

**St. Vincent de Paul School**

14330 Eagle Run Drive

Omaha, NE. 68164

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**Health Form**

ADD/ADHD

Student \_\_\_\_\_ Grade \_\_\_\_\_ You told us your child has ADD \_\_\_\_\_ or ADHD \_\_\_\_\_ (Check which)  
When was your child diagnosed with ADD/ADHD and by whom? \_\_\_\_\_ Physician currently managing treatment for your child \_\_\_\_\_ Phone \_\_\_\_\_

**Behaviors:** please check all that pertain

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> fidgets                                      | <input type="checkbox"/> runs or climbs inappropriately                | <input type="checkbox"/> talks excessively                        |
| <input type="checkbox"/> forgetful                                    | <input type="checkbox"/> always on the go                              | <input type="checkbox"/> interrupt                                |
| <input type="checkbox"/> easily distracted                            | <input type="checkbox"/> seems disorganized                            | <input type="checkbox"/> doesn't listen                           |
| <input type="checkbox"/> difficulty following through on instructions | <input type="checkbox"/> difficulty keeping attention on tasks         | <input type="checkbox"/> has trouble waiting his turn             |
| <input type="checkbox"/> fails to give close attention to details     | <input type="checkbox"/> has difficulty playing quietly                | <input type="checkbox"/> loses things needed for tasks/activities |
|   | <input type="checkbox"/> trouble with tasks requiring long term effort |   |

**Strategies:** in reference to the behaviors checked above, what strategies have been successful at home?  
at school?

**Communication:** What is the best way to communicate with you about your child's progress at school?

**Medications:** list all taken at home and school including amounts and times given

\_\_\_\_\_ Home \_\_\_\_\_  
forms must be completed for medications taken at school)

Keep the school informed of medication changes so changes in behavior can be shared with you.

**Side effects:** Please list any side effects your child exhibits on medication

\_\_\_\_\_ |

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_