# ADHD Monitoring and Medication Effects Form

**Name:** ____________________  
**Date of Birth:** ____________________  
**Grade in School:** _______  
**School Contact:** _________________  
**Contact Phone #:** _______________  
**Contact Email #:** ________________

## Medication Details
- **Medication Name**
- **Medication Dose**

## Behavior Effects
- **Attention to task**
- **Listening to lessons**
- **Assigned work completed**
- **Impulsivity**
- **Calling out in class**
- **Organizing work**
- **Overactivity**
- **Restless, fidgety**
- **Talkative**
- **Aggressive**
- **Peer interaction**

W - Worse, ND - No difference, IMP - Improved a little, XS - Improved a lot (extra special)

## Side Effects
- **Appetite loss**
- **Insomnia**
- **Headaches**
- **Stomachaches**
- **Seems tired**
- **Stares a lot**
- **Irritability**
- **Excessive crying**
- **Motor/vocal tic**
- **Nervousness**
- **Sadness**
- **Withdrawn**

## Comment on any changes noticed, for example:

For Parents: Any behavior or side effect differences between mornings & afternoons when your child is home

For Teachers: Any behavior or side effect differences noted between morning & afternoon classes

## Date:

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