_\_\_**

**Average Performance Score: \_\_\_\_\_**

**COMMENTS:**

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
Total number of questions scored “2” or “3” in question #'s 1-9: _____				
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 (e.g., butts into conversations/ games).	0	1	2	3
Total number of questions scored “2” or “3” in question #'s 10-18: _____				
Total Symptom Score for question #'s 1-18: _____				
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 (e.g., “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
Total number of questions scored “2” or “3” in question #'s 19-28: _____				

-Please Turn Over-

**NICHQ Vanderbilt ASSESSMENT Scale –TEACHER Informant**

Teacher's Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

	Never	Occasionally	Often	Very Often
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
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/her."	0	1	2	3
35. Is sad, unhappy, or depressed.	0	1	2	3

Total number of questions scored "2" or "3" in question #'s 29-35: \_\_\_\_\_

<b>PERFORMANCE</b>					
<i>Academic Performance</i>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Somewhat of A Problem</b>	<b>Problematic</b>
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written Expression	1	2	3	4	5
<i>Classroom Behavioral Performance</i>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Somewhat of A Problem</b>	<b>Problematic</b>
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

Total number of questions scored "4" or "5" in question #'s 36-43: \_\_\_\_\_

Average Performance Score: \_\_\_\_\_

**COMMENTS:**

**PLEASE RETURN THIS FORM TO:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

\_\_\_\_\_