

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

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

Symptoms (Continued)	Never	Occasionally	Often	Very Often
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
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

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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: _____

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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
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 (eg, butts into conversations/games)	0	1	2	3
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 (eg, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD. Revised - 0303

Symptoms (continued)	Never	Occasionally	Often	Very Often
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
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 or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Performance

Academic Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
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

Please return this form to: _____

Mailing Address: _____

Fax Number: _____

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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 19–28: _____

Total number of questions scored 2 or 3 in questions 29–35: _____

Total number of questions scored 4 or 5 in questions 36–43: _____

Average Performance Score: _____

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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. Please think about your child's behaviors since the last assessment scale was filled out when rating his/her 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. 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

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 Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD. Revised – 0303
 Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr, PhD.

Performance	Somewhat of a Problem				
	Excellent	Above Average	Average	Problem	Problematic
19. Overall school performance	1	2	3	4	5
20. Reading	1	2	3	4	5
21. Writing	1	2	3	4	5
22. Mathematics	1	2	3	4	5
23. Relationship with parents	1	2	3	4	5
24. Relationship with siblings	1	2	3	4	5
25. Relationship with peers	1	2	3	4	5
26. Participation in organized activities (eg, teams)	1	2	3	4	5

Side Effects: Has your child experienced any of the following side effects or problems in the past week?	Are these side effects currently a problem?			
	None	Mild	Moderate	Severe
Headache				
Stomachache				
Change of appetite—explain below				
Trouble sleeping				
Irritability in the late morning, late afternoon, or evening—explain below				
Socially withdrawn—decreased interaction with others				
Extreme sadness or unusual crying				
Dull, tired, listless behavior				
Tremors/feeling shaky				
Repetitive movements, tics, jerking, twitching, eye blinking—explain below				
Picking at skin or fingers, nail biting, lip or cheek chewing—explain below				
Sees or hears things that aren't there				

Explain/Comments:

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Total Symptom Score for questions 1–18: _____

Average Performance Score for questions 19–26: _____

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Today's Date: _____ Child's Name: _____ Grade Level: _____

Teacher's Name: _____ Class Time: _____ Class Name/ Period: _____

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 last assessment scale was filled out. 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. 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

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
19. Reading	1	2	3	4	5
20. Mathematics	1	2	3	4	5
21. Written expression	1	2	3	4	5
22. Relationship with peers	1	2	3	4	5
23. Following direction	1	2	3	4	5
24. Disrupting class	1	2	3	4	5
25. Assignment completion	1	2	3	4	5
26. Organizational skills	1	2	3	4	5

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Side Effects: Has the child experienced any of the following side effects or problems in the past week?	Are these side effects currently a problem?			
	None	Mild	Moderate	Severe
Headache				
Stomachache				
Change of appetite—explain below				
Trouble sleeping				
Irritability in the late morning, late afternoon, or evening—explain below				
Socially withdrawn—decreased interaction with others				
Extreme sadness or unusual crying				
Dull, tired, listless behavior				
Tremors/feeling shaky				
Repetitive movements, tics, jerking, twitching, eye blinking—explain below				
Picking at skin or fingers, nail biting, lip or cheek chewing—explain below				
Sees or hears things that aren't there				

Explain/Comments:

For Office Use Only
 Total Symptom Score for questions 1–18: _____
 Average Performance Score: _____

Please return this form to: _____
Mailing address: _____

Fax number: _____

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BASELINE ASSESSMENT

These scales should NOT be used alone to make any diagnosis. You must take into consideration information from multiple sources. Scores of 2 or 3 on a single Symptom question reflect often-occurring behaviors. Scores of 4 or 5 on Performance questions reflect problems in performance.

The initial assessment scales, parent and teacher, have 2 components: symptom assessment and impairment in performance. On both the parent and teacher initial scales, the symptom assessment screens for symptoms that meet criteria for both inattentive (items 1–9) and hyperactive ADHD (items 10–18).

