

PARENT SCHOOL PROGRESS FOLLOW-UP EVALUATION

Parent to Complete in the month of _____

Child's Name: _____ Date of Birth: _____ Today's Date: _____

Parent's Name: _____ Parent's Phone Number: _____

- Are your child's ADHD symptoms controlled consistently throughout the day? Yes No
- If your child is currently taking ADHD medication, how long does it control his/her symptoms? _____ Hours.
- Are your child's ADHD symptoms controlled during after-school hours including homework time? Yes No
- If not, what ADHD symptoms are not adequately controlled during this time? _____

- Do you feel that your child needs more symptom control than what is provided by his/her current ADHD treatment plan? No Yes
- Do you feel that your child's current or prior ADHD medication is/was well tolerated? Yes No

SYMPTOMS WHILE ON MEDICATIONS	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 and/or activities.	0	1	2	3
22. Deliberately annoys people.	0	1	2	3
23. Blames others for his or her mistakes or misbehavior.	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. Is fearful, anxious, or worried.	0	1	2	3
28. Is afraid to try new things for fear of making mistakes.	0	1	2	3
29. Feels worthless or inferior.	0	1	2	3
30. Blames self for problems, feels guilty.	0	1	2	3
31. Feels lonely, unwanted, or unloved; complains that "no one loves him or her".	0	1	2	3
32. Is sad, unhappy, or depressed.	0	1	2	3
33. Is self-conscious or easily embarrassed.	0	1	2	3



Name: _____ Date of Birth: _____

PERFORMANCE	EXCELLENT	ABOVE AVERAGE	AVERAGE	SOMEWHAT OF A PROBLEM	PROBLEMATIC
34. Overall school performance	1	2	3	4	5
35. Reading	1	2	3	4	5
36. Writing	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Relationships with parents.	1	2	3	4	5
39. Relationships with siblings.	1	2	3	4	5
40. Relationships with peers.	1	2	3	4	5
41. Participation in organized activities (e.g. teams)	1	2	3	4	5
Side Effects: Has your child experienced any of the following side effects or problems in the past week?	NONE	MILD	MODERATE	SEVERE	
Change of appetite	0	1	2	3	
Weight loss	0	1	2	3	
Trouble sleeping	0	1	2	3	
Dull, tired, listless behavior	0	1	2	3	
Chest pain	0	1	2	3	
Stomachache	0	1	2	3	
Headache	0	1	2	3	
Tremors/feeling shaky	0	1	2	3	
Repetitive movements, tics, jerking, twitching, eye blinking	0	1	2	3	
Picking at skin or fingers, nail biting, lip or cheek chewing	0	1	2	3	
Irritability in the late morning, late afternoon, or evening	0	1	2	3	
Problem behaviors when medications are wearing off	0	1	2	3	
Excessive worrying, anxiety	0	1	2	3	
Sees or hears things that aren't there	0	1	2	3	
Socially withdrawn – decreased interaction with others	0	1	2	3	
Extreme sadness or unusual crying	0	1	2	3	
Dizziness	0	1	2	3	
Skin rash	0	1	2	3	

COMMENTS:

For Office Use Only			
Inattention 1-9: _____/9	Hyp-Imp 10-18: _____/9	ODD 19-26: _____/8	Dep / Anx 27-33 _____/7
Strengths:		Weaknesses:	