

# Parent or Other Evaluation of Student for ATTENTION DEFICIT/HYPERACTIVITY DISORDER

(Evaluation by a parent or someone else who knew the student when they were younger)

Name of Student \_\_\_\_\_

Student No. \_\_\_\_\_

Date \_\_\_\_\_

The following information would be very helpful for me to have as I do the evaluation on this student. Any information that you can give me would be most appreciated.

1. History regarding the pregnancy, labor and delivery.
2. History regarding the growth and development from infancy through the toddler years and into the early childhood education years.
3. History centered around the education experience.
4. If any report cards have been saved, I would like to look at them. I promise to return them, so that you do not need to make copies of them.
5. I would also like to see information on any testing that was done.
6. Any information that you can give me on Family History of illnesses that tend to occur in the family, including cancer, early heart disease, diabetes, thyroid disorder, learning disabilities, ADHD, depression, anxiety, bipolar disorder, etc.
7. I would appreciate your filling out the following Rating Scales: they are addressing questions about Inattention both in the early childhood years and then as an adult and then about Hyperactivity/Impulsivity both in the early childhood years and as an adult.

## INATTENTION

### WHEN STUDENT WAS YOUNG

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Often failed to give attention to careless mistakes.                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Often had difficulty sustaining attention in tasks/play (easily distracted). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Often did not seem to listen when spoken to.                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Often did not follow through on instructions and failed to finish tasks.     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Often had difficulty organizing tasks/activities (poor time management).     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Often avoided tasks requiring sustained mental effort (e.g. homework).       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Often lost things necessary for tasks (misplaced things).                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Often distracted by extraneous stimuli (difficulty finishing tasks).         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Often forgetful.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### CURRENTLY

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Often fail to give attention to careless mistakes.                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Often have difficulty sustaining attention in tasks/play (easily distracted). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Often do not seem to listen when spoken to.                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Often do not follow through on instructions and fail to finish tasks.         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Often have difficulty organizing tasks/activities (poor time management).     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Often avoid tasks requiring sustained mental effort (e.g. homework).          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- 7. Often lose things necessary for tasks (misplaces things).  Yes  No
- 8. Often distracted by extraneous stimuli (difficulty finishing tasks).  Yes  No
- 9. Often forgetful.  Yes  No

**HYPERACTIVITY & IMPULSIVITY**

WHEN STUDENT WAS YOUNG

- 1. Often fidgeted with hands or feet or squirmed (shows inner restlessness).  Yes  No
- 2. Often left seat in classroom or meal table.  Yes  No
- 3. Often ran about or climbed excessively in inappropriate situations (felt overwhelmed).  Yes  No
- 4. Often had difficulty playing quietly (self selected active jobs).  Yes  No
- 5. Often "on the go" driven by a motor (worked long hours or two jobs).  Yes  No
- 6. Often talked excessively.  Yes  No
- 7. Often blurted out answer before question completed (made impulsive job changes).  Yes  No
- 8. Often had difficulty waiting turn (drove too fast, had traffic accidents).  Yes  No
- 9. Often interrupted or intruded on others (showed irritability or quickness to anger).  Yes  No

CURRENTLY

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- 9. Often interrupt or intrude on others (show irritability or quickness to anger).  Yes  No

I want to THANK YOU for the time that you have taken to address all of the issues noted above and I know that the student is also most appreciative.