

**ADD/ADHD REFERRAL**

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

\_\_\_\_\_ has been referred for an AD/HD evaluation. Part of that evaluation will include a health assessment. To complete the assessment, I need to ask the following:

1.) Length of time you have worked with student: \_\_\_\_\_

2.) This student is being referred for : (check all that apply)

- Inattention
- Hyperactivity
- Impulsivity
- Aggressive behaviors

3.) The following indicators have been observed in the classroom: (check all that apply)

a. Impaired thought process related to:

- inability consistently process input
- shortened attention span
- decreased ability to exert mental effort
- decreased ability to selectively focus, concentrate

b. Self-esteem alteration:

- Behaviors: impulsivity, aggression, and inability to self-control
- Inadequate peer relationships
- Internalization of negative feedback
- Self-perception that she/he is more tense, restless than peers
- Stigma of feeling "different" or singled out

c. Ineffective coping skills related to:

- decreased ability to plan
- decreased ability to self-limit behaviors
- decreased ability to anticipate consequences of actions
- decreased ability to generate several options of possible response to a stimulus
- increased risk-taking behaviors

d: Sensory-perception alteration related to:

- decreased ability to sort for relevant data
- decreased ability to focus on the appropriate data
- decreased ability to choose which sensory data to consider relevant
- decreased rate of processing or incomplete processing of sensory inputs

Thank you for completing the form. Please return as soon as possible.