

# Bethel Health Assessment



Student Name \_\_\_\_\_ School \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_

## ADD – ADHD ASSESSMENT

You have checked on school records that this student has **Attention Deficit or Attention Deficit Hyperactivity**. Please complete this form & return it to your student's school so that appropriate information may be shared with school personnel. Your school nurse is available for consultation.

What year/grade was ADD or ADHD diagnosed? \_\_\_\_\_

ADD – ADHD is being treated by Dr. \_\_\_\_\_ Phone \_\_\_\_\_

IS MEDICATION NEEDED TO TREAT THE ADD – ADHD? Yes \_\_\_\_\_ No \_\_\_\_\_

MEDICATIONS

AMOUNT TAKEN

WHEN - TIME

1. \_\_\_\_\_

2. \_\_\_\_\_

(Circle number of any of these medications to be taken at school.)

Other treatment for the ADD or ADHD? \_\_\_\_\_

What are the most common strengths your student has at school? \_\_\_\_\_

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

What are the most common difficulties your student would have at school? \_\_\_\_\_

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

What can the school do that would be helpful? \_\_\_\_\_

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

Do you have concerns about learning difficulties? \_\_\_\_\_

\_\_\_\_\_

Does your student have an active IEP or educational plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Continue to the second page**

# Bethel Health Assessment



Student Name: \_\_\_\_\_

**Parent/Guardian Contact #1**

**Emergency Contact #2**

**Emergency Contact #3**

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Work # \_\_\_\_\_

Work # \_\_\_\_\_

Work # \_\_\_\_\_

**To provide for your child's educational experience the above information will be shared with school staff, included in your child's school health record and may be shared electronically.**

\_\_\_\_\_  
Signature of Parent/Guardian Date

**RETURN THIS FORM TO THE SCHOOL**  
(For Staff use only below this line)

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**DATE**

**SIGN / INITIAL**

STUDENT COMPUTER SYSTEM ENTRY \_\_\_\_\_

\_\_\_\_\_

INFORMATION SHARED WITH STAFF \_\_\_\_\_

\_\_\_\_\_

Additional notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_