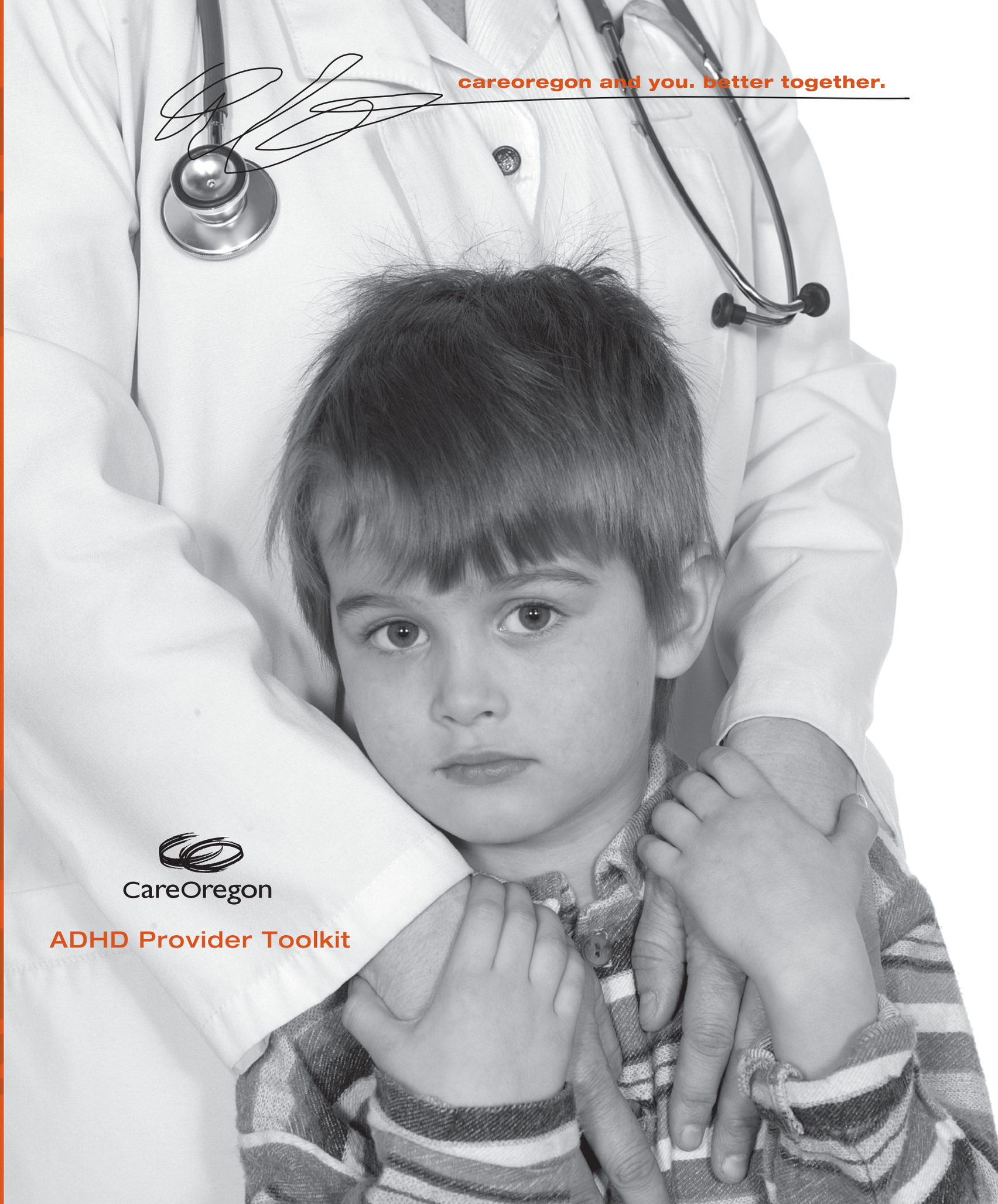
careoregon and you. better together.



CareOregon

ADHD Provider Toolkit

ADHD Management

ADHD Management Guide

1. Conduct a thorough diagnostic evaluation

a. The clinical diagnosis of ADHD should be based on DSM-IV criteria which requires the presence of core symptoms that are associated with functional impairment in greater than one setting (See Appendix A).

b. Assessment of ADHD requires evidence directly obtained from at least two sources: parents or caregivers and teachers or other school personnel. The focus should be on core symptoms, the age of onset, duration of symptoms and degree of functional impairment.

c. A complete medical history and physical exam is essential.

d. The differential diagnosis should include exclusion of other conditions that may present with ADHD-like symptoms, including learning disorders and sleep disorders such as obstructive sleep apnea.

e. Evaluation should include assessment for comorbid conditions that often coexist with ADHD: ODD 35%, conduct disorder 26%, anxiety disorder 26% and depressive disorder 18%.

f. Medical record documentation should include a summary of all assessments.

Behavior rating scales can help identify patterns that may suggest the presence of comorbid disorders and identify specific treatment targets. Refer to Appendix B.

2. Begin parent and patient education immediately upon diagnosis

a. Provide culturally-appropriate explanations and educational and community resources.

b. Evaluate parent and family tolerance and expectations and the degree of stress on the family caused by the patient's symptoms. When expectations and stress levels are high, parent and sibling reactions may exacerbate the patient's symptoms.

c. Discuss the importance of minimizing additional triggers such as hunger, fatigue and new situations that can exacerbate overactivity and impulsivity.

d. Discuss the availability and use of home-based and school-based interventions.

3. Define 3-6 individual patient treatment goals

a. Goals should be realistic, attainable and measurable, and should focus on improved functioning in the home, school and social settings.

b. Core ADHD symptoms–inattention, impulsivity, and hyperactivity–should be specifically addressed since they are most likely to respond directly to medications.

c. Patients, parents and teachers should be included in goal-setting.

d. Use of ADHD rating scales is strongly recommended. A baseline assessment of parent and teacher rating scales (as well as reports of attendance and grades) is strongly recommended prior to initiation or modification of treatment.

4. Choose an initial treatment strategy

a. Consider the use of a multimodal strategy, including drug therapy, behavioral therapy, family/parent training. As a separate modality or in combination with drug therapy, behavior therapy has proven effective when maintained.

b. If stimulant therapy is chosen, conduct a thorough baseline evaluation for the presence of any underlying cardiac disease or abnormality that may place the patient at increased risk to the sympathomimetic effects of stimulants.

c. Develop a systematic plan for follow-up within 2 to 4 weeks, detailing communications between patient, parent(s), school and clinician.

Considerations When Prescribing Stimulants

- **Efficacy ranges from 68-80%.**
- **Many who fail to respond to one may respond to another.**
- **Duration of effect ranges from 2-12 hours and varies among individuals.**
- **Dosing may correlate with weight.**
- **Dosing schedules should be individualized to the patient and treatment goals (e.g., is there a need for improved functioning only at school or at school and after-school) and also treatment-emergent adverse effects.**
- **Use caution when prescribing stimulants for adolescents with a history of alcohol or drug dependence.**
- **The FDA recently issued warnings about the risk for sudden cardiac death (SCD) and adverse psychiatric symptoms associated with stimulants. For full text of the warnings and medication guides, go to http://www.fda.gov/cder/drug/infopage/ADHD/default.htm.**
- **In response, the American Heart Association issued the following recommendations for cardiovascular risk-assessment:**
  - **Conduct a thorough baseline evaluation and physical exam for the presence of symptoms which can suggest a cardiac condition, such as near syncope and syncope, heart murmur, hypertension, and arrhythmia.**
  - **Conduct a family history, especially for conditions known to be associated with SCD, such as hypertrophic cardiomyopathy, long QT syndrome, Wolff-Parkinson-White syndrome and Marfan syndrome.**
  - **Consider obtaining a baseline ECG, especially if the exam and family history suggest high-risk conditions.**
- **Common stimulant side effects, such as appetite suppression, insomnia, behavioral rebound, headache and stomachache, often can be addressed through patient and parent reassurance and dosage adjustments before switching to another agent or adding additional agents.**
- **Symptoms such as appearing overfocused or a dull affect may suggest that the stimulant dose is too high.**
- **Serious adverse effects (e.g. tics, psychosis) are rare. However, if a patient has serious side effects with one stimulant, the chance of having similar side effects with other stimulants is high. Consider reevaluating the possible presence of comorbidities.**
- **Cost can vary significantly among regimens.**
- **See Appendix C for specific drug information.**

5. Evaluate and revise the treatment strategy as needed

a. The frequency of monitoring depends on the degree of dysfunction, complications and adherence. No controlled trials clearly document the appropriate frequency of follow-up visits.
    1. When initiating or altering drug therapy, assessment should occur within 2 to 4 weeks.
    2. Once stable, assessment should occur at a minimum every 3 to 6 months.

b. Perform a physical exam to identify potential adverse effects, including but not limited to: insomnia, appetite suppression and weight loss, and adverse cardiovascular and psychiatric effects.

c. Assess adherence to medications and other therapies.

d. Assess response to treatment based on target outcomes.
    1. Include data from both parent and teacher rating scales.
    2. Record results in the progress note. Incomplete documentation complicates further assessment and treatment.

e. Adjust medication dose as required.

> **A legitimate trial of a stimulant is 3 to 4 weeks long. If a drug is ineffective at its highest tolerated dose after 3 to 4 weeks and treatment adherence has been verified, consider changing to a different drug.**

6. Consider the following, if target outcomes aren't reached after two or more stimulant trials:

a. Reevaluating the diagnosis and comorbid conditions.

b. Assessing the adequacy of dosing and medication adherence.

c. Reevaluating treatment expectations, normal developmental changes in behavior over time, educational expectations that increase with each grade, and the dynamic nature of a child's home and school environment. Changes in any of these factors may alter core symptoms and impact treatment goals.

d. Initiating a trial of a non-stimulant.

e. Initiating a psychiatric referral.

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Appendix A
Diagnostic Criteria

APPENDIX A:

DSM-IV-TR Diagnostic Criteria for Attention-Deficit/Hyperactivity Disorder

A. Must have either (1) or (2); and B, C, D, & E:

(1) Six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with development level:

Inattention

(a) Often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities.
(b) Often has difficulty sustaining attention in tasks or play activities.
(c) Often does not seem to listen when spoken to directly.
(d) Often does not follow through on instructions and fails to finish schoolwork, chores or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
(e) Often has difficulty organizing tasks and activities.
(f) Often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework).
(g) Often loses things necessary for tasks or activities (e.g. toys, school assignments, pencils, books or tools).
(h) Often easily distracted by extraneous stimuli.
(i) Often forgetful in daily activities.

(2) Six (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with development level:

Hyperactivity

(a) Often fidgets with hands or feet or squirms in seat.
(b) Often leaves seat in classroom or in other situations in which remaining seated is expected.
(c) Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness).
(d) Often has difficulty playing or engaging in leisure activities quietly.
(e) Often “on the go” or often acts as if “driven by a motor.”
(f) Often talks excessively.

Impulsivity

(a) Often blurts out answers before questions have been completed.
(b) Often has difficulty awaiting turn.
(c) Often interrupts or intrudes on others (e.g. butts into conversations or games).

B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.

C. Some impairment from the symptoms is present in two or more settings (e.g. at school [or work] and at home).

D. There must be clear evidence of clinically significant impairment in social, academic or occupational functioning.

E. The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder Schizophrenia or other Psychotic Disorder and are not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder or a Personality Disorder).