To meet *DSM-IV** criteria for the diagnosis, one must have at least 6 positive responses to either the inattentive 9 or hyperactive 9 core symptoms, or both. A positive response is a 2 or 3 (often, very often) (you could draw a line straight down the page and count the positive answers in each subsegment). There is a place to record the number of positives in each subsegment, and a place for total score for the first 18 symptoms (just add them up).

The initial scales also have symptom screens for 3 other co-morbidities—oppositional-defiant, conduct, and anxiety/depression. These are screened by the number of positive responses in each of the segments separated by the “squares.” The specific item sets and numbers of positives required for each co-morbid symptom screen set are detailed below.

The second section of the scale has a set of performance measures, scored 1 to 5, with 4 and 5 being somewhat of a problem/problematic. To meet criteria for ADHD there must be at least one item of the Performance set in which the child scores a 4 or 5; ie, there must be impairment, not just symptoms to meet diagnostic criteria. The sheet has a place to record the number of positives (4s, 5s) and an Average Performance Score—add them up and divide by number of Performance criteria answered.

*Please Note, *DSM-V* contains the most updated criteria for diagnostic assessment. Please see “Attention Deficit Hyperactivity Disorder (ADHD) and the DSM 5” Handout for the differences between *DSM-IV* and *DSM-V*.

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<i>Parent Assessment Scale</i>	<i>Teacher Assessment Scale</i>
<p><u>Predominantly Inattentive subtype</u></p> <ul style="list-style-type: none"> Must score a 2 or 3 on 6 out of 9 items on questions 1-9 AND Score a 4 or 5 on any of the Performance questions 48-55. 	<p><u>Predominantly Inattentive subtype</u></p> <ul style="list-style-type: none"> Must score a 2 or 3 on 6 out of 9 items on questions 1-9 AND Score a 4 or 5 on any of the Performance questions 36-43.
<p><u>Predominantly Hyperactive/Impulsive subtype</u></p> <ul style="list-style-type: none"> Must score a 2 or 3 on 6 out of 9 items on questions 10-18 AND Score a 4 or 5 on any of the Performance questions 48-55. 	<p><u>Predominantly Hyperactive/Impulsive subtype</u></p> <ul style="list-style-type: none"> Must score a 2 or 3 on 6 out of 9 items on questions 10-18 AND Score a 4 or 5 on any of the Performance questions 36-43.
<p><u>ADHD Combined Inattention/Hyperactivity</u></p> <ul style="list-style-type: none"> Requires the above criteria on both Inattentive AND Hyperactive/Impulsive Subtypes. 	<p><u>ADHD Combined Inattention/Hyperactivity</u></p> <ul style="list-style-type: none"> Requires the above criteria on both Inattentive AND Hyperactive/Impulsive Subtypes.
<p><u>Oppositional-Defiant Disorder</u></p> <ul style="list-style-type: none"> Must score a 2 or 3 on 4 out of 8 behaviors on questions 19-26 AND Score a 4 or 5 on any of the Performance questions 48-55. 	<p><u>Oppositional-Defiant/ Conduct Disorder</u></p> <ul style="list-style-type: none"> Must score a 2 or 3 on 3 out of 10 items on questions 19-28 AND Score a 4 or 5 on any of the Performance questions 36-43.
<p><u>Conduct Disorder</u></p> <ul style="list-style-type: none"> Must score a 2 or 3 on 3 out of 14 behaviors on questions 27-40 AND Score a 4 or 5 on any of the Performance questions 48-55. 	
<p><u>Anxiety/Depression</u></p> <ul style="list-style-type: none"> Must score a 2 or 3 on 3 out of 7 behaviors on questions 41-47 AND Score a 4 or 5 on any of the Performance questions 48-55. 	<p><u>Anxiety/Depression</u></p> <ul style="list-style-type: none"> Must score a 2 or 3 on 3 out of 7 items on questions 29-35 AND Score a 4 or 5 on any of the Performance questions 36-43.

