

BROOKLYN PARK OFFICE  
8500 Edinbrook Parkway  
Brooklyn Park MN 55443  
(763) 425-1211  
FAX (612) 874-2907

CALHOUN OFFICE  
3910 Excelsior Boulevard  
St Louis Park MN 55416  
(952) 562-8787  
FAX (612) 874-2909

MAPLE GROVE OFFICE  
Bass Lake Center  
12720 Bass Lake Road  
Maple Grove MN 55369  
(763) 559-2861  
FAX (612) 874-2902

PLYMOUTH OFFICE  
WestHealth  
2855 Campus Drive, #350  
Plymouth MN 55441  
(763) 520-1200  
FAX (612) 874-2908

ROGERS OFFICE  
13980 Northdale Boulevard  
Rogers MN 55374  
(763) 428-1920  
FAX (612) 874-2916

**ADHD FOLLOW-UP VISITS**  
FOR STUDENTS IN ELEMENTARY SCHOOL

Children on medication for Attention Deficit Hyperactivity Disorder are required to return to the office for regular follow-up visits at least every one to four months. We rely on information from both parents and school to assess progress and make recommendations about ongoing treatment. We prefer using standardized materials whenever possible to make these decisions.

Please bring the following items with you to each follow-up visit:

1. Parent School Progress Follow-up Evaluation Form (attached & on our website)
2. Teacher School Progress Follow-up Evaluation Form (attached & on our website)
3. A copy of your child's most recent school report card.
4. Copies of any recent academic evaluations, school staffing reports, or IEP.
5. Additional written reports from school teachers or staff.
6. Recent reports from psychologist or therapist.

Attached are the forms you will need for your next visit. You should keep the materials listed above until it is time to have your child's teachers fill them out. It probably works best to give the forms to the teacher about two weeks prior to your appointment. Then arrange a date 7 to 10 days later to pick them up yourself.

If you have misplaced the packet, please call our office to get another set of questionnaires. You can also print them from our website [www.pipstop.com](http://www.pipstop.com).



Thank you.

Patient's Name: \_\_\_\_\_

\* Your child's next appointment is on: (Date) \_\_\_\_\_  
(Time) \_\_\_\_\_  
(Doctor) \_\_\_\_\_  
(Location) \_\_\_\_\_

# PARENT SCHOOL PROGRESS FOLLOW-UP EVALUATION

Parent to Complete  
in the month of \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

- Are your child's ADHD symptoms controlled consistently throughout the day?  Yes  No
- If your child is currently taking ADHD medication, how long does it control his/her symptoms? \_\_\_\_\_ Hours.
- Are your child's ADHD symptoms controlled during after-school hours including homework time?  Yes  No
- If not, what ADHD symptoms are not adequately controlled during this time? \_\_\_\_\_

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- Do you feel that your child needs more symptom control than what is provided by his/her current ADHD treatment plan?  No  Yes
- Do you feel that your child's current or prior ADHD medication is/was well tolerated?  Yes  No

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 and/or activities.	0	1	2	3
22. Deliberately annoys people.	0	1	2	3
23. Blames others for his or her mistakes or misbehavior.	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. Is fearful, anxious, or worried.	0	1	2	3
28. Is afraid to try new things for fear of making mistakes.	0	1	2	3
29. Feels worthless or inferior.	0	1	2	3
30. Blames self for problems, feels guilty.	0	1	2	3
31. Feels lonely, unwanted, or unloved; complains that "no one loves him or her".	0	1	2	3
32. Is sad, unhappy, or depressed.	0	1	2	3
33. Is self-conscious or easily embarrassed.	0	1	2	3



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

PERFORMANCE	EXCELLENT	ABOVE AVERAGE	AVERAGE	SOMEWHAT OF A PROBLEM	PROBLEMATIC
34. Overall school performance	1	2	3	4	5
35. Reading	1	2	3	4	5
36. Writing	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Relationships with parents.	1	2	3	4	5
39. Relationships with siblings.	1	2	3	4	5
40. Relationships with peers.	1	2	3	4	5
41. Participation in organized activities (e.g. teams)	1	2	3	4	5
<b>Side Effects:</b> Has your child experienced any of the following side effects or problems in the past week?	<b>NONE</b>	<b>MILD</b>	<b>MODERATE</b>	<b>SEVERE</b>	
Change of appetite	0	1	2	3	
Weight loss	0	1	2	3	
Trouble sleeping	0	1	2	3	
Dull, tired, listless behavior	0	1	2	3	
Chest pain	0	1	2	3	
Stomachache	0	1	2	3	
Headache	0	1	2	3	
Tremors/feeling shaky	0	1	2	3	
Repetitive movements, tics, jerking, twitching, eye blinking	0	1	2	3	
Picking at skin or fingers, nail biting, lip or cheek chewing	0	1	2	3	
Irritability in the late morning, late afternoon, or evening	0	1	2	3	
Problem behaviors when medications are wearing off	0	1	2	3	
Excessive worrying, anxiety	0	1	2	3	
Sees or hears things that aren't there	0	1	2	3	
Socially withdrawn – decreased interaction with others	0	1	2	3	
Extreme sadness or unusual crying	0	1	2	3	
Dizziness	0	1	2	3	
Skin rash	0	1	2	3	

