

# Treatment Plan Record for a Child With ADHD

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Use this form to record information about your child's treatment plan for attention deficit hyperactivity disorder (ADHD). Review the plan with your doctor often. Together you can keep the plan up to date.

My child's main symptom of ADHD is (inattention, impulsiveness, or hyperactivity)

An example of this symptom is:

My child expresses the other symptoms of ADHD in the following ways.

My child takes the following medicine for ADHD at the listed times.

My child has the following learning disabilities or other medical conditions often associated with ADHD. (If not applicable, cross out this statement.)

We are helping my child control the following behavior.

We are using the following consequences or methods to help my child control behavior.

My child is participating in a social skills training program to learn:

Other things about my child's health: