

# the Pediatric Group, *LLP*

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Dear Parents:

We look forward to working with you to evaluate your child's behavioral and developmental issues and feel confident that, together, we will explore all the possibilities that may explain your child's behaviors and/or learning disabilities. When a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) is considered, it is important that parents educate themselves with information and resources that we or the school system will make available so that you can be better informed. We will also determine if there are any other additional problems such as anxiety, depression, or a physical illness, that may have an impact on your child's behavior.

This comprehensive packet of information includes several forms to be completed by you and your child's teacher(s), in addition to reference materials to educate you on the types of ADHD and the problems that accompany this condition. We ask that you also include a no more than two page summary of your child's health (including birth, chronic illnesses, surgeries, hospitalizations, etc.), developmental milestones, educational achievements, and any areas of concern. The information you and your child's teacher(s) provide on the enclosed forms will help us in determining if your child has any of the typical clinical or diagnostic findings consistent with ADHD.

Once you have collected the appropriate information and completed the necessary forms, please return them to your child's primary care provider. Once the completed forms have been reviewed, we will contact you to schedule a consultation appointment. Patient's initial evaluation and treatment plan will require a recent complete health assessment, including blood tests, and involve frequent visits. During medication changes or discussion regarding progress, some of the visits can be made over the phone for which there will be a charge.

It is the family's responsibility to collect information regularly, including report cards, Connor scales, Vanderbilt assessment scales, and any other pertinent information from teachers and tutors during the treatment period.

If you have any questions, please feel free to call us at 410-721-2273 and leave a message directly with your primary care provider. Please be sure to leave your name, your child's name, and a daytime and evening phone number where you may be reached.

Thank You,

The Providers of the Pediatric Group

# NICHQ Vanderbilt Assessment Scale – PARENT Informant\*

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

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

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child  was on medication  was not on medication  not sure?

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 or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	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. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (i.e. "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3

# NICHQ Vanderbilt Assessment Scale – PARENT Informant\*

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

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

Symptoms	Never	Occasionally	Often	Very Often
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

<i>Performance</i>	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (e.g. teams)	1	2	3	4	5

Comments:

### For Office Use Only

Total number of questions scored 2 or 3 in questions 1-9: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 10-18: \_\_\_\_\_

Total Symptom Score for questions 1-18: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 19-26: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 27-40: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 41-47: \_\_\_\_\_

Total number of questions scored 4 or 5 in questions 48-55: \_\_\_\_\_

Average Performance Score: \_\_\_\_\_

## NICHQ Vanderbilt Assessment Scale—TEACHER Informant

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

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

**Directions:** Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: \_\_\_\_\_.

Is this evaluation based on a time when the child  was on medication  was not on medication  not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous 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 in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (eg, butts into conversations/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

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National Initiative for Children's Healthcare Quality



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

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

<b>Symptoms (continued)</b>	<b>Never</b>	<b>Occasionally</b>	<b>Often</b>	<b>Very Often</b>
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems; feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

<b>Performance</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Somewhat of a Problem</b>	<b>Problematic</b>
<b>Academic Performance</b>					
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

<b>Classroom Behavioral Performance</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Somewhat of a Problem</b>	<b>Problematic</b>
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

**Comments:**

Please return this form to: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Fax number: \_\_\_\_\_

**For Office Use Only**

Total number of questions scored 2 or 3 in questions 1–9: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 10–18: \_\_\_\_\_

Total Symptom Score for questions 1–18: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 19–28: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 29–35: \_\_\_\_\_

Total number of questions scored 4 or 5 in questions 36–43: \_\_\_\_\_

Average Performance Score: \_\_\_\_\_

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# ADHD Resource Guide

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410.721.CARE



## BOOKS

### 1. ADHD: What Every Parent Needs to Know

American Academy of Pediatrics, 2011

<http://www.healthychildren.org/english/bookstore/pages/ADHD-What-Every-Parent-Needs-to-Know-2nd-Edition.aspx>

### 2. Mental Health, Naturally

Author: Kathi Kemper, M.D., F.A.A.P.

<http://www.healthychildren.org/english/bookstore/pages/Mental-Health-Naturally.aspx>

### 3. Drive to Distraction

Author: Edward N. Hallowell, M.D.

<http://www.amazon.com/Driven-Distraction-Recognizing-Attention-Childhood/dp/0684801280>

## WEBSITES

### American Academy of Pediatrics

<http://www.aap.org/healthtopics/adhd.cfm>

### Health Children

<http://www.healthychildren.org/english/health-issues/conditions/adhd/Pages/default.aspx>

### Children and Adults with Attention Deficit/Hyperactivity Disorder

<http://www.chadd.org/>

### Attention Deficit Disorder Association

<http://add.org>

### Maryland State Department of Education

#### Developing and Individualized Education Plan (IEP) with your Child's Teacher

[http://www.msde.maryland.gov/MSDE/divisions/earlyinterv/Audio\\_Understanding\\_the\\_Process.htm/WBCMODE=PresentationUnp%25%25%3e%25%25%3e%25%3e%25%3e%25%3e](http://www.msde.maryland.gov/MSDE/divisions/earlyinterv/Audio_Understanding_the_Process.htm/WBCMODE=PresentationUnp%25%25%3e%25%25%3e%25%3e%25%3e%25%3e)



This information is based on the American Academy of Pediatrics' policy statements *Diagnosis and Evaluation of the Child with Attention-Deficit/Hyperactivity Disorder*, published in the May 2000 issue of *Pediatrics*, and *Treatment of the School-Aged Child with Attention-Deficit/Hyperactivity Disorder*, published in the October 2001 issue of *Pediatrics*. *Parent Pages* offer parents relevant facts that explain current policies about children's health.

## ADHD and Your School-Aged Child

Attention-deficit/hyperactivity disorder (ADHD) is a condition of the brain that makes it hard for children to control their behavior. It is one of the most common chronic conditions of childhood. All children have behavior problems at times. Children with ADHD have frequent, severe problems that interfere with their ability to live normal lives.

### A child with ADHD may have one or more of the following behavior symptoms:

- **Inattention** - Has a hard time paying attention, day-dreams, is easily distracted, is disorganized, loses a lot of things.
- **Hyperactivity** - Seems to be in constant motion, has difficulty staying seated, squirms, talks too much.
- **Impulsivity** - Acts and speaks without thinking, unable to wait, interrupts others.

### How can I tell if my child has ADHD?

Your pediatrician will assess whether your child has ADHD using standard guidelines developed by the American Academy of Pediatrics. Keep in mind the following:

- These guidelines are for children 6 to 12 years of age. It is difficult to diagnose ADHD in children who are younger than this age group.
- The diagnosis is a process that involves several steps. It requires information about your child's behavior from you, your child's school, and/or other caregivers.
- Your pediatrician also will look for other conditions that have the same types of symptoms as ADHD. Some children have ADHD and another (coexisting) condition, e.g., conduct disorder, depression, anxiety, or a learning disability.
- There is no proven test for ADHD at this time.

### If your child has ADHD, the symptoms will

- Occur in more than one setting, such as home, school, and social settings.
- Be more severe than in other children the same age.
- Start before your child reaches 7 years of age.
- Continue for more than six months.
- Make it difficult to function at school, at home, and/or in social settings.

### What does treatment for ADHD involve?

As with other chronic conditions, families must manage the treatment of ADHD on an ongoing basis. In most cases, treatment for ADHD includes the following:

1. **A long-term management plan.** This will have:
  - **Target outcomes** (behavior goals, e.g., better school work)
  - **Follow-up activities** (e.g., medication, making changes that affect behavior at school and at home)
  - **Monitoring** (checking the child's progress with the target outcomes)
2. **Medication.** For most children, stimulant medications are a safe and effective way to relieve ADHD symptoms.
3. **Behavior Therapy.** This focuses on changing the child's environment to help improve behavior.
4. **Parent Training.** Training can give parents specific skills to deal with ADHD behaviors in a positive way.
5. **Education.** All involved need to understand what ADHD is.
6. **Teamwork.** Treatment works best when doctors, parents, teachers, caregivers, other health care professionals, and the child work together.

It may take some time to tailor your child's treatment plan to meet his needs. Treatment may not fully eliminate the ADHD-type behaviors. However, most school-aged children with ADHD respond well when their treatment plan includes both stimulant medications and behavior therapy.

### Is there a cure for ADHD?

There is no proven cure for ADHD at this time. The cause of ADHD is unclear. Research is ongoing to learn more about the role of the brain in ADHD and the best ways to treat the disorder. Many good treatment options are available. The outlook for children who receive treatment for ADHD is encouraging.

As a parent, you play a very important part in providing effective treatment for your child.

**For further information** ask your pediatrician about "Understanding ADHD: Information for Parents About Attention-Deficit/Hyperactivity Disorder," a new booklet from the American Academy of Pediatrics.

*The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.*

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