## PARENT FOLLOW-UP INFORMATION

**Child’s Name:**

**Today’s Date:**

**Home Address:**

**Parent’s Phone Numbers:**

**Parent Follow-Up Information**

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### 1. BEHAVIORS:

Check the box that best describes your child’s behavior over the last week or so.

<table>
<thead>
<tr>
<th>Behavior Description</th>
<th>Never / Rarely</th>
<th>Occasionally</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fails to give close attention to details or makes careless mistakes in schoolwork.</td>
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<tr>
<td>Has difficulty sustaining attention in tasks or activities.</td>
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<tr>
<td>Does not listen when spoken to directly.</td>
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<tr>
<td>Does not follow through on instructions and fails to finish schoolwork.</td>
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<tr>
<td>Has difficulties organizing tasks and activities.</td>
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<tr>
<td>Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.</td>
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<tr>
<td>Loses things necessary for tasks or activities.</td>
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<tr>
<td>Is easily distracted by extraneous stimuli.</td>
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<tr>
<td>Is forgetful in daily activities.</td>
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<tr>
<td>Fidgets with hands or feet or squirms in seat.</td>
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<tr>
<td>Leaves seat in classroom or in other situations in which remaining seated is expected.</td>
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<tr>
<td>Runs about or climbs excessively in situations in which remaining seated is expected.</td>
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<tr>
<td>Has difficulty playing or engaging in leisure activities quietly.</td>
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<tr>
<td>Is “on the go” or acts as if “driven by a motor.”</td>
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<tr>
<td>Talks excessively.</td>
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<tr>
<td>Blurs out answers before questions have been completed.</td>
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<tr>
<td>Has difficulty waiting in line.</td>
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<tr>
<td>Interrupts or intrudes on others.</td>
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</tr>
</tbody>
</table>

Are these behaviors currently a problem?

### 2. PERFORMANCE:

Check the box that best describes your child over the last week or so.

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Above Average</th>
<th>Average</th>
<th>Problematic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting ready in the morning</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Dinner hour behavior</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall mood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting ready at bedtime</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship with children his or her own age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship with parents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship with brothers and sisters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homework completion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting homework to and from school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classroom assignment completion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizational skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation in organized activities (e.g. teams)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall school performance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Reading</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>2. Written Expression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Mathematics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Handwriting</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

(Office Use Only) Inattentive: ___/9 □ ≥6/9 Hyperactive: ___/9 □ ≥6/9 Performance: Y N

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3. SUMMARY: Please summarize your child’s **OVERALL functioning** (i.e., emotionally, behaviorally, socially, academically, etc.) by choosing **ONE** number below. Compare your child’s functioning in 3 settings-- home, school, and with peers, to “average children” his/her age that you are familiar with from your experience. **Please circle only one number.**

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Excellent functioning / No impairment in settings</td>
</tr>
<tr>
<td>2</td>
<td>Good functioning / Rarely shows impairment in settings</td>
</tr>
<tr>
<td>3</td>
<td>Mild difficulty in functioning / Sometimes shows impairment in settings</td>
</tr>
<tr>
<td>4</td>
<td>Moderate difficulty in functioning / Usually shows impairment in settings</td>
</tr>
<tr>
<td>5</td>
<td>Severe difficulties in functioning / Most of the time shows impairment in settings</td>
</tr>
<tr>
<td>6</td>
<td>Needs considerable supervision in all settings to prevent from hurting self or others</td>
</tr>
<tr>
<td>7</td>
<td>Needs 24-hour professional care and supervision due to severe behavior or gross impairment(s)</td>
</tr>
</tbody>
</table>

4. 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

<table>
<thead>
<tr>
<th>Side Effect</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td></td>
</tr>
<tr>
<td>Stomachache</td>
<td></td>
</tr>
<tr>
<td>Change of appetite</td>
<td>Explain below:</td>
</tr>
<tr>
<td>Trouble sleeping</td>
<td></td>
</tr>
<tr>
<td>Irritability in the late morning, late afternoon, or evening</td>
<td>Explain below:</td>
</tr>
<tr>
<td>Socially withdrawn- decreased interaction with others</td>
<td></td>
</tr>
<tr>
<td>Extreme sadness or unusual crying</td>
<td></td>
</tr>
<tr>
<td>Dull, tired, listless behavior</td>
<td></td>
</tr>
<tr>
<td>Tremors / Feeling shaky</td>
<td></td>
</tr>
<tr>
<td>Repetitive movements, tics, jerking, twitching, eye-blinking</td>
<td>Explain below:</td>
</tr>
<tr>
<td>Picking at skin or fingers, nail biting, lip or cheek chewing</td>
<td>Explain below:</td>
</tr>
<tr>
<td>Sees or hears things that aren’t there</td>
<td></td>
</tr>
</tbody>
</table>

**EXPLAIN/COMMENTS:**

5. TREATMENTS: What treatment(s) have you and your child been receiving since we last met? (describe all that apply)

a. Counseling:

b. Help from the School:

c. Parenting Classes:

d. Medication (Name, Amount and Times of Day):

e. Do you need a prescription? YES NO

6. Are there any other problems you would like your doctor to know about? Please comment:

**OFFICE USE ONLY** Impairment > 4: Y  N

**Medical Provider Use Only:**

<table>
<thead>
<tr>
<th>MD Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>