

## 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? \_\_\_\_\_

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- 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   | 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           |
| <b>Side Effects:</b> Has your child experienced any of the following side effects or problems in the past week? | <b>NONE</b> | <b>MILD</b>   | <b>MODERATE</b> | <b>SEVERE</b>         |             |
| 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:**

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