

## INDIVIDUAL HEALTH PLAN – ADHD

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

School Name \_\_\_\_\_ School Year \_\_\_\_\_

Doctor Treating ADHD \_\_\_\_\_ Phone# \_\_\_\_\_

1. Does your child take medication for ADHD?  Yes  No

a. If yes, name of medication(s) and dose (s) \_\_\_\_\_

b. Time(s) of day medication (s) are taken \_\_\_\_\_

If your child requires medication at school, you must have a **Prescription Medication Permission Form** signed by doctor and parent on file **BEFORE** the medication can be given.

2. What other therapies or treatments, such as counseling are being used? \_\_\_\_\_

3. When was your child diagnosed with ADHD? \_\_\_\_\_

4. How often does your child see the doctor regarding ADHD? \_\_\_\_\_

5. What is the date of your child's last ADHD medical evaluation? \_\_\_\_\_

6. Does the doctor require school evaluation information?  Yes  No

7. Are classroom modifications needed?  Yes  No

a. If yes, what has help in the past? (Use other side if needed) \_\_\_\_\_

\_\_\_\_\_

8. What additional information will help school staff understand your child's ADHD?

Attention Span/Concentration Concerns \_\_\_\_\_

\_\_\_\_\_

Social Skills/Self Esteem \_\_\_\_\_

\_\_\_\_\_

Risk Taking/Coping Skills \_\_\_\_\_

\_\_\_\_\_

Other concerns \_\_\_\_\_

\_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_