

Action Plan for ADD, ADHD, ODD or other Behavioral Issues

Child's Name: _____

Date: _____

School: __SO __PV __RR __MIS __EMIS

Diagnosis: __ADD __ADHD __ODD __Other - _____

If your child does not take medication for this diagnosis please skip to part B.

1. Does your child take medication for this diagnosis? __Yes __No

2. What medication does the child take and what dosage? _____

3. Who administers the medication and what times? _____

4. Please describe what behaviors the child exhibits when they have not had their medication: _____

5. Please describe how the child reacts to the medication: (behavioral changes, appetite changes, activity level changes etc.) _____

6. What symptoms would we notice if the child has a possible overdose?

Part B

____ My child does not take medication for the diagnosis listed above.

1. Please give us details about your child that describe behaviors exhibited by the child due to the diagnosis. _____

Action Plan for ADD, ADHD, ODD or other Behavioral Issues

2. Please describe things that will trigger/upset your child and cause undesirable behaviors that the staff would need to know about.

3. Please describe any techniques that would help the staff assist your child when they are exhibiting the behaviors in order to help calm the child.

4. What types of things (that we could do at school) motivate your child to respond in a positive manner?

5. Does your child have an IEP for School? ___ Yes ___ No

6. Do you give permission for the Site Director to request a conference with your child's teacher to review the IEP for the expressed purpose of addressing consistency in your child's behavior plan or homework accommodations if needed? ___ Yes ___ No

Do you have any other concerns that you wish to speak with us about?

Parent Signature: _____ Date: _____

Director's Signature: _____ Date: _____