Pediatric Clinic, P.C.

ADHD Monitoring

Date _____/_____/_____

Child's Name _____ Age_____ Age at diagnosis_____

School _____ Grade _____

Your child's special interests and talents: _____

Any specific areas of academic struggle: _____

Most recent report card grades:

Math _____	Writing _____	Computer_____
English / LA _____	History _____	Art _____
Reading _____	Science _____	Music _____

School accommodations

- ☐ Preferential seating
- ☐ Extra time for assignments
- ☐ Extra time for tests
- ☐ Alternate location for tests
- ☐ Tutoring
- ☐ Speech Therapy
- ☐ Occupational Therapy
- ☐ Special School Status: IEP 504 Plan OHI LD
- ☐ Communication with teacher: daily weekly other
- ☐ Other accommodations_____

Health Habits

- ☐ Adequate uninterrupted sleep
- ☐ Concern about sleep
- ☐ Not more than 2 hours/day of nonacademic media
- ☐ More than 2 hours /day of nonacademic media
- ☐ Quiet study area at home
- ☐ Daily breakfast
- ☐ Healthy diet: adequate in dairy, fruits, vegetables, protein sources
- ☐ Concerns about diet
- ☐ Daily vitamin/omega 3
- ☐ Regular exercise
- ☐ Adequate weight gain

Home accommodations, please describe:

_____

My child has had individual educational testing Y (at what age?) _____ N _____

Medical management

ADHD Medication _____ Dose _____ Frequency_____

Medication _____ Dose _____ Frequency_____

Medications used in the past that were discontinued? _____

Other health caregivers

- Does your child meet with a psychologist or counselor? Y _____ N
- Does your child have regular vision evaluations? Y N

Is your child doing better overall in school than in the past? Y N

If not, what changes might be helpful? _____

Is your child doing better overall at home than in the past? Y N

If not, what changes might be helpful? _____

Completed by _____ Relationship to child _____