FOLLOW-UP ASSESSMENT

The parent and teacher follow-up scales have the first 18 core ADHD symptoms, not the co-morbid symptoms. The section segment has the same Performance items and impairment assessment as the initial scales, and then has a side-effect reporting scale that can be used to both assess and monitor the presence of adverse reactions to medications prescribed, if any.

Scoring the follow-up scales involves only calculating a total symptom score for items 1–18 that can be tracked over time, and the average of the Performance items answered as measures of improvement over time with treatment.

<i>Parent Assessment Follow-up</i>	<i>Teacher Assessment Scale</i>
<ul style="list-style-type: none"> Calculate <u>Total</u> Symptom Score for questions 1-18. Calculate <u>Average</u> Performance Score for questions 19-26. 	<ul style="list-style-type: none"> Calculate <u>Total</u> Symptom Score for questions 1-18. Calculate <u>Average</u> Performance Score for questions 19-26.

What is ADHD?

ADHD is a neurodevelopmental disorder affecting both children and adults. It is described as a “persistent” or on-going pattern of inattention and/or hyperactivity-impulsivity that gets in the way of daily life or typical development. Individuals with ADHD may also have difficulties with maintaining attention, executive function (or the brain’s ability to begin an activity, organize itself and manage tasks) and working memory.

There are three presentations of ADHD:

- Inattentive
- Hyperactive-impulsive
- Combined inattentive & hyperactive-impulsive

What is the DSM-5?

The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (DSM-5)*, published by the American Psychiatric Association is the guide that lays out the criteria to be used by doctors, mental health professionals, and other qualified clinicians when making a diagnosis of ADHD. The DSM-5 was updated in 2013 and made changes to the definition of ADHD that will affect how the disorder is diagnosed in children and adults.

What about ADHD has changed with the DSM-5?

- **Adult ADHD:** For many years, the diagnostic criteria for ADHD stated that it was children who were diagnosed with the disorder. That meant that teens and adults with symptoms of the disorder, and who may have been struggling for many years but didn’t know why, couldn’t officially be diagnosed with ADHD. The DSM-5 has changed this; adults and teens can now be officially diagnosed with the disorder. The diagnostic criteria mentions and gives examples of how the disorder appears in adults and teens.
- In diagnosing ADHD in adults, clinicians now look back to middle childhood (age 12) and the teen years when making a diagnosis for the beginning of symptoms, not all the way back to childhood (age 7).
- In the previous edition, DSM-IV TR, the three types of ADHD were referring to as “subtypes.” This has changed; subtypes are now referred to as “presentations.” Furthermore, a person can change “presentations” during their lifetime. This change better describes how the disorder affects an individual at different points of life.
- A person with ADHD can now have mild, moderate or severe ADHD. This is based on how many symptoms a person has and how difficult those symptoms make daily life.

What is a significant change between DSM-IV TR and DSM-5?

- A person can now be diagnosed with ADHD and Autism Spectrum Disorder.

Adapted from the National Resource Center on ADHD: A Program of CHADD (NRC). The NRC is supported through Cooperative Agreement Number CDC-RFA-DD13-1302 from the Centers for Disease Control and Prevention (CDC). The contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

Reference: American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*, Washington, D.C.: American Psychiatric Association

What symptoms must a person have for a diagnosis of ADHD?

- In making the diagnosis, children still should have six or more symptoms of the disorder. In older teens and adults, the DSM-5 states they should have at least five symptoms.

<p>Inattentive Presentation</p>	<ul style="list-style-type: none"> • Fails to give close attention to details or makes careless mistakes. • Has difficulty sustaining attention. • Does not appear to listen. • Struggles to follow through on instructions. • Has difficulty with organization. • Avoids or dislikes tasks requiring a lot of thinking. • Loses things. • Is easily distracted. • Is forgetful in daily activities
<p>Hyperactive-impulsive Presentation</p>	<ul style="list-style-type: none"> • Fidgets with hands or feet or squirms in chair. • Has difficulty remaining seated. • Runs about or climbs excessively in children; extreme restlessness in adults. • Difficulty engaging in activities quietly. • Acts as if driven by a motor; adults will often feel inside like they were driven by a motor. • Talks excessively. • Blurts out answers before questions have been completed. • Difficulty waiting or taking turns. • Interrupts or intrudes upon others.
<p>Combined Inattentive & Hyperactive-Impulsive Presentation</p>	<ul style="list-style-type: none"> • Has symptoms from both of the above presentations.

