

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE GIVE ALL VANDERBILT & CONNOR'S FORMS TO THE NURSE.  
This questionnaire is for parents of children less than 14 years of age.**

1. WHAT ARE YOUR CHILD'S STRENGTHS (academic, personality, music, sports, etc.?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Did you bring your child's report card? Y      N

3. Is your child's school performance this year, better, worse or same \_\_\_\_\_.

4. How long has your child been on medication for ADHD? \_\_\_\_\_.

5. Does your child have any learning disabilities (not ADHD)? Y      N  
What is the disability? \_\_\_\_\_.

6. Is your child on an Individual Education Program? Y      N  
If yes, what services and how much time? \_\_\_\_\_

7. Has your child been tested either privately or in the school by a  
Neuropsychologist? Y      N  
If so, when? \_\_\_\_\_.

8. Has your child's ability to do her/his homework? Poor, Fair, Good? \_\_\_\_\_.

9. Does your child have any side effects from the medicine? Y      N  
If yes:

Appetite	Poor	Fair	Good
Sleep	Poor	Fair	Good
Mood	Poor	Fair	Good
Tic	Y	N	
Other	_____		

10. Does your child have organizational problems? Y      N

11. Does your child have a tutor? Y      N

12. Is your child hyperactive? Y      N

13. Is your child inattentive? Y      N

14. How are your child's organizational skills? Poor, Fair, Good? \_\_\_\_\_.

15. Do you have any concerns to discuss about your child's behavior or  
academics? Y      N

If yes, \_\_\_\_\_  
\_\_\_\_\_