

HARVEST CHRISTIAN ACADEMY

ADD/ADHD CARE PLAN



Student Name: _____ DOB: _____ Today's Date: _____

Age at Diagnosis: _____ Combined _____ Inattentive _____ Hyperactive _____

Parent(s) Name: _____ Phone: _____

Physician Name: _____ Phone: _____

_____ Student has been diagnosed but parent requests no accommodation at school

_____ Student has been diagnosed and parent requests doctor recommendations be followed while at school.

To be filled out by the doctor:

Inattention Symptoms: (circle or check)			
Dislikes tasks that take focus for a long time	Difficulty keeping attention on task or play	Trouble organizing tasks	Rarely finishes tasks
Does not follow through on instructions with schoolwork, chores	Difficulty with close attention to details	Easily distracted	Difficulty sitting still
Looses things necessary for tasks	Does not seem to listen when spoken to directly	Forgetful in daily activities	

Hyperactive Symptoms: (circle or check)				
Fidgets with or taps hands or feet, or squirms in seat.	Often leaves seat in situations when remaining seated is expected.	Often runs about or climbs in situations where it is not appropriate	Often unable to play or take part in leisure activities quietly.	Often interrupts or intrudes on others
Is often "on the go" acting as if "driven by a motor".	Often blurts out an answer before a question has been completed.	Often has trouble waiting his/her turn.	Often talks excessively.	