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Reference: American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders (DSM-5), Washington, D.C.: American Psychiatric Association

Dear Teacher:

The parents of one of your students are seeking to have their child evaluated by our office for a health concern. As part of our evaluation process, we ask that both the child's parents and teacher complete a set of behavioral rating scales. This information is important for the diagnosis and treatment of your student.

Your time and cooperation in this matter is greatly appreciated. Attached please find a Release of Information Form that the parents have completed and a set of teacher rating scales and questionnaires. These forms include:

1. NICHQ Vanderbilt Teacher Assessment Scale
2. _____
3. _____
4. _____

Generally, the teacher who spends the most time with the child should complete the teacher rating scales. However, if the child has more than one primary teacher, or has a special education teacher, it would be useful for us to obtain a separate set of rating scales from each teacher. If more than one set of rating scales is required, please have the parent contact us directly at _____ and we will forward additional rating scales as needed. Please note that the same teacher should complete each entire set of forms.

Please fill out the forms as completely as possible. If you do not know the answer to a question, please write, "Don't know," so that we can be sure the item was not simply overlooked. Some of the questions in the rating scales may seem redundant. This is necessary to ensure that we obtain accurate diagnostic information.

We ask that you complete these forms as soon as possible, as we are unable to begin a child's evaluation without the teacher rating scales. The forms should be mailed to us directly in the envelope provided.

Thank you for your assistance and cooperation in the completion of these forms. If you have any questions regarding the enclosed materials, or if you would like additional information regarding services provided, please do not hesitate to contact us.

Sincerely,

John Doe, MD
Clinical Director
Pediatric Clinic
Pediatric Clinic Address
Pediatric Clinic Phone Number
Pediatric Clinic Fax Number

Date: _____

To the family of _____, please refer to this plan between visits if you have questions about care.

If you are still unsure, call us at _____ for assistance.

Patient _____'s doctor is _____ Pager # _____

Parent/Guardian _____ Relationship _____

Contact Number(s) _____

School Name _____ School Phone No. _____ Fax No. _____

Key Teacher Contact Name _____ Grade _____ Teacher's E-mail Address _____

Goals: What improvements would you most like to see? Specific behavior you would like to see improve:

At Home: _____

At School: _____

Plans to reach these goals:

1. _____
2. _____
3. _____

Medication

- | | | | |
|----------|------------------|------------------|------------------|
| 1. _____ | Time _____ am/pm | Time _____ am/pm | Time _____ am/pm |
| | Dose 1 _____ mg | Dose 2 _____ mg | Dose 3 _____ mg |
| 2. _____ | Time _____ am/pm | Time _____ am/pm | Time _____ am/pm |
| | Dose 1 _____ mg | Dose 2 _____ mg | Dose 3 _____ mg |

Circle/Highlight all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Medication to be given on non-school days | <input type="checkbox"/> Medication given for _____ number of days |
| <input type="checkbox"/> School authorization signed by parent and MD | <input type="checkbox"/> School authorization signed by parent and MD |
| <input type="checkbox"/> Side effects explained/information given | <input type="checkbox"/> Rx written for duplicate bottle for administration at school |

Common Side Effects: decreased appetite, sleep problems, transient stomachache, transient headache, behavioral rebound

Call your doctor immediately if any infrequent side effects occur: weight loss, increased heart rate and/or blood pressure, dizziness, growth suppression, hallucinations/mania, exacerbation of tics and Tourette syndrome (rare).

