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PARENT/TEACHER PROGRESS FORM

CHILD'S NAME _____ GRADE _____

TEACHER'S NAME _____ DATE _____

TEACHER(S) please complete this page

PARENT(S) please complete the back of this page

	Much Better	Better	Same	Worse	Much worse
Attention Span					
Concentration, Focus					
Following Directions					
Distractibility					
Finishing classwork					
Quality of homework					
Written organization					
Ability to wait for turn					
Ability to remain seated					
Impulse control					
Control of aggression					
Patience					
Temper outbursts					
Cooperation					
Cheerfulness					
Peer relationships					

OTHER CONCERNS: (Specify)

Academic progress:

Excellent _____ Good _____ Adequate _____ Marginal _____ Poor _____

OTHER ANXIETY, DEPRESSION, OR OTHER EMOTIONAL PROBLEMS DURING PAST MONTH? (Please describe)

PARENTS: Please complete this form and bring it with you to your next appointment.

IS THERE ANY CLEAR PROGRESS AT HOME? (Please describe)

ARE THERE ANY EVIDENT PROBLEMS SO FAR IN YOUR CHILD'S TREATMENT? (Please describe)

MEDICATION: _____ Dose ___ mg Times _____
_____ Dose ___ mg Times _____
_____ Dose ___ mg Times _____

ARE THERE ANY TROUBLESOME SIDE EFFECTS? (Please describe)

PLEASE ASK YOUR CHILD HOW HE/SHE FEELS ABOUT TREATMENT SO FAR:

PLEASE ASK YOUR CHILD IF HE/SHE HAS ANY IMPORTANT COMPLAINTS ABOUT OR PROBLEMS WITH TREATMENT:

PLEASE INDICATE ANY OTHER CONCERNS:

Parent's signature: _____ Date: _____