



## TEACHER FOLLOW-UP INFORMATION

Child's Name:	Grade:	Today's Date
School:		
Teacher's name:		Time of class:

1. BEHAVIORS: <i>Check the box that best describes your child's behavior over the last week or so.</i>	<i>Are these behaviors currently a problem?</i>			
	<i>Never / Rarely</i>	<i>Occasionally</i>	<i>Often</i>	<i>Very Often</i>
FAILS TO GIVE CLOSE ATTENTION to details or <b>MAKES CARELESS MISTAKES</b> in schoolwork.				
Has <b>difficulty sustaining attention</b> in tasks or activities.				
<b>Does not listen</b> when spoken to directly.				
<b>Does not follow through</b> on instructions and fails to finish schoolwork.				
Has <b>difficulties organizing</b> task and activities.				
Avoids, dislikes, or is <b>reluctant to engage in tasks</b> that require sustained mental effort.				
<b>Loses things</b> necessary for tasks or activities.				
Is <b>easily distracted</b> by extraneous stimuli.				
Is <b>forgetful</b> in daily activities.				
<b>Fidgets</b> with hands or feet or squirms in seat.				
<b>Leaves seat</b> in classroom or in other situations in which remaining seated is expected.				
<b>Runs about or climbs excessively</b> in situations in which remaining seated is expected.				
Has <b>difficulty playing</b> or engaging in leisure activities quietly.				
Is <b>"on the go"</b> or acts as if "driven by a motor".				
<b>Talks excessively.</b>				
<b>Blurts out answers</b> before questions have been completed.				
Has <b>difficulty waiting in line.</b>				
<b>Interrupts</b> or intrudes on others.				

2. PERFORMANCE: <i>Check the box that best describes your child over the last week or so.</i>	<i>Are these activities currently a problem?</i>				
	1 <i>Above Average</i>	2	3 <i>Average</i>	4	5 <i>Problematic</i>
Classroom assignment completion					
Organizational skills					
Getting homework to and from school					
Homework completion					
Relationship with peers					
Following directions					
Disrupting class					
Reading					
Mathematics					
Written expression					

**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 in your experience. **Please circle only one number :**

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

OFFICE USE ONLY	Inattentive <input type="checkbox"/> 9 <input type="checkbox"/> ≥6/9	Hyperactive <input type="checkbox"/> 9 <input type="checkbox"/> ≥6/9	Performance Y N
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4. <b>SIDE EFFECTS:</b> <i>Has your child experienced any of the following side effects or problems in the past week?</i>	Are These side effects currently a problem ?			
	None	Mild	Moderate	Severe
Headache				
Stomachache				
Change of appetite <i>Explain below:</i>				
Trouble sleeping				
Irritability in the late morning, late afternoon, or evening <i>Explain below</i>				
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 <i>Explain below:</i>				
Picking at skin or fingers, nail biting, lip or cheek chewing <i>Explain below:</i>				
Sees or hears things that aren't there				
<b>EXPLAIN/COMMENTS:</b>				

5. Is this child receiving any special assistance (tutoring, after school, special education services) from the school system at this time? If yes, please specify:

6. Are there times when you've noticed this child's behavior is worse? Are there any environmental factors that might explain these times? (e.g., after lunch child has a hard time calming down)

7. When are there natural breaks in the day for this child between 10--12AM and 1--3 PM?

8. Are there any other problems you would like to mention? Please Comment:

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<b>Medical Provider Use Only:</b>	
MD Signature:	Date: