

# Rainbow Children's Clinic

## ADD/ADHD Initial Evaluation Packet

### Basic School Information Form

**Please make sure that all forms are filled out completely. If not, the patient cannot be seen and appointment will have to be rescheduled.**

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

School Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person at School: Please circle preferred contact(s):

❖ Teacher Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Best Times to Call: \_\_\_\_\_

❖ Principal Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

❖ Other (Name-Position): \_\_\_\_\_

Phone: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

• Classroom Type:

\_\_\_\_\_ Regular \_\_\_\_\_ Learning Disabilities (SLD) \_\_\_\_\_ Developmental Handicap  
\_\_\_\_\_ Severe behavioral handicap (5BH) \_\_\_\_\_ Other: (please describe) \_\_\_\_\_

• What concerns does the school have about this child? (Check all that apply):

\_\_\_\_\_ Possible Attention Deficit (ADHD)

\_\_\_\_\_ Possible Neurological Problems

\_\_\_\_\_ Possible medical causes of learning problems

\_\_\_\_\_ Possible psychological/emotional problems

\_\_\_\_\_ Other (please specify): \_\_\_\_\_

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- Is a learning disability or cognitive delay suspected?

\_\_\_\_\_ No Learning/cognitive delay suspected

\_\_\_\_\_ LD or low IQ suspected (please explain why): \_\_\_\_\_

- Is child's behavior a problem?

\_\_\_\_\_ No behavior problem

\_\_\_\_\_ Yes, behavior is a problem (please describe): \_\_\_\_\_

- Does the child have a current IEP or Accommodation Plan (AP)?

\_\_\_\_\_ Yes, See attached copy: (Please Include and psychological assessments)

\_\_\_\_\_ Yes, but copy not available; IEP or AP was done on

\_\_\_\_\_ No current IEP or AP

- Has a Multifactor Evaluation (MFE) been requested?

\_\_\_\_\_ No MFE requested

\_\_\_\_\_ Yes, date requested: \_\_\_\_/\_\_\_\_/\_\_\_\_

Requested By: \_\_\_\_\_ Parent \_\_\_\_\_ Teacher \_\_\_\_\_ Other: (please specify) \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature/Date