Further Evaluation

- | | |
|--|-----------------|
| <input type="checkbox"/> School Testing Scheduled | Date _____ |
| <input type="checkbox"/> Parent and Teacher Vanderbilt Assessments | Completed _____ |

Additional Resources and Treatment Strategies

- | | |
|--|-----------------|
| <input type="checkbox"/> F/U Parent Vanderbilt given | Completed _____ |
| <input type="checkbox"/> F/U Teacher Vanderbilt given to parent F/U Teacher Vanderbilt to be faxed to school | Date _____ |
| <input type="checkbox"/> Behavioral Modification Counseling Referral to _____ | |
| <input type="checkbox"/> Community Resources/ Referrals: _____ | |

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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.”

- **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 & 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.

Common Daily Problems | “My child is very irritable in the late afternoon/ early evening.”

This is a common side effect of stimulant medications. 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.
- **Physical Exercise**, can alternatively, let your child “blow off extra energy and tension.”
- **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 medication in the evening.

Common Daily Problems | “My child is losing weight or not eating enough.”

- **Encourage breakfast** with calorie-dense foods.
- **Plan the timing of the medication** by giving 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 snacks** that are high in protein and in complex carbohydrates. Examples: Nutrition/protein bars, shakes/drinks made with protein powder, liquid meals.
- **Plan the timing of your meals** by considering 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.

Common Daily Problems | 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** by 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 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.
- **Help set scheduled breaks** by working a certain amount of time and then stop working on homework.
- **Consider a Tutor.** 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.

Common Daily Problems | 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.

“Common Daily Problems” adapted from material developed by Laurel K. Leslie, MD, San Diego ADHD Project. The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Copyright ©2002 American Academy of Pediatrics and National Initiative for Children’s Healthcare Quality

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 because 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.

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.

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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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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What is an IEP (Individualized Education Program)?

An IEP is an Individualized Education Program that develops the educational program for the student.

Special education programs in California are governed by a combination of State and Federal laws that require school districts to provide every child with a disability between the ages of 3 and 22 years old with a free and appropriate public education.

This education must be provided in the least restrictive environment possible for the child. This means that, to the extent possible, children with disabilities must be educated with children who do not have disabilities. In addition, the school district must provide whatever additional services (such as speech therapy or occupational therapy) the child needs in order to benefit from his or her education.

Who is eligible for an IEP?

Children between the ages of 3 and 18 years old who have a handicapping condition and who need special education in order to benefit from their education qualify for an IEP. Some young adults older than 18 may also qualify.

Special education services must be provided without regard to the child's immigration status. This means that **children who are undocumented must be provided with special education services** by the school district if such services are needed by the child in order to benefit from his or her education.

Typical problems that might be addressed by an IEP include the following:

- **Disabling health impairments.** These involve any medical condition that requires changes in the school or classroom environments in order for the child to benefit from his or her education.
- **Specific learning disabilities.** For some children, learning is more difficult because of the natural ways their brains organize and process information. This is called a learning disability. For a child's learning problems to be eligible for special education services as a learning disability, the problems must meet certain criteria:
 - There must be a significant difference between the child's intellectual potential (intelligence) and academic achievement.
 - The learning problems must be determined to be the result of "cognitive processing deficits," meaning that the problems result from how the child's brain is naturally processing information.
 - These cognitive processing deficits can include problems with visual organization (how the brain organizes what it sees), auditory processing (how the brain handles information it hears), memory storage and retrieval, and sometimes attention and concentration.

- **Emotional disabilities.** Some children may qualify for special education services because of significant emotional problems that limit their ability to benefit from their education. These emotional problems often present as: Intense anxiety, intense sadness, depression, and social withdrawal, behavioral problems, such as defiance fighting, or oppositional behavior, or hyperactivity and extreme difficulty attending to instruction.
- **Cognitive delays and mental retardation.** These involve significant mental deficiency as defined by professionally administered tests of intellectual ability and adaptive behavior. School psychologists and qualified psychologists in the community can identify these delays.

How do parents request an IEP for their child?

A **written** request should be made to the school district where the child lives. Any person can make a request for an IEP, although this usually comes from the child's parents or teacher.

- The request for an IEP evaluation should always be made in writing.
- The written request should contain a specific statement that you are asking for an evaluation for the purposes of qualifying the child for special education services.
- The written request for evaluation should be sent to the principal of the public school the child attends or to the director of special education for the school district.

What types of services or placements are available?

Many types of service and placement options exist. Some examples include:

- **Modifications to the general education classroom.** These modifications are developed individually for each child based on the special needs of the child. For example, classroom modifications might include having the child sit closer to the front of the class and to the teacher or giving the child written handouts to follow during lectures.
- **Resource Specialist Program (RSP).** Resource Specialist teachers provide additional help to the child outside the general education classroom. They also provide consultation to parents and to the child's general education teacher. When not receiving Resource help, the child participates in the general education classroom.
- **Additional Support Services.** These include whatever additional services are needed by the child to benefit from his or her education. Examples include services such as speech and language therapy, occupational or physical therapy, nursing assistance, or psychological counseling.

- **Special Day Class (SDC).** A special day class provides instruction for children with more extensive educational needs that cannot be met in the general education classroom. Children in a special day class may be “mainstreamed” in a general education classroom for portions of their instruction and daily schedule.
- **Non-public School.** A non-public school is a special school designed to help children with special needs.

Who attends the IEP meeting?

The IEP is developed by a team of people that must include:

- The parent
- A school administrator
- A general education teacher (if the child attends a general education classroom)
- A special education teacher
- The school psychologist

Other people who sometimes attend an IEP might include:

- A speech and language specialist
- An occupational or physical therapist
- An adaptive physical education teacher
- Other service providers or professionals involved with the child

Parents may also bring a representative to the IEP meeting, such as:

- A trusted relative
- A family friend
- The child’s counselor or therapist
- An attorney
 - If parents bring an attorney to the IEP meeting they must notify the school district 5 days prior to the meeting. Also, bringing an attorney to an IEP meeting is generally NOT recommended unless an issue is in dispute.

If the child’s parents do not speak English, the school district must provide an interpreter at the IEP meeting. The school district must also offer to have the written IEP translated into the language of the child’s parents upon request.

IEP Timetable

The school district must follow certain time guidelines in response to a written request for an IEP evaluation:

Day 1 Official Special Education Referral

By **Day 15** Parents receive a written assessment plan

- After the parents sign and return the assessment plan, the school has 50 days to assess the student and hold an IEP meeting.
- Parental consent is necessary for the IEP assessment.
- Parental consent is also necessary before the IEP can be put into effect.

The IEP is a legal document.

- If parents are uncertain about anything, or if they do not agree with the IEP findings and recommendations, they can choose not to sign the IEP.
- Those parts of the IEP that are agreed to by the parents can be started while other parts can be rewritten or appealed.
- Parents can take a copy of the written IEP home before they sign it in order to review it and think about it.
- Parents can request an IEP meeting anytime it is appropriate to change the plan.

Sample Letter

Request for Special Education Assessment and I.E.P. Meeting

(Date)

(Person in District Responsible for Special Education)

(District Street Address)

(District City, State, and Zip Code)

Re: **(Student's name and Date of Birth)**

Dear **(Name of Person in District Responsible for Special Education):**

I am requesting a full assessment of my child in all areas of the child's suspected disabilities for the purposes of determining whether or not **(name of child)** qualifies for special education services. I understand that I am to be given an assessment plan authorizing this assessment within fifteen days of your receipt of this request.

I am also requesting that an I.E.P. meeting be set within the time required by law so that we may discuss the results of the assessment and the type of educational program my child requires.

My child attends the **(insert name of school)**. You may call me at **(insert telephone number where you can be reached during the day)** during the day or at **(insert evening telephone number)** in the evening if you have any questions regarding this request.

Sincerely,

(Signature)

(Type or print your name)

cc: **(Principal of local school)**