

New Observer Med Form for School/Work

Patient Name _____

Date: ___/___/___

DOB ___/___/___

Completed by: _____

Dear School/Employer:

The above named patient has been diagnosed with Attention Deficit/Hyperactivity Disorder. We need your input to determine if the current treatment program is effective. Please rate the following, comparing the patient to others of the same age and gender. Please fill out and return to:

PLEASE ENTER NAME OF DOCTOR

Four Seasons Pediatrics
532 Moe Road * Clifton Park, NY 12065 * Telephone 383-2425

Main Effects on Behavior:	Not a Problem	Occasionally A Problem	Frequently A Problem	Severe Problem Compared with Others
Staying on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finishing work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acting before thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calling out inappropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizing work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restlessness/Fidgety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talkative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Achievement / Grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relating to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Observations: Comments (Please add where you have noted changes)

- Appetite loss _____
- Headaches, Abdominal Pain _____
- Seems tired _____
- Slowed down, spacey _____
- Moodiness, irritability _____
- Repeated nervous habits _____
- Sadness, withdrawal _____

Have you noted any difference between the morning and afternoon? _____

Homework/Projects:

- Are homework/home projects being completed? Yes / No
- Is there much difficulty completing homework or projects? Yes / No
- How long does it take for the assignment to be completed? _____

PLEASE ANSWER QUESTIONS ON OPPOSITE SIDE!

ADHD Rating Scale IV – School Version

	0	1	2	3
1. Fails to give close attention to details or makes careless mistakes in school work, work, or other activities?	Never	Sometimes	Often	Always
2. Fidgets with hands or feet or squirms in seat?	Never	Sometimes	Often	Always
3. Has difficulty sustaining attention in tasks or play activities?	Never	Sometimes	Often	Always
4. Leaves the seat in class or in other situations in which remaining seated is expected?	Never	Sometimes	Often	Always
5. Does not seem to listen when spoken to directly?	Never	Sometimes	Often	Always
6. Runs about or climbs excessively in situations in which it is inappropriate?	Never	Sometimes	Often	Always
7. Does not follow through on instructions or finish schoolwork, chores, or work?	Never	Sometimes	Often	Always
8. Has difficulty playing or engaging in leisure activities quietly?	Never	Sometimes	Often	Always
9. Has difficulty organizing tasks and activities?	Never	Sometimes	Often	Always
10. Seems driven by a motor or always on the go?	Never	Sometimes	Often	Always
11. Avoids, dislikes, or seems reluctant to engage in tasks that require sustained mental effort such as schoolwork or home work?	Never	Sometimes	Often	Always
12. Talks excessively?	Never	Sometimes	Often	Always
13. Loses things necessary for tasks or activities (toys, school assignments, pencils, books, tools)?	Never	Sometimes	Often	Always
14. Blurts out answers before the question is completed?	Never	Sometimes	Often	Always
15. Is easily distracted by things that go on around him?	Never	Sometimes	Often	Always
16. Has difficulty waiting turns?	Never	Sometimes	Often	Always
17. Is forgetful in daily activities?	Never	Sometimes	Often	Always
18. Interrupts or intrudes on others (butt into conversations or games)?	Never	Sometimes	Often	Always

Inattention = _____ 2 Std Dev = _____ Hyp-Imp = _____ 2 Std Dev = _____
 Combined = _____ 2 Std Dev = _____