If both Criteria A1and A2 are met for the past 6 months:
_____ 314. 01 **Attention-Deficit/Hyperactivity Disorder, Combined Type.**

If Criterion A1 is met but not Criterion A2 for the past 6 months:
_____ 314.00 **Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type.**

If Criterion A2 is met but Criterion A1 is not met for the past 6 months:
_____ 314.01 **Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type.**

For subsyndromal cases that do involve significant impairment:
_____ 314.9 **Attention-Deficit/Hyperactivity Disorder, NOS.**

Appendix B
Provider Tools

Clinicians

ADHD Encounter Form

Today's Date: _____ Child's Name: _____ Age: _____

Sex: ☐ Male ☐ Female BD: _____ MR#: _____ Parent Name(s): _____

***CPT* Procedure Codes (Circle the codes that apply.)**

Evaluation and Management (E/M)					
Office Consultations	**New or Established Patients**	**Office Visits**	**New Patients**	**Office Visits**	**Established Patients**
Focused	99241	Focused	99201	Minimal	99211
Expanded	99242	Expanded	99202	Focused	99212
Detailed	99243	Detailed	99203	Expanded	99213
Moderately complex	99244	Moderately complex	99204	Detailed/Moderately complex	99214
Highly complex	99245	Highly complex	99205	Highly complex	99215
Prolonged Face-to-Face Services	**(Report in addition to E/M code.)**				
Prolonged face-to-face service; first hour	99354	Prolonged face-to-face service; each additional half hour	99355		

Other Services				
Psychological testing, per hour 96100	Developmental testing; limited, per hour 96110	Developmental testing; extended, per hour 96111	Neurobehavioral status exam, per hour 96115	Individual psychotherapy (20-30 minutes) 90804
Individual psychotherapy (45-50 minutes) 90806	Group psychotherapy 90853	Family psychotherapy 90846 or 90847	Team conference (30 minutes) 99361	Team conference (60 minutes) 99362
Telephone consult 99371, 99372, or 99373	Home visit 99341-50	Group counseling with symptoms 99078		

***ICD-9-CM* Diagnosis Codes (Circle all codes that apply.)**

ADHD and Counseling

Condition	***ICD-9-CM***	**Condition**	***ICD-9-CM***	**Condition**	***ICD-9-CM***	**Condition**	***ICD-9-CM***
ADD w/out mention of hyperactivity	314.00	ADD with hyperactivity	314.01	Hyperkinesis w/ developmental delay	314.1	Hyperkinetic conduct disorder	314.2
Other specified manifestations of hyperkinetic syndrome	314.8	Unspecified hyperkinetic syndrome	314.9	Other specified counseling	V65.49	Mental and behavioral problems; other behavioral problems	V40.3

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Adverse Environmental Circumstances							
Condition	***ICD-9-CM***	**Condition**	***ICD-9-CM***	**Condition**	***ICD-9-CM***	**Condition**	***ICD-9-CM***
Lack of housing	V60.0	Inadequate	V60.1	Inadequate material	V60.2	Other specified housing or economic circumstances	V60.8
Counseling for parent-child problem, unspecified	V61.20	Parent-child problems; other	V61.29	Counseling for marital and partner problems, unspecified	V61.10	Health problems within family; other	V61.49
Health problems within family; other specified family circumstances	V61.8	Health problems within family; unspecified family circumstances	V61.9	Other psychosocial circumstances; unemployment	V62.0	Other psychosocial circumstances; legal circumstances	V62.5
Interpersonal problems, not elsewhere classified (NEC)	V62.81	Bereavement, uncomplicated	V62.82	Other psychological or physical stress, NEC; other	V62.89	Unspecified psycho-social circumstance	V62.9
Child neglect (nutritional)	995.52	Child sexual abuse	995.53	Child physical abuse	995.54	Perpetrator of child and adult abuse	E967.0–E967.9
Anxiety and Depression							
Organic anxiety syndrome	293.84	Major depressive disorder, single episode, unspecified	296.20	Major depressive disorder, single episode, mild	296.21	Major depressive disorder, single episode, moderate	296.22
Major depressive disorder, single episode, severe, without mention of psychotic behavior	296.23	Major depressive disorder, recurrent episode, unspecified	296.30	Major depressive disorder, recurrent episode, mild	296.31	Major depressive disorder, recurrent episode, moderate	296.32
Major depressive disorder, recurrent episode, severe, without mention of psychotic behavior	296.33	Anxiety state, unspecified	300.00	Panic disorder	300.01	Generalized anxiety disorder	300.02
Anxiety state; other	300.09	Phobia, unspecified	300.20	Social phobia	300.23	Other isolated or simple phobia	300.29
Neurotic depression	300.4	Separation anxiety disorder	309.21				
Externalizing or Disruptive Disorder: Conduct Problems, Oppositional Behavior, Aggression							
Nondependent abuse of drugs	305.00–305.93	Adjustment reaction; with predominant disturbance of conduct	309.3	Other specified disturbances of conduct, NEC; conduct disorder, childhood onset type	312.81	Other specified disturbances of conduct, NEC; conduct disorder, adolescent onset type	312.82
Unspecified disturbance of conduct	312.9	Oppositional disorder	313.81	Other specified counseling	V65.49	Observation for suspected mental condition; childhood or adolescent antisocial behavior	V71.02

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ADHD Encounter Form

Learning Disorders and Disabilities							
Condition	**ICD-9-CM**	**Condition**	**ICD-9-CM**	**Condition**	**ICD-9-CM**	**Condition**	**ICD-9-CM**
Stammering and stuttering	307.0	Other and unspecified special symptoms or syndromes, NEC	307.9	Reading disorder, unspecified	315.00	Specific arithmetical disorder	315.1
Other specific learning difficulties	315.2	Developmental language disorder	315.31	Receptive language disorder (mixed)	315.32	Developmental speech or language disorder; other	315.39
Coordination disorder	315.4	Unspecified delay in development	315.9	Mild mental retardation	317	Moderate mental retardation	318.0
Severe mental retardation	318.1	Profound mental retardation	318.2	Unspecified mental retardation	319	Lack of coordination	781.3
Mental and behavioral problems; problems with learning	V40.0	Mental and behavioral problems; problems with communication (including speech)	V40.1	Other psychosocial circumstances; educational circumstances	V62.3		
Other Diagnoses							
Infantile autism, current or active state	299.00	Other specified early childhood psychoses, current or active state	299.80	Tic disorder, unspecified	307.20	Transient tic disorder of childhood	307.21
Gilles de la Tourette disorder	307.23	Stereotyped repetitive movements	307.3				

Physician's Signature_____ Date _____

ADHD *DSM-IV* Coexisting Conditions

Circle all criteria in each section that apply, then check boxes for diagnosis.

INTERNALIZING DISORDERS

Generalized Anxiety Disorder — ***DSM-IV* 300.02**

Excessive and persistent worries ≥6 months duration affecting multiple activities and events and manifest if 3 of 6:

1. Restlessness, feeling keyed up, on edge
2. Being easily fatigued
3. Difficulty concentrating, mind going blank
4. Irritability
5. Muscle tension
6. Sleep disturbance

Major Depressive Disorder — ***DSM-IV* 296.20–296.36**

≥5 of 9 criteria almost every day for 2 weeks with at least depressed mood or loss of interest or pleasure:

1. Depressed mood or irritable by subjective report or observation
2. Markedly diminished interest or pleasure in all or almost all activities
3. Weight loss/gain without dieting
4. Insomnia or hypersomnia almost every day
5. Psychomotor agitation or retardation
6. Fatigue or energy loss
7. Feelings of worthlessness or excessive guilt
8. Diminished ability to think or concentrate
9. Recurrent thoughts of death or suicide

Other Anxiety Disorders

- Other isolated or specific phobia — *DSM-IV* 300.29
- Separation anxiety disorder — *DSM-IV* 309.21
- Anxiety state, unspecified — *DSM-IV* 300.00

Other Depression Disorders

- Neurotic depression — *DSM-IV* 300.4
- Brief depressive reaction — *DSM-IV* 309.0
- Depressive disorder, NEC — *DSM-IV* 311
- Bereavement, uncomplicated — *DSM-IV* V62.82

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EXTERNALIZING DISORDERS

Oppositional Defiant Disorder — *DSM-IV* 313.81

A pattern of negative, hostile, defiant behavior for ≥6 months causing impairment and ≥4 of 8:

1. Often loses temper
2. Often argues with adults
3. Often defies or refuses to comply
4. Often deliberately annoys people
5. Often blames others for mistakes, misbehavior
6. Is often touchy or easily annoyed
7. Is often angry and resentful
8. Is often spiteful

Other Disorders

Adjustment reaction; with predominant disturbance of conduct	*DSM-IV* 309.3

Other Specified Disturbances of Conduct, NEC — *DSM-IV* 312.8

A repetitive and persistent pattern in which the basic rights of others and norms are violated with 3 criteria in past 12 months, 1 in past 6 months:

Aggression to people and animals

1. Often bullies, threatens, or intimidates others
2. Often initiates physical fights
3. Has used a weapon that can cause serious harm (bat, brick, broken bottle, knife, gun)
4. Has been physically cruel to people
5. Has been physically cruel to animals
6. Has stolen while confronting a victim (mugging, extortion, armed robbery)
7. Has forced someone into sexual activity

Destruction of property

8. Has deliberately engaged in fire setting
9. Has deliberately destroyed other's property

Deceitfulness or theft

10. Has broken into someone's house, car
11. Often lies to obtain goods or favors
12. Has stolen

Serious violation of the rules

13. Stays out despite parental prohibition
14. Has run away overnight more than once
15. Is often truant

Other Disorders

Intermittent explosive disorder	*DSM-IV* 312.34
Adjustment reaction; with mixed disturbance of emotions and conduct	*DSM-IV* 309.4

MENTAL RETARDATION OR LEARNING DISABILITIES

Mental Retardation

Mild mental retardation	*DSM-IV* 317	Profound mental retardation	*DSM-IV* 318.2
Moderate mental retardation	*DSM-IV* 318.0	Unspecified mental retardation	*DSM-IV* 319
Severe mental retardation	*DSM-IV* 318.1		

Learning Disabilities or Problems

Reading disorder, unspecified	*DSM-IV* 315.00	Other developmental or language disorder	*DSM-IV* 315.39
Specific arithmetical disorder	*DSM-IV* 315.1	Developmental language disorder	*DSM-IV* 315.31
Other specific learning difficulties	*DSM-IV* 315.2	Receptive language disorder (mixed)	*DSM-IV* 315.32
Unspecified delay in development	*DSM-IV* 315.9	Other and unspecified special symptoms or syndromes, NEC	*DSM-IV* 307.9
Coordination disorder	*DSM-IV* 315.4	Stammering and stuttering	*DSM-IV* 307.0

OTHER		OTHER (Specify)
Infantile autism, current or active state	*DSM-IV* 299.00	
Gilles de la Tourette disorder	*DSM-IV* 307.23	
Stereotyped repetitive movements	*DSM-IV* 307.3	

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NICHQ ADHD Primary Care Initial Evaluation Form

Patient Name _____ Date of Birth _____ Date of Evaluation _____

Info From: ☐ Parent(s) _____ ☐ Patient ☐ Teacher ☐ Current School/Grade _____

Teacher Name(s) _____ Phone #(s) _____

Counselor Name(s) _____ Phone #(s) _____

Significant Past Medical History

☐ Birth history _____ ☐ Developmental/behavioral history _____

☐ Health history _____ ☐ Family medical history _____

☐ Current medications _____ ☐ Prior ADHD diagnosis and/or treatment _____

☐ Stressors _____

Physical Examination

Height _____ Weight _____ BP _____

HEENT/NECK: CHEST/COR/LUNGS:

ABD: GU:

NEURO:

LAB/EVALUATIONS: ☐ Vision _____ ☐ Hearing _____

NOTES:

Chief Concerns

ADHD Diagnostic Assessment: Rating scale used? ☐ Yes ☐ No If yes, scale used: ☐ NICHQ Vanderbilt ☐ Other

ADHD Subtype Score, Impairment, and Performance: *Parent Report*	Total Number of Positive Symptoms	Criteria	Meets *DSM-IV* Criteria?
Inattentive (questions 1–9); scores of 2 or 3 are positive.	/9	6/9 + 1 positive impairment score	☐ Y ☐ N
Hyperactive (questions 10–18); scores of 2 or 3 are positive.	/9	6/9 + 1 positive impairment score	☐ Y ☐ N
Combined (questions 1–18); scores of 2 or 3 are positive.	/18	12/18 + 1 positive impairment score	☐ Y ☐ N
Performance (questions 48–55); scores of 4 or 5 are positive.	/8		

ADHD Subtype Score, Impairment, and Performance: *Teacher Report*	Total Number of Positive Symptoms	Criteria	Meets *DSM-IV* Criteria?
Inattentive (questions 1–9); scores of 2 or 3 are positive.	/9	6/9 + 1 positive impairment score	☐ Y ☐ N
Hyperactive (questions 10–18); scores of 2 or 3 are positive.	/9	6/9 + 1 positive impairment score	☐ Y ☐ N
Combined (questions 1–18); scores of 2 or 3 are positive.	/18	12/18 + 1 positive impairment score	☐ Y ☐ N
Performance (questions 36–43); scores of 4 or 5 are positive.	/8		

Symptoms present >6 months?	☐ Y ☐ N
Symptoms present to some degree <7 years old?	☐ Y ☐ N

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NICHQ ADHD Primary Care Initial Evaluation Form

Screening for Co-morbidities

From Parent NICHQ Vanderbilt:

- ☐ **Oppositional-Defiant Disorder** is screened by 4 of 8 symptoms (scores of 2 or 3 are positive) (questions 19 through 26) AND a score of 4 or 5 on any of the 8 Performance Section items.
- ☐ **Conduct Disorder** is screened by 3 of 14 symptoms (scores of 2 or 3 are positive) (questions 27 through 40) AND a score of 4 or 5 on any of the 8 Performance Section items.
- ☐ **Anxiety/Depression** are screened by 3 of 7 symptoms (scores of 2 or 3 are positive) (questions 41 through 47) AND a score of 4 or 5 on any of the 8 Performance Section items.

From Teacher NICHQ Vanderbilt: Scores of 2 or 3 on a single item reflect ***often-occurring*** behaviors.

- ☐ **Oppositional-Defiant/Conduct Disorder** are screened by 3 of 10 items (scores of 2 or 3 are positive) (questions 19 through 28) AND a score of 4 or 5 on any of the 8 Performance Section items.
- ☐ **Anxiety/Depression** are screened by 3 of 7 items (scores of 2 or 3 are positive) (questions 29 through 35) AND a score of 4 or 5 on any of the 8 Performance Section items.

From Other Sources:

☐ Mental health problems _____ ☐ Learning disabilities _____

☐ Other medical conditions _____

Assessment

- ☐ **Does not meet criteria for ADHD.**
- ☐ **Predominantly Inattentive subtype** requires 6 out of 9 symptoms (scores of 2 or 3 are positive) on items 1 through 9 AND a performance problem (scores of 4 or 5) in any of the items on the Performance Section for both the Parent and Teacher Assessment Scales.
- ☐ **Predominantly Hyperactive/Impulsive subtype** requires 6 out of 9 symptoms (scores of 2 or 3 are positive) on items 10 through 18 AND a performance problem (scores of 4 or 5) in any of the items on the Performance Section for both the Parent and Teacher Assessment Scales.
- ☐ **ADHD Combined Inattention/Hyperactivity** requires the above criteria on both Inattentive and Hyperactive/Impulsive subtypes.
- ☐ **ADHD not otherwise specified.**

Plan

☐ Patient provided with a written ADHD Management Plan

Management _____

Medication _____

Titration follow-up plan _____

Behavioral counseling _____

School _____

Other specialist referral _____

Follow-up office visit scheduled for _____

Goal for measurement at follow-up (specific criteria, eg, homework done, decrease school disciplinary notes)

_____

_____

_____

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ADHD Management Plan—Sample 1

Date:_____

To the family of_____, please refer to this plan between visits if you have questions about care.

If you are still unsure, call us at _____ for assistance.

Patient _____'s doctor is_____ Pager #_____

Parent/Guardian_____ Relationship_____

Contact Number(s)_____

School Name_____ School Phone No. _____ Fax No._____

Key Teacher Contact Name _____ Grade _____ Teacher's E-mail Address_____

Goals What improvements would you most like to see? Specific behavior you would like to see improve:

At Home:_____

_____

At School:_____

_____

Plans to reach these goals:

1._____

2._____

3._____

Medication

1._____ Time_____ am/pm Time_____ am/pm Time_____ am/pm
Dose 1_____ mg Dose 2_____ mg Dose 3 _____ mg

2._____ Time_____ am/pm Time_____ am/pm Time_____ am/pm
Dose 1 _____ mg Dose 2_____ mg Dose 3 _____ mg

☐ Medication to be given on nonschool days ☐ Medication given for_____ number of days
☐ School authorization signed by parent and MD ☐ Rx written for duplicate bottle for administration at school
☐ Side effects explained/information given

Common Side Effects: decreased appetite, sleep problems, transient stomachache, transient headache, behavioral rebound
Call your doctor immediately if any infrequent side effects occur: weight loss, increased heart rate and/or blood pressure, dizziness, growth suppression, hallucinations/mania, exacerbation of tics and Tourette syndrome (rare)

Further Evaluation

☐ School testing scheduled date _____
☐ Parent and Teacher Vanderbilts completed _____

Additional Resources and Treatment Strategies

☐ F/U Parent Vanderbilt given completed _____
☐ F/U Teacher Vanderbilt given to parent ☐ F/U Teacher Vanderbilt to be faxed to school completed _____
☐ Behavioral Modification Counseling Referral to _____
☐ Parenting Tips Sheet given ☐ CHADD phone number given: 800/233-4050
☐ Community Resources/Referrals: _____

_____

Next Follow-up Visit: _____

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ADHD Management Plan—Sample 2

Patient _____'s doctor is _____ Pager #_____

Parent/Guardian _____ Relationship _____

Contact Number(s) _____

School Name _____ School Phone No. _____

Key Teacher Contact Name _____ Grade Level _____

Teacher's E-mail Address _____ Fax No. _____

Goals What improvements would you most like to see?

_____

_____

_____

Plans to reach these goals:

1. _____
2. _____
3. _____

Medication

1. _____	Time _____ am/pm	Time _____ am/pm	Time _____ am/pm
	Dose 1 _____ mg	Dose 2 _____ mg	Dose 3 _____ mg
2. _____	Time _____ am/pm	Time _____ am/pm	Time _____ am/pm
	Dose 1 _____ mg	Dose 2 _____ mg	Dose 3 _____ mg

Further Evaluation

☐ Parent Assessment received and follow-up appointment scheduled for ____/____/____

☐ Teacher Assessment will be done by Ms/Mr _____

☐ School testing scheduled on this date ____/____/____

Additional Resources and Treatment Strategies

☐ Behavioral Modification Counseling Referral to _____

☐ Parenting Tips Sheet given

☐ Parent Follow-up form completed ____/____/____

☐ Teacher Follow-up form completed ____/____/____

☐ CHADD phone number given: 800/233-4050

Common Side Effects	If Any Infrequent Side Effects Occur, Call Your Doctor Immediately!
Decreased appetite	Weight loss
Sleep problems	Increased heart rate and/or blood pressure
Transient headache	Dizziness
Transient stomachache	Growth suppression
Behavioral rebound	Hallucinations/mania
	Exacerbation of tics and Tourette syndrome (rare)

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Scoring Instructions for the NICHQ Vanderbilt Assessment Scales

These scales should NOT be used alone to make any diagnosis. You must take into consideration information from multiple sources. Scores of 2 or 3 on a single Symptom question reflect *often-occurring* behaviors. Scores of 4 or 5 on Performance questions reflect problems in performance.

The initial assessment scales, parent and teacher, have 2 components: symptom assessment and impairment in performance. On both the parent and teacher initial scales, the symptom assessment screens for symptoms that meet criteria for both inattentive (items 1–9) and hyperactive ADHD (items 10–18).

To meet *DSM-IV* criteria for the diagnosis, one must have at least 6 positive responses to either the inattentive 9 or hyperactive 9 core symptoms, or both. A positive response is a 2 or 3 (often, very often) (you could draw a line straight down the page and count the positive answers in each subsegment). There is a place to record the number of positives in each subsegment, and a place for total score for the first 18 symptoms (just add them up).

The initial scales also have symptom screens for 3 other co-morbidities—oppositional-defiant, conduct, and anxiety/depression. These are screened by the number of positive responses in each of the segments separated by the "squares." The specific item sets and numbers of positives required for each co-morbid symptom screen set are detailed below.

The second section of the scale has a set of performance measures, scored 1 to 5, with 4 and 5 being somewhat of a problem/problematic. To meet criteria for ADHD there must be at least one item of the Performance set in which the child scores a 4 or 5; ie, there must be impairment, not just symptoms to meet diagnostic criteria. The sheet has a place to record the number of positives (4s, 5s) and an Average Performance Score—add them up and divide by number of Performance criteria answered.

Parent Assessment Scale	Teacher Assessment Scale
Predominantly Inattentive subtype ■ Must score a 2 or 3 on 6 out of 9 items on questions 1–9 AND ■ Score a 4 or 5 on any of the Performance questions 48–55	Predominantly Inattentive subtype ■ Must score a 2 or 3 on 6 out of 9 items on questions 1–9 AND ■ Score a 4 or 5 on any of the Performance questions 36–43
Predominantly Hyperactive/Impulsive subtype ■ Must score a 2 or 3 on 6 out of 9 items on questions 10–18 AND ■ Score a 4 or 5 on any of the Performance questions 48–55	Predominantly Hyperactive/Impulsive subtype ■ Must score a 2 or 3 on 6 out of 9 items on questions 10–18 AND ■ Score a 4 or 5 on any of the Performance questions 36–43
ADHD Combined Inattention/Hyperactivity ■ Requires the above criteria on both inattention and hyperactivity/impulsivity	ADHD Combined Inattention/Hyperactivity ■ Requires the above criteria on both inattention and hyperactivity/impulsivity
Oppositional-Defiant Disorder Screen ■ Must score a 2 or 3 on 4 out of 8 behaviors on questions 19–26 AND ■ Score a 4 or 5 on any of the Performance questions 48–55	Oppositional-Defiant/Conduct Disorder Screen ■ Must score a 2 or 3 on 3 out of 10 items on questions 19–28 AND ■ Score a 4 or 5 on any of the Performance questions 36–43
Conduct Disorder Screen ■ Must score a 2 or 3 on 3 out of 14 behaviors on questions 27–40 AND ■ Score a 4 or 5 on any of the Performance questions 48–55	Anxiety/Depression Screen ■ Must score a 2 or 3 on 3 out of 7 items on questions 29–35 AND ■ Score a 4 or 5 on any of the Performance questions 36–43
Anxiety/Depression Screen ■ Must score a 2 or 3 on 3 out of 7 behaviors on questions 41–47 AND ■ Score a 4 or 5 on any of the Performance questions 48–55	

The parent and teacher follow-up scales have the first 18 core ADHD symptoms, not the co-morbid symptoms. The section segment has the same Performance items and impairment assessment as the initial scales, and then has a side-effect reporting scale that can be used to both assess and monitor the presence of adverse reactions to medications prescribed, if any.

Scoring the follow-up scales involves only calculating a total symptom score for items 1–18 that can be tracked over time, and the average of the Performance items answered as measures of improvement over time with treatment.

Parent Assessment Follow-up

- Calculate Total Symptom Score for questions 1–18.
- Calculate Average Performance Score for questions 19–26.

Teacher Assessment Follow-up

- Calculate Total Symptom Score for questions 1–18.
- Calculate Average Performance Score for questions 19–26.

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NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child ☐ was on medication ☐ was not on medication ☐ not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Revised - 1102

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Comments:

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: _____

Total number of questions scored 2 or 3 in questions 10–18: _____

Total Symptom Score for questions 1–18: _____

Total number of questions scored 2 or 3 in questions 19–26: _____

Total number of questions scored 2 or 3 in questions 27–40: _____

Total number of questions scored 2 or 3 in questions 41–47: _____

Total number of questions scored 4 or 5 in questions 48–55: _____

Average Performance Score: _____

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SAMPLE **NICHQ Vanderbilt Assessment Scale—PARENT Informant**

Today's Date: *4-7-02* Child's Name: *John Doe* Date of Birth: *10-18-94*

Parent's Name: *Jane and Louis Doe* Parent's Phone Number: *555-1212*

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child ☐ was on medication ☑ was not on medication ☐ not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	(2)	3
2. Has difficulty keeping attention to what needs to be done	0	1	(2)	3
3. Does not seem to listen when spoken to directly	0	1	(2)	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	(2)	3
5. Has difficulty organizing tasks and activities	0	1	(2)	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	(3)
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	(2)	3
8. Is easily distracted by noises or other stimuli	0	1	(2)	3
9. Is forgetful in daily activities	0	1	2	(3)
10. Fidgets with hands or feet or squirms in seat	0	1	2	(3)
11. Leaves seat when remaining seated is expected	0	1	(2)	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	(3)
13. Has difficulty playing or beginning quiet play activities	0	(1)	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	(1)	2	3
15. Talks too much	0	1	(2)	3
16. Blurts out answers before questions have been completed	0	1	(2)	3
17. Has difficulty waiting his or her turn	0	1	2	(3)
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	(2)	3
19. Argues with adults	0	(1)	2	3
20. Loses temper	0	(1)	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	(1)	2	3
22. Deliberately annoys people	(0)	1	2	3
23. Blames others for his or her mistakes or misbehaviors	(0)	1	2	3
24. Is touchy or easily annoyed by others	0	(1)	2	3
25. Is angry or resentful	0	(1)	2	3
26. Is spiteful and wants to get even	(0)	1	2	3
27. Bullies, threatens, or intimidates others	(0)	1	2	3
28. Starts physical fights	(0)	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	(0)	1	2	3
30. Is truant from school (skips school) without permission	(0)	1	2	3
31. Is physically cruel to people	(0)	1	2	3
32. Has stolen things that have value	(0)	1	2	3
33. Deliberately destroys others' property	(0)	1	2	3

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SAMPLE **NICHQ Vanderbilt Assessment Scale—PARENT Informant**

Today's Date: *4-7-02* Child's Name: *John Doe* Date of Birth: *10-18-94*

Parent's Name: *Jane and Louis Doe* Parent's Phone Number: *555-1212*

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child ☐ was on medication ☑ was not on medication ☐ not sure?

Symptoms (continued)	Never	Occasionally	Often	Very Often
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	(0)	1	2	3
35. Is physically cruel to animals	(0)	1	2	3
36. Has deliberately set fires to cause damage	(0)	1	2	3
37. Has broken into someone else's home, business, or car	(0)	1	2	3
38. Has stayed out at night without permission	(0)	1	2	3
39. Has run away from home overnight	(0)	1	2	3
40. Has forced someone into sexual activity	(0)	1	2	3
41. Is fearful, anxious, or worried	0	(1)	2	3
42. Is afraid to try new things for fear of making mistakes	0	(1)	2	3
43. Feels worthless or inferior	0	(1)	2	3
44. Blames self for problems, feels guilty	0	(1)	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	(0)	1	2	3
46. Is sad, unhappy, or depressed	0	(1)	2	3
47. Is self-conscious or easily embarrassed	0	(1)	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	(4)	5
49. Reading	1	2	3	4	(5)
50. Writing	1	2	3	(4)	5
51. Mathematics	1	2	(3)	4	5
52. Relationship with parents	1	2	3	(4)	5
53. Relationship with siblings	1	2	3	(4)	5
54. Relationship with peers	1	2	3	(4)	5
55. Participation in organized activities (eg, teams)	1	2	(3)	4	5

Comments:

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: *9*

Total number of questions scored 2 or 3 in questions 10–18: *7*

Total Symptom Score for questions 1–18: *39*

Total number of questions scored 2 or 3 in questions 19–26: *0*

Total number of questions scored 2 or 3 in questions 27–40: *0*

Total number of questions scored 2 or 3 in questions 41–47: *0*

Total number of questions scored 4 or 5 in questions 48–55: *6*

Average Performance Score: *3.9*

Physician Note: John Doe met DSM criteria for ADHD Combined Inattention/Hyperactivity.

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D5 NICHQ Vanderbilt Assessment Follow-up—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. Please think about your child's behaviors since the last assessment scale was filled out when rating his/her behaviors.

Is this evaluation based on a time when the child ☐ was on medication ☐ was not on medication ☐ not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
19. Overall school performance	1	2	3	4	5
20. Reading	1	2	3	4	5
21. Writing	1	2	3	4	5
22. Mathematics	1	2	3	4	5
23. Relationship with parents	1	2	3	4	5
24. Relationship with siblings	1	2	3	4	5
25. Relationship with peers	1	2	3	4	5
26. Participation in organized activities (eg, teams)	1	2	3	4	5

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Revised - 0303

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HE0352

D5 NICHQ Vanderbilt Assessment Follow-up—PARENT Informant, continued

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Side Effects: Has your child experienced any of the following side effects or problems in the past week?	**Are these side effects currently a problem?**			
	None	**Mild**	**Moderate**	**Severe**
Headache				
Stomachache				
Change of appetite—explain below				
Trouble sleeping				
Irritability in the late morning, late afternoon, or evening—explain below				
Socially withdrawn—decreased interaction with others				
Extreme sadness or unusual crying				
Dull, tired, listless behavior				
Tremors/feeling shaky				
Repetitive movements, tics, jerking, twitching, eye blinking—explain below				
Picking at skin or fingers, nail biting, lip or cheek chewing—explain below				
Sees or hears things that aren't there				

Explain/Comments:

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Total Symptom Score for questions 1–18: _____

Average Performance Score for questions 19–26: _____

Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr, PhD.

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11-21/rev0303

D4 NICHQ Vanderbilt Assessment Scale—TEACHER Informant

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____.

Is this evaluation based on a time when the child ☐ was on medication ☐ was not on medication ☐ not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (eg, butts into conversations/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Revised - 0303

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems; feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Performance *Academic Performance*	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

Comments:

Please return this form to: _____

Mailing address: _____

_____

Fax number: _____

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Total number of questions scored 2 or 3 in questions 1–9: _____

Total number of questions scored 2 or 3 in questions 10–18: _____

Total Symptom Score for questions 1–18: _____

Total number of questions scored 2 or 3 in questions 19–28: _____

Total number of questions scored 2 or 3 in questions 29–35: _____

Total number of questions scored 4 or 5 in questions 36–43: _____

Average Performance Score: _____

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11-20/rev0303

D6 NICHQ Vanderbilt Assessment Follow-up—TEACHER Informant

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the last assessment scale was filled out. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____.

Is this evaluation based on a time when the child ☐ was on medication ☐ was not on medication ☐ not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
19. Reading	1	2	3	4	5
20. Mathematics	1	2	3	4	5
21. Written expression	1	2	3	4	5
22. Relationship with peers	1	2	3	4	5
23. Following direction	1	2	3	4	5
24. Disrupting class	1	2	3	4	5
25. Assignment completion	1	2	3	4	5
26. Organizational skills	1	2	3	4	5

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Revised - 0303

D6 NICHQ Vanderbilt Assessment Follow-up—TEACHER Informant, continued

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Side Effects: Has the child experienced any of the following side effects or problems in the past week?	**Are these side effects currently a problem?**			
	None	**Mild**	**Moderate**	**Severe**
Headache				
Stomachache				
Change of appetite—explain below				
Trouble sleeping				
Irritability in the late morning, late afternoon, or evening—explain below				
Socially withdrawn—decreased interaction with others				
Extreme sadness or unusual crying				
Dull, tired, listless behavior				
Tremors/feeling shaky				
Repetitive movements, tics, jerking, twitching, eye blinking—explain below				
Picking at skin or fingers, nail biting, lip or cheek chewing—explain below				
Sees or hears things that aren't there				

Explain/Comments:

For Office Use Only

Total Symptom Score for questions 1–18: _____

Average Performance Score: _____

Please return this form to: _____

Mailing address: _____

_____

Fax number: _____

Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr, PhD.

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11-22/rev0303

Parents/Schools

Does My Child Have ADHD?

Many parents worry about this question. The answer comes from children, families, teachers, and doctors working together as a team. Watching your child's behavior at home and in the community is very important to help answer this question. Your doctor will ask you to fill out rating scales about your child. Watching your child's behavior and talking with other adults in the child's life will be important for filling out the forms.

Here are a few tips about what you can do to help answer the question:

Watch your child closely during activities where he or she should pay attention.

- ☐ Doing homework
- ☐ Doing chores
- ☐ During storytelling or reading

Watch your child when you expect him or her to sit for a while or think before acting.

- ☐ Sitting through a family meal
- ☐ During a religious service
- ☐ Crossing the street
- ☐ Being frustrated
- ☐ With brothers or sisters
- ☐ While you are on the phone

Pay attention to how the environment affects your child's behavior. Make changes at home to improve your child's behavior.

- ☐ Ensure that your child understands what is expected. Speak slowly to your child. Have your child repeat the instructions.
- ☐ Turn off the TV or computer games during meals and homework. Also, close the curtains if it will help your child pay attention to what he or she needs to be doing.
- ☐ Provide structure to home life, such as regular mealtimes and bedtime. Write down the schedule and put it where the entire family can see it. Stick to the schedule.
- ☐ Provide your child with planned breaks during long assignments.
- ☐ Give rewards for paying attention and sitting, not just for getting things right and finishing. Some rewards might be: dessert for sitting through a meal, outdoor play for finishing homework, and praise for talking through problems.
- ☐ Try to find out what things set off problem behaviors. See if you can eliminate the triggers.

If your child spends time in 2 households, compare observations.

- ☐ Consult your child's other parent about behavior in that home. Cooperation between parents in this area really helps the child.
- ☐ If the child behaves differently, consider differences in the environment that may explain the difference in behavior. Differences are common and not a mark of good or bad parenting.

Talk to your child's teacher.

- ☐ Learn about your child's behavior at school. Talk about how your child does during academic lessons and also during play with other children.
- ☐ Compare your child's behavior in subjects he or she likes and those in which he or she has trouble with the work.
- ☐ Determine how the environment at school affects your child's behavior. When does your child perform well? What events trigger problem behaviors?
- ☐ Consider with the teacher whether your child's learning abilities should be evaluated at school. If he or she has poor grades in all subjects or in just a few subjects or requires extra time and effort to learn material, then a learning evaluation may be valuable.

Gather impressions from other adult caregivers who know your child well.

- ☐ Scout leaders or religious instructors who see your child during structured activities and during play with other children
- ☐ Relatives or neighbors who spend time with your child
- ☐ Determine how other environments affect your child's behavior. When does your child perform well? What events trigger problem behaviors?

Make an appointment to see your child's doctor.

- ☐ Let the receptionist know you are concerned that your child might have ADHD.
- ☐ If possible, arrange a visit when both parents can attend.

Adapted from materials by Heidi Feldman, MD, PhD

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Evaluating Your Child for ADHD

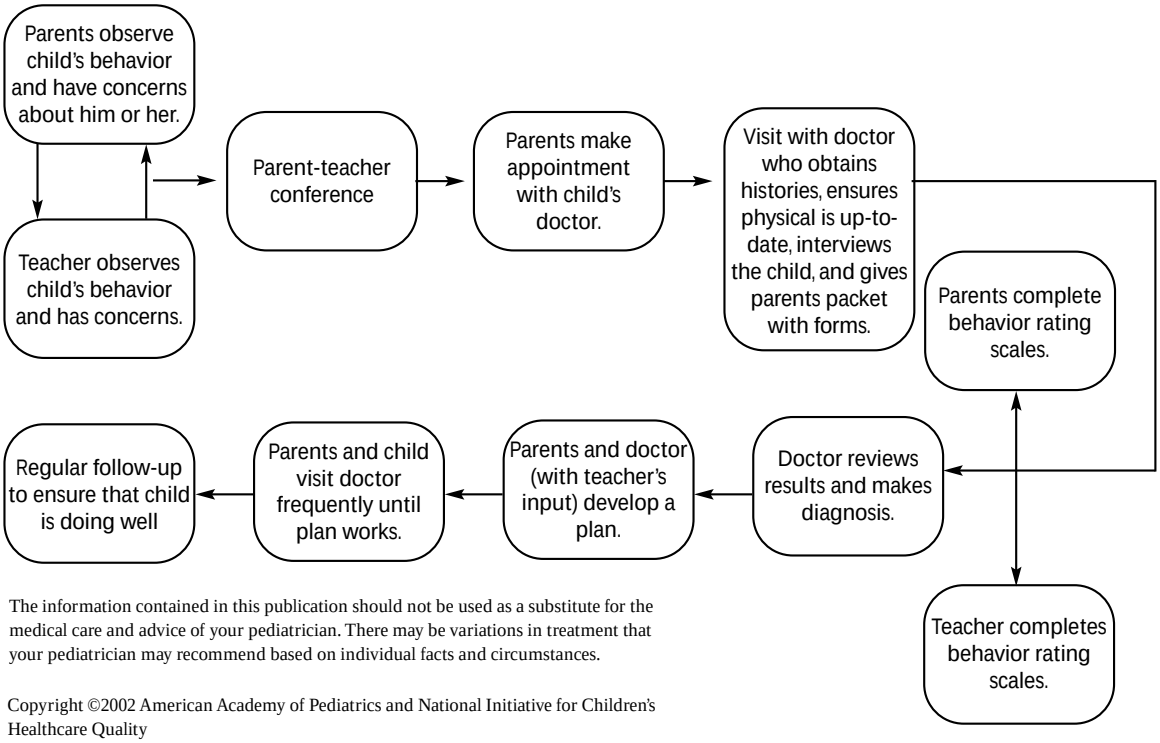
So you think your child may have ADHD, attention-deficit/hyperactivity disorder? Or your child's teacher thinks your child may have ADHD? There are steps that need to be taken to make a diagnosis of ADHD. Some children may have a learning disability, some children may have difficulty with their hearing or vision, and some children may actually have ADHD. The answer comes from the parents, other family members, doctors, and other professionals working as a team. Here are the steps that the *team* needs to take to evaluate your child.

The steps in an evaluation are as follows:

Step 1:	Parents make careful observations of the child's behavior at home.
Step 2:	Teacher(s) makes careful observations of the child at school.
Step 3:	Parents and the child's teacher(s) have a meeting about concerns.
Step 4:	Parents make an appointment with the child's doctor. Parents give the doctor the name and phone number of the teacher(s) and school.
Step 5:	The doctor obtains a history, completes a physical examination (if not done recently), screens the child's hearing and vision, and interviews the child.
Step 6:	Parents are given a packet of information about ADHD, including parent and teacher behavior questionnaires, to be filled out before the next visit.
Step 7:	The teacher(s) returns the questionnaire by mail or fax.
Step 8:	At a second doctor visit, the doctor reviews the results of the parent and teacher questionnaires and determines if any other testing is required to make a diagnosis of ADHD or other condition.
Step 9:	The doctor makes a diagnosis and reviews a plan for improvement with the parents.
Step 10:	The child will need to revisit the doctor until the plan is in place and the child begins to show improvement, and then regularly for monitoring. Parents and teachers may be asked to provide behavior ratings at many times in this process.

Adapted from materials by Heidi Feldman, MD, PhD

ADHD Evaluation Timeline



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General Tips

1. Rules should be clear and brief. Your child should know exactly what you expect from him or her.
2. Give your child chores. This will give him or her a sense of responsibility and boost self-esteem.
3. Short lists of tasks are excellent to help a child remember.
4. Routines are extremely important for children with ADHD. Set up regular times for meals, homework, TV, getting up, and going to bed. Follow through on the schedule!
5. Identify what your child is good at doing (like art, math, computer skills) and build on it.
6. Tell your child that you love and support him or her unconditionally.
7. Catch your child being good and give immediate positive feedback.

Common Daily Problems

It is very hard to get my child ready for school in the morning.

- Create a consistent and predictable schedule for rising and getting ready in the morning.
- Set up a routine so that your child can predict the order of events. Put this routine in writing or in pictures on a poster for your child. Schedule example:

  Alarm goes off → Brush teeth → Wash face → Get dressed → Eat breakfast → Take medication → Get on school bus

- Reward and praise your child! This will motivate your child to succeed. Even if your child does not succeed in all parts of the "morning routine," use praise to reward your child when he or she is successful. Progress is often made in a series of small steps!
- If your child is on medication, try waking your child up 30 to 45 minutes before the usual wake time and give him or her the medication immediately. Then allow your child to "rest" in bed for the next 30 minutes. This rest period will allow the medication to begin working and your child will be better able to participate in the morning routine.

My child is very irritable in the late afternoon/early evening. *(Common side effect of stimulant medications)*

- The late afternoon and evening is often a very stressful time for all children in all families because parents and children have had to "hold it all together" at work and at school.
- If your child is on medication, your child may also be experiencing "rebound"—the time when your child's medication is wearing off and ADHD symptoms may reappear.
- Adjust your child's dosing schedule so that the medication is not wearing off during a time of "high demand" (for example, when homework or chores are usually being done).
- Create a period of "downtime" when your child can do calm activities like listen to music, take a bath, read, etc.
- Alternatively, let your child "blow off extra energy and tension" by doing some physical exercise.
- Talk to you child's doctor about giving your child a smaller dose of medication in the late afternoon. This is called a "stepped down" dose and helps a child transition off of medication in the evening.

My child is losing weight or not eating enough. *(Common side effects of stimulant medication use)*

- Encourage breakfast with calorie-dense foods.
- Give the morning dose of medication after your child has already eaten breakfast. Afternoon doses should also be given after lunch.
- Provide your child with nutritious after-school and bedtime snacks that are high in protein and in complex carbohydrates. Examples: Nutrition/protein bars, shakes/drinks made with protein powder, liquid meals.
- Get eating started with any highly preferred food before giving other foods.
- Consider shifting dinner to a time later in the evening when your child's medication has worn off. Alternatively, allow your child to "graze" in the evening on healthy snacks, as he or she may be hungriest right before bed.
- Follow your child's height and weight with careful measurements at your child's doctor's office and talk to your child's doctor.

Homework Tips

- Establish a routine and schedule for homework (a specific time and place.) Don't allow your child to wait until the evening to get started.
- Limit distractions in the home during homework hours (reducing unnecessary noise, activity, and phone calls, and turning off the TV).
- Praise and compliment your child when he or she puts forth good effort and completes tasks. In a supportive, noncritical manner, it is appropriate and helpful to assist in pointing out and making some corrections of errors on the homework.
- It is not your responsibility to correct all of your child's errors on homework or make him or her complete and turn in a perfect paper.
- Remind your child to do homework and offer incentives: "When you finish your homework, you can watch TV or play a game."
- If your child struggles with reading, help by reading the material together or reading it to your son or daughter.
- Work a certain amount of time and then stop working on homework.

"Common Daily Problems" adapted from material developed by Laurel K. Leslie, MD, San Diego ADHD Project.

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- Many parents find it very difficult to help their own child with schoolwork. Find someone who can. Consider hiring a tutor! Often a junior or senior high school student is ideal, depending on the need and age of your child.

Discipline

- Be firm. Set rules and keep to them.
- Make sure your child understands the rules, so he or she does not feel uninformed.
- Use positive reinforcement. Praise and reward your child for good behavior.
- Change or rotate rewards frequently to maintain a high interest level.
- Punish behavior, not the child. If your child misbehaves, try alternatives like allowing natural consequences, withdrawing yourself from the conflict, or giving your child a choice.

Taking Care of Yourself

- Come to terms with your child's challenges and strengths.
- Seek support from family and friends or professional help such as counseling or support groups.
- Help other family members recognize and understand ADHD.

"Common Daily Problems" adapted from material developed by Laurel K. Leslie, MD, San Diego ADHD Project.

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How to Establish a School-Home Daily Report Card

1. Select the Areas for Improvement.

- Discuss the child's behavior with all school staff who work with the child.
- Determine the child's greatest areas of impairment.
- Define goals toward which the child should be working regarding the areas of impairment.
- Key domains:
  - –Improving peer relations
  - –Improving academic work
  - –Improving classroom rule-following and relationships with adults

2. Determine How the Goals Will Be Defined.

- Identify specific behaviors ("target behaviors") that can be changed to make progress toward the goals easier.
- Target behaviors must be meaningful and clearly defined/observed/counted by teacher and child.
- Examples of target behaviors in the key domains:
  - –Improving peer relations: does not interrupt other children during their work time, does not tease other children, plays without fighting at recess
  - –Improving academic work: has materials and assignments necessary to do tasks, completes assigned academic tasks, is accurate on assigned tasks, completes and returns homework
  - –Improving classroom rule-following and relationships with adults: obeys the teacher when commands are given, does not talk back to the teacher, follows classroom rules
- Additional target behaviors are listed on the attached sheet, Sample Report Card Targets.

3. Decide on Behaviors and Criteria for the Daily Report Card.

- Estimate how often the child is doing the target behaviors by reviewing school records and/or observation.
- Determine which behaviors need to be included on the report.
- Evaluate target behaviors several times throughout the day.
- Set a reasonable criterion for each target behavior (a criterion is a target level the child will have to meet to receive a positive mark for that behavior). Set criteria to be met for each part of the day, not the overall day (eg, "interrupts fewer than 2 times in each class period" rather than "interrupts fewer than 12 times per day").

4. Explain the Daily Report Card to the Child.

- Meet with teacher, parents, and child.
- Explain all aspects of the Daily Report Card (DRC) to the child in a positive manner.

5. Establish a Home-based Reward System.

- Rewards must be selected by the child.
- Arrange awards so that:
  - –Fewer or less preferred rewards can be earned for fewer yeses.
  - –More desired rewards can be earned for better performance.
- Give the child a menu of rewards (see Sample Home and School Rewards):
  - –Select rewards for each level.
  - –Label the different levels with child-appropriate names (eg, One-Star Day, Two-Star Day).
  - –Use the Weekly Daily Report Card Chart to track weekly performance.
  - –Some children need more immediate rewards than the end-of-day home rewards—in such cases, in-school rewards can be used.

6. Monitor and Modify the Programs.

- Record daily the number of yeses the child received on each target.
- Once the child has regularly begun to meet the criterion, make the criteria harder (if the child is regularly failing to meet the criterion, make the criteria easier).
- Once the criterion for a target is at an acceptable level and the child is consistently reaching it, drop that target behavior from the DRC. (Let the child know why it was dropped and replace with another target if necessary.)
- Move to a weekly report/reward system if the child is doing so well that daily reports are no longer necessary.
- The report card can be stopped when the child is functioning within an appropriate range within the classroom, and reinstated if problems begin to occur again.

7. Troubleshooting a Daily Report Card.

- If the system is not working to change the child's behavior, examine the program and change where appropriate (see Troubleshooting a Daily Report Card).

8. Consider Other Treatments.

- If, after troubleshooting and modification, the DRC is not resulting in maximal improvement, consider additional behavioral components (eg, more frequent praise, time-out) and/or more powerful or intensive behavioral procedures (eg, a point system).

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Troubleshooting a Daily Report Card

Problem	Solution
Is the child taking the Daily Report Card (DRC) home?	Ensure that the child has a backpack or special folder in which to carry DRC. Have the teacher for last class of the day prompt the child to take DRC home. Assume the child received a negative report if he or she does not have DRC. Implement positive consequences for bringing home DRC.
Are the target behaviors appropriate? Are the target behaviors clearly defined for the child? Are the target behaviors socially valid? Can the target behaviors be reasonably attained in the classroom context?	Redefine the target behaviors for the child. Modify the target behaviors. Modify the target behaviors or class context (eg, "gets along with peers" should not be a target if the class structure does not provide the opportunity for peer interactions).
Does the child remember the target behaviors throughout the day?	Implement a system of visual prompts (eg, put task sheet on desk).
Are the criteria for success realistic (eg, not too high or too low relative to baseline)?	Modify the criteria to shape the behavior.
Is something interfering with the child's reaching the criteria (eg, child does not complete assignments due to messy, disorganized desk)?	Work on removing the impediment (eg, work on improving organizational skills, modify class schedule or structure).
Does the child understand the system? Can the child accurately describe the target behaviors and criteria for positive evaluations? Can the child accurately describe the relationship between the criteria and the rewards?	Implement a system of visual prompts, if necessary. Review system with child until child can accurately describe system. Increase frequency of reviewing if child continues to have difficulty. Explain the DRC system to the child again. Simplify the DRC system if necessary.
Is the monitoring system working properly? Have the target behaviors been sufficiently clearly defined that the teacher can monitor and evaluate them? Is the monitoring and recording process efficient enough so that the teacher is doing it accurately and consistently?	Modify the definitions of the target behaviors. Provide visual or auditory prompts for recording. Simplify the monitoring or recording process.
Can the child accurately monitor his or her progress throughout the day?	Design and implement a monitoring system that includes a recording form for the child (may include visual or auditory prompts).
Is the child receiving sufficient feedback so that he or she knows where he or she stands regarding the criteria?	Modify the teacher's procedures for providing feedback to the child (eg, provide visual prompts; increase immediacy, frequency, or contingent nature of feedback).
Is the home-based reward system working properly? Are the home-based rewards motivating for the child?	Change the home-based rewards (eg, increase the number of choices on menu, change the hierarchy of rewards).
Has it been ensured the child does not receive the reward noncontingently?	Review reward procedures with parents again and ensure that reward is provided only when the child has earned it.
Are the parents delivering the rewards reliably?	Modify the procedures for delivering the home-based rewards (eg, visual prompts) or the nature of the home-based rewards.
Can the child delay gratification long enough for home-based rewards to be effective?	Design and implement procedures for providing school-based rewards.

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Daily Home Report Card

Circle Y (Yes) or N (No)

Child's Name _____ Medication _____ Week/Month_____/_____

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1._____	Y N	Y N	Y N	Y N	Y N	Y N	Y N
2._____	Y N	Y N	Y N	Y N	Y N	Y N	Y N
3._____	Y N	Y N	Y N	Y N	Y N	Y N	Y N
4._____	Y N	Y N	Y N	Y N	Y N	Y N	Y N
5._____	Y N	Y N	Y N	Y N	Y N	Y N	Y N
6._____	Y N	Y N	Y N	Y N	Y N	Y N	Y N
7._____	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Total number of Yeses							
Total number of Nos							

Comments:

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Daily School Report Card

Circle Y (Yes) or N (No)

Child's Name _____ Medication _____ Today's Date_____

	Subjects/Times						
1._____	Y N	Y N	Y N	Y N	Y N	Y N	Y N
2._____	Y N	Y N	Y N	Y N	Y N	Y N	Y N
3._____	Y N	Y N	Y N	Y N	Y N	Y N	Y N
4._____	Y N	Y N	Y N	Y N	Y N	Y N	Y N
5._____	Y N	Y N	Y N	Y N	Y N	Y N	Y N
6._____	Y N	Y N	Y N	Y N	Y N	Y N	Y N
7._____	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Teacher's Initials							
Total number of Yeses							
Total number of Nos							

Comments:

Sample Report Card Targets

Academic Productivity
Completes X assignments within the specified time
Completes X assignments with X% accuracy

Starts work with X or fewer reminders

Leaves appropriate spaces between words X% of the time or assignment
Writes legibly/uses 1-line cross outs instead of scribbles/writes on the lines of the paper
Corrects assignments appropriately*
Turns in assignments appropriately*

Following Classroom Rules
Follows class/school rules with X or fewer violations
Interrupts class less than X times per period/Works quietly with X or fewer reminders/Makes X or fewer inappropriate noises
Follows directions with X or fewer repetitions
Stays on task with X or fewer reminders
Sits appropriately* in assigned area with X or fewer reminders

Raises hand to speak with X or fewer reminders
Uses materials or possessions appropriately*
Has XX or fewer instances of stealing
Has XX or fewer instances of cursing
Has XX or fewer instances of complaining/crying/whining
Has XX or fewer instances of lying

Has XX or fewer instances of destroying property

Peer Relationships
Shares/helps peers when appropriate with X or fewer reminders
Ignores negative behavior of others/Child shows no observable response to negative behavior of others
Teases peers X or fewer times per period
Fewer than X fights with peers
Speaks clearly (fewer than X prompts for mumbling)
Contributes to discussion (answers X questions orally)
Contributes to discussion (at least X unprompted, relevant, nonredundant contributions)
Fewer than X negative self comments
Minds own business with XX or fewer reminders
Needs XX or fewer reminders to stop bossing peers
Does not bother other children during seat work (fewer than X complaints from others)

Teacher Relationships
Accepts feedback appropriately* (no more than X arguments/ X% of arguments) following feedback
Appropriately* asks an adult for help when needed
Maintains appropriate* eye contact when talking to an adult with X/fewer than X prompts to maintain eye contact
Respects adults (talks back fewer than X times per period)
Complies with X% of teacher commands/requests/Fewer than X noncompliances per period

Behavior Outside the Classroom
Follows rules at lunch/recess/free time/gym/specials/assemblies/ bathroom/in hallway with X or fewer rule violations
Walks in line appropriately*/Follows transition rules with X or fewer violations
Follows rules of the bus with X or fewer violations
Needs XX or fewer warnings for exhibiting bad table manners (eg, playing with food, chewing with mouth open, throwing trash on the floor)
Changes into gym clothes/school clothes within X:XX minutes

Time-out Behavior
Serves time-outs appropriately*
Child serves a time-out without engaging in inappropriate behaviors
While serving a time-out, the child exhibits no more than X instances of negative behavior

Responsibility for Belongings
Brings DRC to teacher for feedback before leaving for the next class/activity
Responsible for own belongings (has belongings at appropriate* times according to the checklist/chart**)
Has materials necessary for class/subject area
Organizes materials and possessions according to checklist/chart**
Morning routine completed according to checklist/chart**
End of day routine completed appropriately according to checklist/chart**
Brings supplies to class with XX or fewer reminders/brings supplies to class according to checklist/chart**
Hangs up jacket/backpack with XX or fewer reminders
Takes lunchtime pill with X or fewer reminders
Has only materials needed for the assignment on desk

Homework
Brings completed homework to class
Writes homework in assignment book with X or fewer reminders
DRC is returned signed the next day by parent
Has all needed materials for homework in backpack at the end of the day

---

*"Appropriately" must always be defined by teacher for child.
**Checklist/chart must accompany target behavior and be displayed for child.

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Sample Home Rewards

Daily Rewards

Snacks
Dessert after dinner
Staying up X minutes beyond bedtime
Having a bedtime story/Reading with a parent for X minutes
Choosing a radio station in car
Extra bathtub time for X minutes
Educational games on computer for X minutes
Choosing family TV show
Talking on phone to friend (local call)
Video game time for X minutes
Playing outside for X minutes
Television time for X minutes
Listening to radio/stereo for X minutes
Other as suggested by child

Daily or Weekly Rewards

Going over to a friend's house to play
Having a friend come over to play
Allowance
Bike riding/skating/scootering/skateboarding (in neighborhood for daily reward; longer trip with family or at bike trail/skate park for weekly reward)
Special activity with mom or dad
Special time with mom or dad for X minutes
Earn day off from chores
Game of choice with parent/family
Other as suggested by child

Weekly Rewards

Making a long-distance call to relatives or friends
Going to the video arcade at the mall
Going fishing
Going shopping/going to the mall
Going to the movies
Going to the park
Getting ice cream
Bowling, miniature golf/Selecting something special at the store
Making popcorn
Having friend over to spend night
Going to friend's to spend night
Choosing family movie
Renting movie video
Going to a fast-food restaurant with parent and/or family
Watching taped TV shows
Free time for X minutes
Other as suggested by child

Sample School Rewards*

Talk to best friend
Listen to tape player (with headphones)
Read a book
Help clean up classroom
Clean the erasers
Wash the chalkboard
Be teacher's helper
Eat lunch outside on a nice day
Extra time at recess
Write on chalkboard
Use magic markers
Draw a picture
Choose book to read to the class
Read to a friend
Read with a friend
Care for class animals
Play "teacher"
See a movie/filmstrip
Decorate bulletin board
Be messenger for office
Grade papers
Have treats
Earn class party
Class field trip
Student of the Day/Month
Pop popcorn
Be a line leader
Visit the janitor
Use the computer
Make ice cream sundaes
Teach a classmate
Choose stickers
Take a good note home
Receive a positive phone call
Give lots of praise
Hide a special note in desk
Choose seat for specific time
Play card games
Receive award certificate
Take Polaroid pictures
Draw from "grab bag"
Eat at a special table
Visit the principal

Notes: Older children could save over weeks to get a monthly (or longer) reward as long as visuals (eg, pieces of picture of activity) are used; eg, camping trip with parent, trip to baseball game, purchase of a video game. Rewards for an individual child need to be established as a menu. Children may make multiple choices from the menu for higher levels of reward, or may choose a longer period of time for a given reward.

*Sample School Rewards can be added to the home-based reward system especially if a child is not responding appropriately to the Home Rewards. Teachers need to make sure that a child wants and will work for one of these School Rewards.

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There are 2 main laws protecting students with disabilities—including those with ADHD: 1) the Individuals with Disabilities Education Act of 1997 **(IDEA)** and 2) **Section 504** of the Rehabilitation Act of 1973. IDEA is special education law. Section 504 is a civil rights statute. Both laws guarantee to qualified students a free and appropriate public education (FAPE) and instruction in the least restrictive environment (LRE), which means with their peers who are not disabled and to the maximum extent appropriate to their needs.

Because there are different criteria for eligibility, services/supports available, and procedures and safeguards for implementing the laws, it is important for parents, educators, clinicians, and advocates to be well aware of the variations between IDEA and Section 504 and fully informed about the respective advantages and disadvantages.

Additional Resources

1. *Advocacy Manual: A Parents' How-to Guide for Special Education Services* Learning Disabilities Association of America, 1992. Contact the publisher at 4156 Library Rd, Pittsburgh, PA 15243 or 888/300-6710.
2. *Better IEPs: How to Develop Legally Correct and Educationally Useful Programs* Barbara Bateman and Mary Anne Linden, 3rd edition, 1998. Contact the publisher, Sopris West, at 303/651-2829 or http://www.sopriswest.com.
3. *The Complete IEP Guide: How to Advocate for Your Special Ed Child* Lawrence Siegel, 2nd edition, 2000. Contact the publisher, Nolo, at 510/549-1976 or http://www.nolo.com.
4. *Negotiating the Special Education Maze: A Guide for Parents and Teachers* Winifred Anderson, Stephen Chitwood, and Deidre Hayden; 3rd edition; 1997. Contact the publisher, Woodbine House, at 6510 Bells Mill Rd, Bethesda, MD 20817 or 800/843-7323.
5. Children and Adults With Attention-Deficit/Hyperactivity Disorder http://www.chadd.org
6. Education Resources Information Center http://ericir.syr.edu
7. Internet Resource for Special Children http://www.irsc.org
8. San Diego ADHD Web Page http://www.sandiegoadhd.org
9. National Information Center for Children and Youth with Disabilities http://www.nichcy.org
10. Parent Advocacy Coalition for Educational Rights Center http://www.pacer.org

Glossary of Acronyms

ADHD
Attention-deficit/hyperactivity disorder

BIP
Behavioral Intervention Plan

ED
Emotional disturbance

FAPE
Free and appropriate public education

FBA
Functional Behavioral Assessment

IDEA
Individuals with Disabilities Education Act

IEP
Individualized Education Program

IST
Instructional Support Team

LRE
Least restrictive environment

MDR
Manifestation Determination Review

MDT
Multidisciplinary Team

OHI
Other health impaired

SLD
Specific learning disability

SST
Student Study Team

Revised - 1102

IDEA

Who Is Eligible?

IDEA strongly emphasizes the provision of special education and related services that enable students to access and progress in the general education program. Sometimes students with ADHD qualify for special education and related services under the disability categories of "specific learning disability" (SLD) or "emotional disturbance" (ED). For example, a child who has ADHD who also has coexisting learning disabilities may be eligible under the SLD category. Students with ADHD most commonly are eligible for special education and related services under the IDEA category of "other health impaired" (OHI). Eligibility criteria under this category require that the child has a chronic or acute health problem (eg, ADHD) causing limited alertness to the educational environment (due to heightened alertness to environmental stimuli) that results in an adverse effect on the child's educational performance to the degree that special education is needed.

Note: *The adverse effect on educational performance is not limited to academics, but can include impairments in other aspects of school functioning, such as behavior, as well.*

How Does a Parent Access Services Under IDEA?

