

BROOKLYN MIDDLE SCHOOL  
119 Gorman Road  
Brooklyn, CT 06234

Dear Parents/Guardians:

Your child's health record indicates a history of medication for Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD). This questionnaire will provide information to benefit the care of your child while he/she is receiving medication for ADD/ADHD. It will also help us to individualize a health care plan for your child.

If you have questions or concerns, please contact the school nurse at 774-9153 (option number 2 from the auto attendant). Thank you for your continued cooperation in helping us provide the best possible care for your child.

1. Name of medication \_\_\_\_\_

2. Dosage \_\_\_\_\_

3. **Does your child's physician require progress reports? YES NO**

4. **If yes, how often? Weekly Bi-weekly Monthly Quarterly**  
(I will mail a copy home and keep one here in the health record)

5. Does your child take prescribed medication on the weekends or vacations?  
YES NO

6. Has your child been through and significant changes in his/her life such as residence, death, separation in the family?

7. What other methods have been used to manage ADD/ADHD?

- A. Behavior Management
- B. Counseling
- C. Diet
- D. Homeopathic

8. Last time seen by a physician? \_\_\_\_\_

9. May we contact your child's physician? YES NO

10. Physician's name \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_