

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

Decreased appetite
Sleep problems
Transient headache
Transient stomachache
Behavioral rebound

If Any Infrequent Side Effects Occur, Call Your Doctor Immediately!

Weight loss
Increased heart rate and/or blood pressure
Dizziness
Growth suppression
Hallucinations/mania
Exacerbation of tics and Tourette syndrome (rare)

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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

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

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HE0351

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	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
Academic Performance					
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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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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How to Establish a School-Home Daily Report Card

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? Has it been ensured the child does not receive the reward noncontingently? Are the parents delivering the rewards reliably? Can the child delay gratification long enough for home-based rewards to be effective?	Change the home-based rewards (eg, increase the number of choices on menu, change the hierarchy of rewards). Review reward procedures with parents again and ensure that reward is provided only when the child has earned it. Modify the procedures for delivering the home-based rewards (eg, visual prompts) or the nature of the home-based rewards. Design and implement procedures for providing school-based rewards.

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How to Establish a School-Home Daily Report Card

Daily Home Report Card

Circle Y (Yes) or N (No)

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

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total number of Yeses

Total number of Nos

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Y N	Y N	Y N	Y N	Y N	Y N	Y N
Y N	Y N	Y N	Y N	Y N	Y N	Y N
Y N	Y N	Y N	Y N	Y N	Y N	Y N
Y N	Y N	Y N	Y N	Y N	Y N	Y N
Y N	Y N	Y N	Y N	Y N	Y N	Y N
Y N	Y N	Y N	Y N	Y N	Y N	Y N

Comments:

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How to Establish a School-Home Daily Report Card

Daily School Report Card

Circle Y (Yes) or N (No)

Child's Name _____ Medication _____ Today's Date _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Subjects/Times						
Y N	Y N	Y N	Y N	Y N	Y N	Y N
Y N	Y N	Y N	Y N	Y N	Y N	Y N
Y N	Y N	Y N	Y N	Y N	Y N	Y N
Y N	Y N	Y N	Y N	Y N	Y N	Y N
Y N	Y N	Y N	Y N	Y N	Y N	Y N
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:

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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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How to Establish a School-Home Daily Report Card

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/scooter/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

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*

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

*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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Medication Management Information

Stimulant medication and dosage: Based on the patient's daily schedule and response to medication. Measure at baseline and periodically monitor: Height, weight, blood pressure, pulse, sleep, appetite, mood, tics, family goals, and side effects.

Stimulant Medications - Immediate Release

Active Ingredient	Drug Name	Dosing	Duration of Behavioral Effects*
Mixed salts of amphetamine (Dextroamphetamine/Levoamphetamine)	<ul style="list-style-type: none"> • Adderall Tablets (<i>scored</i>): 5 mg (blue), 10 mg (blue), 20 mg (pink), and 30 mg (pink)	Start with 5 mg 1–2 times per day and increase by 5 mg each week until good control achieved. Maximum Recommended Daily Dose: 40 mg Do not use in patients with Cardiac disease	About 4–6 hours depending on dose
Dextroamphetamine	<ul style="list-style-type: none"> • Dexedrine Tablet: 5 mg (orange) <ul style="list-style-type: none"> • Dextrostat Tablet (<i>scored</i>): 5 mg (yellow) and 10 mg (yellow) 	Tablet: Start with 5 mg 1–2 times per day and increase by 5 mg each week until good control achieved. Maximum Recommended Daily Dose: 40 mg	Tablet: 4–5 hours
Methylphenidate	<ul style="list-style-type: none"> • Ritalin Tablets (<i>scored</i>): 5, 10, and 20 mg <ul style="list-style-type: none"> • Methylin Tablets (<i>scored</i>): 5, 10, and 20 mg <ul style="list-style-type: none"> • Focalin Tablets: 2.5, 5, and 10 mg	Start with 5 mg (2.5 mg for Focalin) 1–2 times per day and increase by 5 mg each week until good control is achieved. May need third reduced dose in the afternoon. Maximum Recommended Daily Dose: 60 mg	3–4 hours

Stimulant Medications Sustained Release, continued on side 2

Active Ingredient	Drug Name	Dosing	Duration of Behavioral Effects*
Mixed salts of amphetamine (Dextroamphetamine/Levoamphetamine)	<ul style="list-style-type: none"> • Adderall XR Capsule (<i>can be sprinkled</i>): 10 mg (blue/blue), 20 mg (orange/orange), and 30 mg (natural/orange)	Start at 10 mg in the morning and increase by 10 mg each week until good control is achieved. Maximum Recommended Daily Dose: 40 mg Do not use in patients with Cardiac disease	8–12 hours
Dextroamphetamine	<ul style="list-style-type: none"> • Dexedrine Spansule Spansule (<i>can be sprinkled</i>): 5, 10, and 15 mg (orange/black)	Start at 5 mg in the morning and increase by 5 mg each week until good control is achieved. Maximum Recommended Daily Dose: 45 mg	8–10 hours
Methylphenidate	<ul style="list-style-type: none"> • Concerta Capsule (<i>noncrushable</i>): 18, 27, 36, and 54 mg	Start at 18 mg each morning and increase by 18 mg each week until good control is achieved. Maximum Recommended Daily Dose: 72 mg	8–12 hours
	<ul style="list-style-type: none"> • Ritalin SR Tablet: 20 mg SR (white) <ul style="list-style-type: none"> • Ritalin LA Capsule (<i>can be sprinkled</i>): 20, 30, and 40 mg	Start at 20 mg in the morning and increase by 20 mg each week until good control is achieved. May need second dose or regular methylphenidate dose in the afternoon. Maximum Recommended Daily Dose: 60 mg	4–8 hours

*These are estimates, as duration may vary with individual child.

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Medication Management Information

Stimulant Medications Sustained Release, continued

Active Ingredient	Drug Name	Dosing	Duration of Behavioral Effects
Methylphenidate (cont.)	<ul style="list-style-type: none"> •Metadate ER Tablet: 10 and 20 mg extended release •Methylin ER Tablet: 10 and 20 mg extended releases 	Start at 10 mg each morning and increase by 10 mg each week until good control is achieved. May need second dose or regular methylphenidate dose in the afternoon. Maximum Recommended Daily Dose: 60 mg	4–8 hours
	<ul style="list-style-type: none"> •Metadate CD Capsule: 10, 20, and 30 mg extended release (<i>can be sprinkled</i>):. 	Start at 10 mg each morning and increase by 10mg mg each week until good control is achieved Maximum Recommended Daily Dose: 60 mg	4–8 hours

Contraindications and Side Effects

Active Ingredient	Contraindications (<i>Stimulants can be used in children with epilepsy.</i>)
Mixed salts of amphetamine	MAO Inhibitors within 14 days Glaucoma, Cardiovascular disease, Hyperthyroidism Moderate to severe hypertension
Dextroamphetamine	MAO Inhibitors within 14 days Glaucoma
Methylphenidate	MAO Inhibitors within 14 days Glaucoma Preexisting severe gastrointestinal narrowing Caution should be used when prescribing concomitantly with anticoagulants, anticonvulsants, phenylbutazone, and tricyclic antidepressants

Common Side Effects: • Decreased appetite • Sleep problems • Transient headache • Transient stomachache • Behavioral rebound

Infrequent Side Effects: • Weight loss • Increased heart rate, blood pressure • Dizziness • Growth suppression • Hallucinations/mania • Exacerbation of tics and Tourette syndrome (rare)

Possible Strategies for Common Side Effects: (If one stimulant is not working or produces too many adverse side effects, try another stimulant before using a different class of medications.) Decreased Appetite Behavioral Rebound Irritability/Dysphoria • Dose after meals • Try sustained-release stimulant • Decrease dose • Frequent snacks medication • Try another stimulant medication • Drug holidays • Add reduced dose in late afternoon • Consider coexisting conditions, especially depression Sleep Problems Exacerbation of Tics (rare) Psychosis/Euphoria/Mania/Severe • Bedtime routine • Observe Depression • Reduce or eliminate afternoon dose • Reduce dose • Stop treatment with stimulants • Move dosing regimen to earlier time • Try another stimulant or class of • Referral to mental health specialist • Restrict or eliminate caffeine medications

Non Stimulant Medications

Active Ingredient	Drug Name	Dosing
Atomoxetine HCL	Strattera Capsule: 10mg, 18mg, 25mg, 40 mg, 60mg	Start as a single daily dose, based on weight, 0.5mg/kg/day for the first week then increase up to a max 1.4 mg/kg/day all given in 1 daily dose.

*These are estimates, as duration may vary with individual child. Note: Drugs listed on this handout do not appear in any order of importance. The appearance of the names American Copyright ©2002 American Academy of Pediatrics and Academy of Pediatrics and National Initiative for Children's Healthcare Quality does not imply endorsement of any National Initiative for Children's Healthcare Quality product or service. The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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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

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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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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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

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Consumer & Specialty Pharmaceuticals

HE0350

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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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 in the past _____ 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

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NICHQ Vanderbilt Assessment Follow-up—PARENT Informant

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:

For Office Use Only

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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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

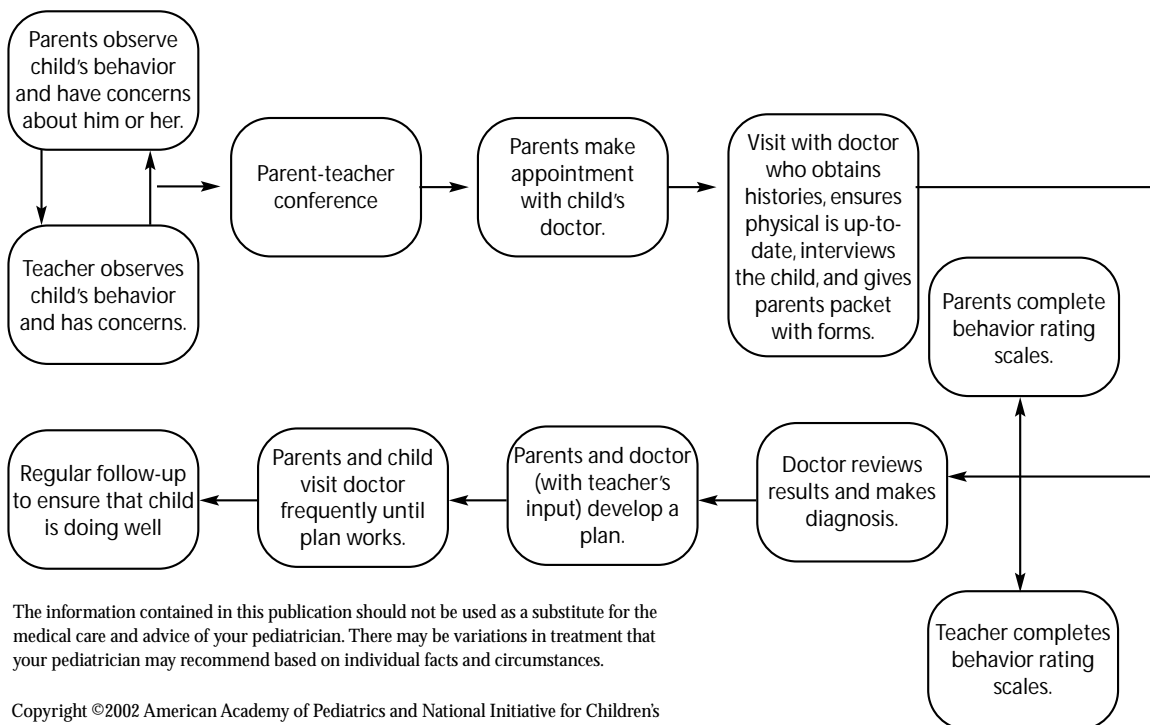
their hearing or vision, and some children may actually have ADHD. The answer comes from the parents, other family members, doctors, and other professionals working as a team. Here are the steps that the *team* needs to take to evaluate your child.

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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