- **Parents or school personnel may refer a child** by requesting an evaluation to determine eligibility for special education and related services. It is best to put this request in writing.
- Within a limited time frame, **the school's multidisciplinary evaluation team, addressing all areas of the child's difficulties, develops an assessment plan.**
- After parents or guardians consent to the assessment plan, **the child receives a comprehensive evaluation** by the multidisciplinary team of school professionals.
- After the evaluation, **an Individualized Education Program (IEP) meeting is scheduled** with the team, including parents, teacher(s), special education providers, the school psychologist and/or educational evaluator, a school system representative, and the student (as appropriate).
- Based on the results of the evaluation, as well as other input provided by parents and/or other team members, **the team decides whether the child meets eligibility criteria** for special education under one of the categories defined by IDEA.
- **An IEP is developed and written for qualifying students through a collaborative team effort.** It is tailored and designed to address the educational needs of the student.
- The **IEP goes into effect** once the parents sign it and agree to the plan.
- The IEP must address the following:
  - Present levels of educational performance, including how the child's disability affects his or her involvement and progress in the general curriculum
  - Delineation of all special education and related services, modifications (if any), and supports to be provided to the child or on behalf of the child
  - Annual goals and measurable, short-term objectives/ benchmarks
  - The extent (if any) to which the child will not participate with children in the regular class and other school activities
  - Modifications (if any) in the administration of statewide and district-wide tests the child will need to participate in those assessments
  - Dates and places specifying when, where, and how often services will be provided, and by whom

What Happens After the IEP Is Written?

1. Services are provided. These include all programs, supplemental aids, program modifications, and accommodations that are spelled out in the IEP.
2. Progress is measured and reported to parents. Parents are informed of progress toward IEP goals during the year, and an annual IEP review meeting is required.
3. Students are reevaluated every 3 years (triennial evaluation) or sooner if deemed necessary by the team or on parent/ teacher request.

Adapted from Rief S. *The ADD/ADHD Book of Lists.* San Francisco, CA: Jossey-Bass Publishers; 2002, and from material developed by Laurel K. Leslie, MD, San Diego ADHD Project.

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Section 504

Who Is Eligible?

Students with ADHD also may be protected under Section 504 of the Rehabilitation Act of 1973 (even if they do not meet eligibility criteria under IDEA for special education). To determine eligibility under Section 504 (ie, the impact of the disability on learning), the school is required to do an assessment. This typically is a much less extensive evaluation than that conducted for the IEP process. Section 504 is a federal civil rights statute that:

- Protects the rights of people with disabilities from discrimination by any agencies receiving federal funding (including all public schools)
- Applies to students with a record of (or who are regarded as having) a physical or mental impairment that substantially limits one or more major life function (which includes learning)
- Is intended to provide students with disabilities equal access to education and commensurate opportunities to learn as their peers who are not disabled

How Does a Parent Access Services Under Section 504?

- **Parents or school personnel may refer a child** by requesting an evaluation to determine eligibility for special education and related services. It is best to put this request in writing.
- **If the school determines that the child's ADHD *does* significantly limit his or her learning,** the child would be eligible for a 504 plan designating:
  - –Reasonable accommodations in the educational program
  - –Related aids and services, if deemed necessary (eg, counseling, assistive technology)

What Happens After the 504 Plan Is Written?

The implementation of a 504 plan typically falls under the responsibility of general education, not special education. A few sample classroom accommodations may include:

- Tailoring homework assignments
- Extended time for testing
- Preferential seating
- Supplementing verbal instructions with visual instructions
- Organizational assistance
- Using behavioral management techniques
- Modifying test delivery

What Do Section 504 and IDEA Have in Common?

Both:

- Require school districts to provide free and appropriate public education (FAPE) in the least restrictive environment (LRE)
- Provide a variety of supports (adaptations/accommodations/modifications) to enable the student to participate and learn in the general education program
- Provide an opportunity for the student to participate in extracurricular and nonacademic activities
- Require nondiscriminatory evaluation by the school district
- Include due process procedures if a family is dissatisfied with a school's decision

Which One Is Right for My Child—a 504 Plan or an IEP?

This is a decision that the team (parents and school personnel) must make considering eligibility criteria and the specific needs of the individual student. For students with ADHD who have more significant school difficulties:

IDEA usually is preferable because:

- It provides for a more extensive evaluation.
- Specific goals and short-term objectives are a key component of the plan and regularly monitored for progress.
- There is a much wider range of program options, services, and supports available.
- It provides funding for programs/services (Section 504 is non-funded).
- It provides more protections (procedural safeguards, monitoring, regulations) with regard to evaluation, frequency of review, parent participation, disciplinary actions, and other factors.

A 504 plan would be preferable for:

- Students who have milder impairments and don't need special education. A 504 plan is a faster, easier procedure for obtaining accommodations and supports.
- Students whose educational needs can be addressed through adjustments, modifications, and accommodations in the general curriculum/classroom.

Adapted from Rief S. *The ADD/ADHD Book of Lists.* San Francisco, CA: Jossey-Bass Publishers; 2002, and from material developed by Laurel K. Leslie, MD, San Diego ADHD Project.

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Sample Letter #1:
Request for Assessment for Educational Services Under Section 504

(Date)

School Site Principal's Name
School Name
Address

RE: **(Student's Name and Grade)**

Dear **(Principal's Name)*:**

I am the parent of **(Student's Name),** who is in Mr/Ms **(Teacher's Name)'s** class. **(Student's Name)** has been experiencing school problems for some time now. We have been working with the teacher(s) to modify **(his/her)** regular education program but **(we have not seen any improvement** or **the problems have been getting worse).** Therefore, I wish to request an assessment of my child for appropriate educational services and interventions according to the provisions of Section 504 of the Rehabilitation Act.

I look forward to working with you as soon as possible to develop an assessment plan to begin the evaluation process. I request copies of the assessment results 1 week prior to the meeting.

Thank you for your assistance. I can be reached by phone at **(Area Code and Phone Number).**
The best time to reach me is **(times/days).**

Sincerely,

(Sign Your Name)
(Print Your Name)
(Address)
(Telephone Number)

Adapted from San Diego Learning Disabilities Association.
http://ldasandiego.org/

Note: Remember to keep a copy for your files.
*If the principal does not respond, contact the district 504 coordinator. It is recommended that you either write a letter or document your phone conversation. If you do not get a response, you have the right to file a compliance complaint.

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Sample Letter #2:
Request for Assessment for Special Education

(Date)

School Site Principal's Name:
School Name
Address

RE: **(Student's Name and Grade)**

Dear **(Principal's Name)*:**

I am the parent of **(Student's name)** who is in Mr/Ms **(Teacher's Name)'s** class. **(Student's Name)** has been experiencing school problems for some time now. These problems include:_____

_____

We have been working with the teacher(s) to modify **(his/her)** regular education program but **(we have not seen any improvement** or **the problems have been getting worse).** Therefore, I wish to request an assessment of my child for possible special education services according to the provisions of IDEA.

I look forward to working with you within the next 15 days to develop an assessment to begin the evaluation process. Please ensure that I receive copies of the assessment results 1 week prior to the IEP meeting. Thank you for your assistance. I can be reached by phone at **(Area Code and Phone Number).** The best time to reach me is **(times/days).**

Sincerely,

Sign your name
Print your name
Street Address
City, State, ZIP

Doctor's Signature
License Number
Practice Address
City, State, ZIP

Adapted from San Diego Learning Disabilities Association.
http://ldasandiego.org/

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Working With Your Child's School

Why Is My Child Having Trouble in School?

It is very common for children with ADHD to have difficulties in school. These problems can occur for several reasons:

- Symptoms of ADHD like **distractibility and hyperactivity** make it hard for children with ADHD to pay attention or stay focused on their work, even though they may be capable learners and bright enough to understand the material.
- Many children with ADHD also have **trouble organizing** themselves, breaking an assignment down into smaller steps, and staying on a schedule.
- Some children with ADHD have **difficulty with self-control** and get into trouble with peers and/or teachers.
- Many children with ADHD also have **a learning disability.** Schools usually define a learning disability as a discrepancy between a child's IQ score and his or her performance on achievement tests. A child with a learning disability has difficulty understanding information he or she sees or hears OR trouble putting together information from different parts of the brain.
- Children with ADHD often **can learn material but it may take longer** and require more repetition.
- Children with ADHD often show **inconsistency in their work** because of their ADHD; one day they may know information and the next day they cannot seem to remember it.

Typical School Performance Difficulties Associated With ADHD

- Poor organization and study skills
- Weaknesses in written language/writing skills
- Minimal/inconsistent production and output (both in-class assignments and homework)
- Behavior that interferes with learning and impacts on interpersonal relationships
- Immature social skills

What Can I Personally Do to Help?

There are many different ways that a parent's participation can make a difference in a child's school experience, including:

- **Spending time** in the classroom, if your work schedule allows, and observing your child's behavior.
- **Talking with your child's teacher** to identify where your child is having the most problems.
- Working with your child's teacher to make a **plan** for how you will address these problems and what strategies at school and home will help your child be successful at learning and completing work.
- **Acknowledging the extra efforts your child's teacher** may have to make to help your child.
- **Reading all you can about ADHD** and sharing it with your child's teacher and other school officials.
- **Becoming an expert on ADHD and your child.**
- **Finding out about tutoring options** through your child's school or local community groups. Children with ADHD may take longer to learn material compared with other children even though they are just as smart. Tutoring may help your child master new materials.
- **Making sure your child actually has mastered** new material presented so that he or she does not get behind academically.
- **Acknowledging how much harder** it is for your child to get organized, stay on task, complete assignments, and learn material compared with other children. Help your child to get organized, break tasks down into smaller pieces, and expend his or her excess physical energy in ways that are "okay" at home and in the classroom.
- **Praising your child** and rewarding him or her for a job well done immediately after completing tasks or homework.
- **Joining a support group** for parents of children with ADHD or learning disabilities. Other parents may help you with ideas to help your child.

Another good way to get help from your school is to **determine if your school has a regular education process that helps teachers with students who are having learning or behavioral problems that the teacher has been unsuccessful in solving.** The process differs in various school districts and even among different schools in the same district. Some of the names this process may go by include Student Study Team (SST), Instructional Support Team (IST), Pupil Assistance Team (PAT), Student Intervention Team (SIT), or Teacher Assistance Team (TAT).

Parents are encouraged to request a meeting on their child to discuss concerns and create a plan of action to address their child's needs. In addition to the child's teacher, members of the team may include the child, the parents, a mentor teacher or other teachers, the principal, the school nurse, the resource specialist, a speech and language specialist, or a counselor or psychologist. The team members meet to discuss the child's strengths and weaknesses, the child's progress in his or her current placement, and the kinds of problems the child is having. The team members "brainstorm" to develop a plan of action that documents the kinds of interventions that will help the child, the timeline for the changes to take place, and the school staff responsible for the implementation of the team's recommendations.

The team should also come up with a plan to monitor the child's progress. A follow-up meeting should be scheduled within a reasonable time frame (usually 4 to 6 weeks) to determine whether the team's interventions are actually helping the child in the areas of difficulty.

Adapted from material developed by Laurel K. Leslie, MD, San Diego ADHD Project.

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Cover Letter to Teachers

Dear Teacher:

The parents of one of your students are seeking to have their child evaluated by our office for a health concern. As part of our evaluation process, we ask that both the child's parents and teacher complete a set of behavioral rating scales. This information is important for the diagnosis and treatment of your student.

Your time and cooperation in this matter is greatly appreciated. Attached please find a Release of Information Form that the parents have completed and a set of teacher rating scales and questionnaires. These forms include:

1. NICHQ Vanderbilt Teacher Assessment Scale
2. _____
3. _____
4. _____

Generally, the teacher who spends the most time with the child should complete the teacher rating scales. However, if the child has more than one primary teacher, or has a special education teacher, it would be useful for us to obtain a separate set of rating scales from each teacher. If more than one set of rating scales is required, please have the parent contact us directly at _____ and we will forward additional rating scales as needed. Please note that the same teacher should complete each entire set of forms.

Please fill out the forms as completely as possible. If you do not know the answer to a question, please write, "Don't know," so that we can be sure the item was not simply overlooked. Some of the questions in the rating scales may seem redundant. This is necessary to ensure that we obtain accurate diagnostic information.

We ask that you complete these forms as soon as possible, as we are unable to begin a child's evaluation without the teacher rating scales. **The forms should be mailed to us directly in the envelope provided.**

Thank you for your assistance and cooperation in the completion of these forms. If you have any questions regarding the enclosed materials, or if you would like additional information regarding services provided, please do not hesitate to contact us.

Sincerely,

John Doe, MD
Clinical Director
Pediatric Clinic
Pediatric Clinic Address
Pediatric Clinic Phone Number
Pediatric Clinic Fax Number

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Homework Tips for Parents

- **Establish a routine and schedule for homework (a specific time and place)** and adhere to the schedule as closely as possible. Don't allow your child to wait until the evening to get started.
- **Limit distractions** in the home during homework hours (eg, reduce unnecessary noise, activity, and phone calls; turn off the TV).
- **Assist your child in dividing assignments into smaller parts** or segments that are more manageable and less overwhelming.
- **Assist your child in getting started on assignments** (eg, read the directions together, do the first items together, observe as your child does the next problem/item on his or her own). Then get up and leave.
- **Monitor and give feedback without doing all the work together.** You want your child to attempt as much as possible independently.
- **Praise and compliment your child when he or she puts forth good effort and completes tasks.** In a supportive, noncritical manner it is appropriate and helpful to assist in pointing out and making some corrections of errors on the homework.
- **It is not your responsibility to correct all of your child's errors on homework** or make him or her complete and turn in a perfect paper.
- **Remind your child to do homework and offer incentives:** "When you finish your homework, you can…"
- **A contract for a larger incentive/reinforcer may be worked out** as part of a plan to motivate your child to persist and follow through with homework. ("If you have no missing or late homework assignments this next week, you will earn. . .").
- **Let the teacher know your child's frustration and tolerance level in the evening.** The teacher needs to be aware of the amount of time it takes your child to complete tasks and what efforts you are making to help at home.
- **Help your child study for tests.** Study together. Quiz your child in a variety of formats.
- **If your child struggles with reading, help by reading the material together** or reading it to your son or daughter.
- **Work a certain amount of time and then stop working on homework.** Don't force your child to spend an excessive and inappropriate amount of time on homework. If you feel your child worked enough for one night, write a note to the teacher attached to the homework.
- It is very common for students with ADHD to fail to turn in their finished work. It is very frustrating to know your child struggled to do the work, but then never gets credit for having done it. Papers seem to mysteriously vanish off the face of the earth! **Supervise to make sure that completed work leaves the home and is in the notebook/backpack.** You may want to arrange with the teacher a system for collecting the work immediately on arrival at school.
- Many parents find it very difficult to help their own child with schoolwork. Find someone who can. **Consider hiring a tutor!** Often a junior or senior high school student is ideal, depending on the needs and age of your child.
- **Make sure your child has the phone number of a study buddy**—at least one responsible classmate to call for clarification of homework assignments.
- Parents, **the biggest struggle is keeping on top of those dreaded long-range homework assignments** (eg, reports, projects). This is something you will need to be vigilant about. Ask for a copy of the project requirements. Post the list at home and go over it together with your child. Write the due date on a master calendar. Then plan how to break down the project into manageable parts, scheduling steps along the way. Get started AT ONCE with going to the library, gathering resources, beginning the reading, and so forth.

Adapted from Rief S. *The ADD/ADHD Book of Lists.* San Francisco, CA: Jossey-Bass Publishers; 2002

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What Can I Do When My Child Has Problems With Sleep?

Many children with ADHD have difficulty sleeping at night, whether or not they are on medication. This is partially related to the ADHD; parents often describe their children as being "on the go" and collapsing late at night. It may also be due to the fact that stimulant medication has worn off, making it more difficult for them to manage their behavior. Lastly, some children have difficulty falling asleep because the stimulants affect them the same way caffeine affects adults.

Here are a few tips:

- **Develop bedtime rituals/routines.**
  - ☐ A bedtime ritual is a powerful sign that it is time to sleep. It needs to be simple so the child can "re-create" the ritual even if the parent is not present.
  - ☐ Try writing out the bedtime ritual to make it consistent.
- **Pay attention to the sleep environment.**
  - ☐ Background noises, location, sleep partners, bedding, favorite toys, and lighting can all affect a child's ability to fall asleep.
  - ☐ A cool, dark, quiet room is best.
- **Letting children cry themselves to sleep is not recommended.**
  - ☐ Teach them to soothe themselves, such as giving the child a special blanket, a picture of the parent(s), or a stuffed animal to hold while falling asleep.
  - ☐ Avoid activities that depend on a parent's presence, including rocking or holding the child until he or she falls asleep.
- **Make the bedroom a sleep-only zone.**
  - ☐ Remove most toys, games, televisions, computers, and radios from your child's bedroom if your child is having trouble falling asleep or is often up at night.
  - ☐ One or two stuffed animals are acceptable.
- **Limit time in bed.**
  - ☐ Hours spent awake in bed interfere with good sleep patterns; the goal is to make the child's bed a place for sleeping only.
  - ☐ Be aware of how much sleep children need at different ages. Even though adults need about 8 hours of sleep, infants and toddlers often sleep more than 12 hours and children usually sleep 10 hours. Teenagers also need lots of sleep, sometimes requiring 9 hours or more.
- **Establish consistent waking times.**
  - ☐ Bedtimes and waking times should be the same 7 days a week.
  - ☐ It is easier to enforce a waking time than a bedtime.
- **Avoid drinks with caffeine.**
  - ☐ Caffeine is present in a wide range of beverages, such as tea, soda, cocoa, and coffee. Drinking these beverages past the afternoon may make it more difficult for your child to settle down to sleep.
- **Establish daytime routines.**
  - ☐ Regular mealtimes and activity times, including playtime with parents, also help set sleep times.
- **Chart your child's progress.**
  - ☐ Praise your child for successful quiet nights.
  - ☐ Consider marking successful nights on a star chart and providing rewards at the end of the week.
- **Waking up at night is a habit.**
  - ☐ Social contact with parents, feeding, and availability of interesting toys encourage the child to be up late, so set limits on attention-getting behaviors at night.
- **Consider medical problems.**
  - ☐ Allergy, asthma, or conditions that cause pain can disrupt sleep. If your child snores loudly and/or pauses in breathing, talk to your doctor.
- **Try medications to help your child sleep only under the care of your child's doctor.**
  - ☐ Medications need to be used very carefully in young children. Many medications can have complications and make sleep worse.
  - ☐ Some children with ADHD may actually be helped by a small dose of a stimulant medication at bedtime. Paradoxically, this dose may help a child to get organized for sleep.
  - ☐ Some children may ultimately need other bedtime medications—at least for a little while—to help improve sleep. Talk with your doctor before starting any over-the-counter or prescription medications.

Adapted from material developed by Laurel K. Leslie, MD, San Diego ADHD Project, and from material developed by Henry L. Shapiro, MD, FAAP, for the Pediatric Development and Behavior Web site (www.dbpeds.org).

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Drug Table

Generic	Brand†	Approx. Duration of Action^	Recommended Starting Dose; Maximum Daily Dose	Notes	CareOregon Formulary Status	Ave Cost per Unit; Ave Cost per Rx§
Dexmethylphenidate	(Focalin) 2.5, 5, 10mg	3-5 hr	2.5-10mg bid; Max: 20-50mg		Generic	$0.76; $44
	Focalin XR 5,10, 15, 20mg capsule	3-5 hr	5mg qd Max: 30mg	*May be opened and sprinkled on applesauce for immediate consumption.	Non-formulary	$3.68; $153
Dextroamphetamine	(Dexedrine) 5mg tablet	4-5 hr	3-5yr: 2.5mg qd ≥ 6yr: 5mg qd-bid; Max: 40-60mg or 0.5mg/kg/d		Generic	$0.20; $23
	(Dextrostat) 5, 10mg tablet	4-5 hr	3-5yr: 2.5mg qd ≥ 6yr: 5mg qd-bid; Max: 40-60mg or 0.5mg/kg/d		Generic	
	(Dexedrine Spansule) 5, 10, 15mg spansule	8-10 hr	≥ 6yr: 5-10mg qd-bid; Max: 40-60mg or 0.5mg/kg/day	*May be opened and sprinkled on applesauce for immediate consumption.	Generic	$0.76; $42
Mixed Amphetamine Salts	(Adderall) 5, 10, 20, 30mg tablet	4-6 hr	3-5yr: 2.5mg qd ≥ 6yr: 5mg qd-bid; Max: 40-60mg or 0.5-1mg/kg/day		Generic	$0.32; $18
	Adderall XR 10, 20, 30mg capsule	12 hrs	≥ 6yr: 10mg qd; Max: 30-60mg 0.5-1mg/kg/day	*May be opened and sprinkled on applesauce for immediate consumption.	Restricted to age ≤ 19 and Qty Limit of #1 cap per day	$3.92; $140

Drug Table

Generic	Brand†	Approx. Duration of Action^	Recommended Starting Dose; Maximum Daily Dose	Notes	CareOregon Formulary Status	Ave Cost per Unit; Ave Cost per Rx§
Methylphenidate	(Methylin) 5, 10, 20mg tablet, 2.5,5,10 chewable tablets, 5mg/5ml, 10mg/5ml solution	3-4 hr	5mg bid; Max: 60-100mg or 2mg/kg/day		Generic	$0.20; $13
	(Ritalin) 5, 10, 20mg tablet	3-4 hr	5mg bid; Max: 60-100mg or 2mg/kg/day		Generic	
	(Ritalin SR) 20mg tablet	4-8 hr	20mg qam, may split dose qam and afternoon; Max: 60-100mg or 2mg/kg/day	Must be swallowed whole.	Generic	$0.55; $25
	(Methylin ER) 10mg, 20mg tablet	4-8 hr	10-20mg qam, may split dose qam and afternoon; Max: 60-100mg or 2mg/kg/day	Must be swallowed whole.	Generic	
	(Metadate ER) 10mg, 20 tablet	4-8 hr	10mg-40mg qd or split dose qam and afternoon; Max: 60-100mg or 2mg/kg/day	Must be swallowed whole.	Non-formulary	
	Concerta 18, 36, 54, 72mg capsule	8-12 hr	18mg qam; Max: 72-108mg or 2mg/kg/day	Must be swallowed whole.	Restricted to age ≤ 19 and Qty Limit of #1 cap per day	$3.85; $121
	Daytrana 10, 15, 20, 30mg patch	12 hr	10mg qd; Max: 30mg	*Patch may be worn up to 9 hrs and should be replaced daily in the am. Rotate application site daily.	Non-formulary	$4.54; $137

Drug Table

Generic	Brand†	Approx. Duration of Action^	Recommended Starting Dose; Maximum Daily Dose	Notes	CareOregon Formulary Status	Ave Cost per Unit; Ave Cost per Rx§
	Metadate CD 10, 20, 30mg capsule	4-8 hr	10-20mg qam Max: 60-100mg or 2mg/kg/day	*May be opened and sprinkled on applesauce for immediate consumption.	PA Required	$3.19; $124
	Ritalin LA 20, 30, 40mg capsule	4-8 hr	20mg qam; Max: 60-100mg or 2mg/kg/day	*May be opened and sprinkled on applesauce for immediate consumption.	Non-formulary	$3.15; $116
Lisdexamphetamine	Vyvanse 30, 50, 70mg capsule*	10-12 hr	30mg qd; Max: 70mg	*May be opened and contents dissolved in water for immediate consumption.	Non-formulary	$3.63; $109
Atomoxetine	Strattera 10, 18, 25, 40, 60mg	24 hr	< 70kg: 0.5mg/kg/d For 4days then 1.0mg/kg/d for 4 days then 1.2mg/kg/d given qam or divided bid; Max: Lessor of 1.2-1.4mg/kg/d or 100mg		Covered directly by DMAP	$4.21; $127

† (Drug names in parentheses) indicates generic availability. Brand names provided are for reference only and prices reflect generic drugs costs.
* Refer to product information for specific instructions.
^ Duration of behavioral effect varies widely among reported literature and individual response.
§ Cost to CareOregon based on Q108 pharmacy claims data.