

STUDENT/PATIENT NAME _____ DOB _____

DATE: _____ TO _____

The physician wants us to reflect on my son/daughters behavior as part of his/her ADHD

If you don't mind...can you please send me back your answers of the following questions in his/her backpack this week...

On a scale of 1 to 5 (with 5 being excellent) please rate the following categories:

Work Completion	1	2	3	4	5
Organization	1	2	3	4	5
Peer Relations	1	2	3	4	5
Hyperactivity	1	2	3	4	5
Focus/Attention	1	2	3	4	5

Also, is his/her typical mood/attitude (circle one)

Pleasant Depressed/Down Angry/Oppositional

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