FRANKLIN COUNTY SPECIAL EDUCATION

Teacher Report

Behavioral Progress Report

Student's Name _____

Today's Date _____

This child is receiving medical treatment due to a condition of ADHD or a related disorder. This report is needed to communicate with the treating physician. Side effects and benefits of medication need to be monitored on a regular basis. You are an important member of the treatment team and your help is appreciated. This information will be shared with the doctor and the parent. Direct questions to the Special Education Office a (931) 967-0626.

Your name		_ (cir	cle one): Parent Teacher Grade in school							
School	r teachers): Subjects you teach									
SIDE EFFECTS										
Have you seen side effects?	Yes	No	Describe (increase or decrease, time of day, etc?)							
Changes in appetite										
Sleepiness										
Irritability/Agitation										
Medication wearing off (time?)										

List other possible side effects:

CHANGES

	WO	WORSE		TER	No Change	No Change Never was	Comments	
	Much -2	Some -1	Some +1	Much +2	<u>Still</u> a problem	a problem		
Impulsivity								
Hyperactivity, talking, fidgetiness, nervous tics								
Attention								
Aggression / Anger								
Changes in Homework / Schoolwork								
Other								

Child <u>does not receive</u> medication at school.		Child does receive	medication regularly	at school.
Child receives medication at school, but ran out	t	days ago.		

ADDITIONAL COMMENTS: (Please attach any work, grades or other information you wish.)

If possible, please send or bring a copy of the most recent report card.

WORK AND WORK HABITS

- □ <u>all</u> work completed and turned in on time
- □ <u>some</u> work completed
- □ <u>attempts</u> work and asks for help
- □ <u>rarely</u> turns in work

BEHAVIOR AND ATTITUDE

- excellent
- 🗆 good
- □ showing improvement
- □ fair still needs improvement
- □ disruptive in class
- very poor