**COMMENTS:**

Please return this form to: **PARTNERS IN PEDIATRICS**

<input type="checkbox"/> Brooklyn Park office 8500 Edinbrook Parkway Brooklyn Park MN 55443 Phone: 763-425-1211 Fax: 612-874-2907	<input type="checkbox"/> Calhoun office 3910 Excelsior Boulevard St Louis Park MN 55416 Phone: 952-562-8787 Fax: 612-874-2909	<input type="checkbox"/> Maple Grove office 12720 Bass Lake Road Maple Grove MN 55369 Phone: 763-559-2861 Fax: 612-874-2902	<input type="checkbox"/> Plymouth office 2855 Campus Drive, #350 Plymouth MN 55441 Phone: 763-520-1200 Fax: 612-874-2908	<input type="checkbox"/> Rogers office 13980 Northdale Boulevard Rogers MN 55374 Phone: 763-428-1920 Fax: 612-874-2916
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**For Office Use Only**

Inattention 1-9: \_\_\_\_\_ /9      Hyp-Imp 10-18: \_\_\_\_\_ /9      ODD 19-26: \_\_\_\_\_ /8      Dep / Anx 27-33 \_\_\_\_\_ /7

Strengths: \_\_\_\_\_ Weaknesses: \_\_\_\_\_

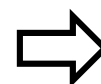
# TEACHER SCHOOL PROGRESS FOLLOW-UP EVALUATION

Teacher to Complete  
in the month of \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Class Name/subject: \_\_\_\_\_ Class Time /Period: \_\_\_\_\_

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 and/or activities.	0	1	2	3	
22. Deliberately annoys people.	0	1	2	3	
23. Blames others for his or her mistakes or misbehavior.	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. Is fearful, anxious, or worried.	0	1	2	3	
28. Is afraid to try new things for fear of making mistakes.	0	1	2	3	
29. Feels worthless or inferior.	0	1	2	3	
30. Blames self for problems, feels guilty.	0	1	2	3	
31. Feels lonely, unwanted, or unloved; complains that "no one loves him or her".	0	1	2	3	
32. Is sad, unhappy, or depressed.	0	1	2	3	
33. Is self-conscious or easily embarrassed.	0	1	2	3	
PERFORMANCE	EXCELLENT	ABOVE AVERAGE	AVERAGE	SOMEWHAT OF A PROBLEM	PROBLEMATIC
34. Following directions	1	2	3	4	5
35. Disrupting class	1	2	3	4	5
36. Assignment completion	1	2	3	4	5
37. Organizational skills	1	2	3	4	5
38. Relationships with peers	1	2	3	4	5
48. Reading – accuracy of work completed	1	2	3	4	5
49. Mathematics – accuracy of work completed	1	2	3	4	5
50. Written expression - accuracy of work completed	1	2	3	4	5



Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**COMMENTS:**

Please return this form to: **PARTNERS IN PEDIATRICS** or send to parents

<input type="checkbox"/> Brooklyn Park office 8500 Edinbrook Parkway Brooklyn Park MN 55443 Phone: 763-425-1211 Fax: 612-874-2907	<input type="checkbox"/> Calhoun office 3910 Excelsior Boulevard St Louis Park MN 55416 Phone: 952-562-8787 Fax: 612-874-2909	<input type="checkbox"/> Maple Grove office 12720 Bass Lake Road Maple Grove MN 55369 Phone: 763-559-2861 Fax: 612-874-2902
<input type="checkbox"/> Plymouth office 2855 Campus Drive, #350 Plymouth MN 55441 Phone: 763-520-1200 Fax: 612-874-2908	<input type="checkbox"/> Rogers office 13980 Northdale Boulevard Rogers MN 55374 Phone: 763-428-1920 Fax: 612-874-2916	

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Inattention 1-9: \_\_\_\_\_/9      Hyp-Imp 10-18: \_\_\_\_\_/9      ODD 19-26: \_\_\_\_\_/8      Dep / Anx 27-33: \_\_\_\_\_/7

Academic Strengths:

Academic Weakness: