

Children's Medical Group, P.A.

500 Greene Street
Cumberland, Maryland 21502
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Fax: (301) 724-4811

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Dear Parents:

You have requested an evaluation at Children's Medical Group for your child regarding school problems. An appointment will be scheduled once the following packet is completed and returned to this office. This will allow for a more thorough and complete evaluation.

When requesting the teacher checklist to be completed, please be certain to sign a release of information at your child's school. Those checklists are often faxed to our office and will be placed in your child's file once they are completed. Any additional information that you can provide from your child's school academic records will be very helpful. The following is a checklist that will help you in completing this packet:

1. Parent checklist
2. Teacher checklist*
3. Medical history questionnaire
4. Copies of report cards and any other school testing

*If your child has more than teacher, please have each teacher complete a checklist. The teacher checklists are often faxed to our office and therefore they do not need to be included in this packet but need to be present before your child can be seen in the office.

Thank you for completing this information ahead of time to expedite your child's evaluation.

Sincerely,

The Doctors of
Children's Medical Group

TO THE PARENTS OF _____:

YOU HAVE REQUESTED AN EVALUATION AT THE CHILDREN'S MEDICAL GROUP FOR YOUR CHILD REGARDING SCHOOL PROBLEMS. AN APPOINTMENT WILL BE SCHEDULED ONCE THE FOLLOWING PACKET IS COMPLETED AND RETURNED TO THE OFFICE. THIS ALLOWS FOR A MORE THOROUGH EVALUATION. IF YOU HAVE DIFFICULTY WITH SOME OF THE QUESTIONS, THEY WILL BE REVIEWED BY THE PHYSICIAN AT THE TIME OF THE VISIT.

WHEN REQUESTING THE TEACHER CHECKLISTS, PLEASE BE CERTAIN TO SIGN A RELEASE OF INFORMATION AT YOUR CHILD'S SCHOOL. ALSO, INCLUDE WITH THIS PACKET A COPY OF PRIOR REPORT CARDS, AND SCHOOL TESTING (INCLUDING MSA SCORES) AND ANY IEP EVALUATIONS.

BELOW IS A CHECKLIST TO USE IN COMPLETING THIS PACKET.

ITEMS COMPLETED:

- _____ PARENT CHECKLIST
- _____ TEACHER CHECKLIST*
- _____ MEDICAL HISTORY QUESTIONNAIRE
- _____ REPORT CARDS
- _____ SCHOOL TESTING
- _____ TEACHER NOTES
- _____ IEP EVALUATIONS

*IF YOUR CHILD HAS MORE THAN ONE TEACHER, PLEASE HAVE EACH TEACHER COMPLETE A CHECKLIST

ANY ADDITIONAL INFORMATION, SUCH AS SAMPLES OF YOUR CHILD'S WORK IS ALSO HELPFUL IN THIS EVALUATION.

CHILDREN'S MEDICAL GROUP
500 GREENE STREET
CUMBERLAND, MD 21502

Name: _____

DOB: _____

HISTORY FOR ADHD EVALUATION

Birth History

Was your child born early? Y N If so, how early? _____ weeks

Birth weight _____

Vaginal delivery or c-section

Any health problems at birth? _____

Explain:

Developmental History

Have you ever been concerned about your child's development? Y N

If yes, explain your concerns:

At what age did your child start to talk in phrases? _____

Are most people able to understand your child's speech? Y N

Has your child ever been involved in an early intervention program such

as "Birth to Three" or the "Infants and Toddlers Program"? Y N

Does your child currently receive any services at school? Y N

If so, what services does he/she receive?

Name: _____

DOB: _____

Family History

Years of school mother completed _____

Years of school father completed _____

Siblings ages and grades _____

Did either parent have difficulty in school? If so, please explain:

Do any other relatives (siblings, cousins) have trouble in school?

What other interests does your child have?

What does your child do well?

How does your child spend his/her free time?

Do any family members take medication for depression, anxiety or ADHD?

Please explain:

Children's Medical Group • 500 Greene Street • Cumberland • Maryland • 21502
Telephone (301) 724-7616 • Fax (301) 724-4811

**Authorization for Release of Medical Records-PHI
(Complete All Bold Items)**

I authorize the following Health Care Provider or other provider to release medical records (Protected Health Information) or other pertinent information about the person listed below.

Release From:

Release To:

Patient Name: _____ **DOB:** _____ **SS#** _____

This disclosure is to be used for the purpose of:

Continued Treatment Insurance Claim Attorney Request Patient Request Other, specify _____

Release copies of the following record:

Problem list / Visit summary Hospital Records: _____
 Medication List Radiographic Studies _____
 Allergy list Office Visit Notes _____
 Immunization Record Laboratory Test Results _____
 Growth Chart
 Other, specify: _____

Covering record time period from _____ **to** _____
(Examples: Birth to Present, Specific Time period such as the last 5 years, 00/00/0000 to 00/00/0000, etc)

By signing this authorization, you are agreeing to the use and disclosure of certain protected health information to the recipient listed above. When information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. This authorization applies to medical records developed by CMG unless, in writing, this specifies disclosures of medical records received from another provider and that provider has not prohibited redisclosure.

I understand that this consent is valid for one year from the date of signature unless otherwise specified. I have the right to revoke this authorization in writing except to the extent that CMG has acted in reliance upon this authorization. The written revocation must be submitted to CMG's Privacy Officer at 500 Greene Street Cumberland, Maryland 21502.

Date _____ **Telephone Number** _____

Signature of parent/legal guardian/patient if >18 years of age _____

Printed Name of Signer _____ **Relationship to Patient** _____

Address _____

Facility Use:

Date Received: _____ Date Information Released: _____ By Whom: _____

Information Released by what means: Fax Mail Hand Carried by the patient or representative
 Other, specify _____

NICHQ Vanderbilt Assessment* -- Initial TEACHER Informant

Today's Date: _____

Child's Name: _____ DOB: _____

Class Name/Period: _____ Time: _____

Teacher's Name: _____

School Name: _____ Grade Level: _____

Please Return this form to:
 Provider: _____
 Children's Medical Group
 500 Greene Street Cumberland, MD 21502
 Fax: (301) 724-4811

Has this child had psychoeducational testing? ____ If yes, please bring a copy to us.

Does this child have an IEP (Individual Educational Plan)? _____

This evaluation based on a time when the child: was on medication was not on medication not sure?

Symptoms

		Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork		0	1	2	3
2. Has difficulty sustaining attention to tasks or activities		0	1	2	3
3. Does not seem to listen when spoken to directly		0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)		0	1	2	3
5. Has difficulty organizing tasks and activities		0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that requires sustained mental effort		0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)		0	1	2	3
8. Is easily distracted by extraneous stimuli		0	1	2	3
9. Is forgetful in daily activities		0	1	2	3
10. Fidgets with hands or feet or squirms in seat		0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected		0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected		0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly		0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"		0	1	2	3
15. Talks excessively		0	1	2	3
16. Blurts out answers before questions have been completed		0	1	2	3
17. Has difficulty waiting in line		0	1	2	3
18. Interrupts or intrudes on others (eg. Butts into conversations/games)		0	1	2	3
19. Loses temper		0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules		0	1	2	3
21. Is angry or resentful		0	1	2	3
22. Is spiteful and vindictive		0	1	2	3
23. Bullies, threatens, or intimidates others		0	1	2	3
24. Initiates physical fights		0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (eg. "cons" others)		0	1	2	3
26. Is physically cruel to people		0	1	2	3
27. Has stolen items of nontrivial value		0	1	2	3

*Adapted from The Assessment Scales of the National Initiative for Children's Healthcare Quality

**NICHQ Vanderbilt Assessment* -- Initial
TEACHER Informant**

Child's Name: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems; feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Academic Performance	Excellent	Above Average	Average	Somewhat of a problem	Problematic
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a problem	Problematic
39. Relationship with peers	1	2	3	4	5
40. Following direction	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

Explain / Comments:

For Office Use Only

Total number of questions scored 2 or 3 in questions 1-9: _____

Total number of questions scored 2 or 3 in questions 10-18: _____

Total Symptom Score for questions 1-18: _____

Total number of questions scored 2 or 3 in questions 19-28: _____

Total number of questions scored 2 or 3 in questions 29-35: _____

Total number of questions scored 4 or 5 in questions 36-43: _____

Average Performance Score: _____

NICHQ Vanderbilt Assessment* – Initial PARENT Informant

Today's Date: _____
 Child's Name: _____
 Date of Birth: _____
 Parent's Name: _____
 Telephone Number: _____

Please Return this form to:
 Provider: _____
 Children's Medical Group
 500 Greene Street Cumberland, MD 21502
 Fax: (301) 724-4811

Has this child had psychoeducational testing? _____ If yes, please bring a copy to us.
 Does this child have an IEP (Individual Educational Plan)? _____

This evaluation based on a time when the child: was on medication was not on medication not sure?

Symptoms

		Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework		0	1	2	3
2. Has difficulty paying attention to what needs to be done		0	1	2	3
3. Does not seem to listen when spoken to directly		0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)		0	1	2	3
5. Has difficulty organizing tasks and activities		0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that requires ongoing mental effort		0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)		0	1	2	3
8. Is easily distracted by noises or other stimuli		0	1	2	3
9. Is forgetful in daily activities		0	1	2	3
10. Fidgets with hands or feet or squirms in seat		0	1	2	3
11. Leaves seat when remaining seated is expected		0	1	2	3
12. Runs about or climbs too much when remaining seated is expected		0	1	2	3
13. Has difficulty playing or beginning quiet play activities		0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"		0	1	2	3
15. Talks too much		0	1	2	3
16. Blurts out answers before questions have been completed		0	1	2	3
17. Has difficulty waiting his or her turn		0	1	2	3
18. Interrupts or intrudes on others' conversation and/or activities		0	1	2	3
19. Argues with adults		0	1	2	3
20. Loses temper		0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules		0	1	2	3
22. Deliberately annoys people		0	1	2	3
23. Blames others for his or her mistakes or misbehaviors		0	1	2	3
24. Is touchy or easily annoyed by others		0	1	2	3
25. Is angry or resentful		0	1	2	3
26. Is spiteful and wants to get even		0	1	2	3
27. Bullies, threatens, or intimidates others		0	1	2	3
28. Starts physical fights		0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie "cons" others)		0	1	2	3
30. Is truant from school (skips school) without permission		0	1	2	3
31. Is physically cruel to people		0	1	2	3
32. Has stolen things that have value		0	1	2	3

*Adapted from The Assessment Scales of the National Initiative for Children's Healthcare Quality

NICHQ Vanderbilt Assessment* – Initial PARENT Informant

Child's Name: _____

Symptoms	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg. Teams)	1	2	3	4	5

Explain / Comments:

For Office Use Only

Total number of questions scored 2 or 3 in questions 1-9: _____

Total number of questions scored 2 or 3 in questions 10-18: _____

Total Symptom Score for questions 1-18: _____

Total number of questions scored 2 or 3 in questions 19-26: _____

Total number of questions scored 2 or 3 in questions 27-40: _____

Total number of questions scored 2 or 3 in questions 41-47: _____

Total number of questions scored 4 or 5 in questions 48-55: _____

Average Performance Score: _____



ADHD

What You Need to Know

Attention-deficit/hyperactivity disorder (ADHD) is a brain condition that makes it hard for children to focus on tasks and control their behavior. One of the most common chronic conditions affecting children, ADHD is different from the usual behavior problems that children deal with at times. Children with ADHD tend to have persistent symptoms of inattention, impulsivity, and hyperactivity that interfere with their ability to carry on normal lives.

Between 4 percent and 12 percent of school-aged children have ADHD. Boys are diagnosed about three times more often than girls are.

The causes and origins of ADHD still aren't clear. However, ADHD is one of the most thoroughly researched childhood conditions, and much has been learned about it. We now know that:

- ADHD is a biological disorder, not just "bad behavior." In a child with ADHD, the brain's ability to properly use important chemical messengers, called neurotransmitters, is impaired.
- The parts of the brain that control attention and activity level may show lower activity in children with ADHD.
- There is a family connection with ADHD. Sometimes parents are diagnosed at the same time their children are.
- Environmental toxins can play a role in the development of ADHD, but that is extremely rare.
- Severe head injuries can cause ADHD in some cases.
- There is no evidence that ADHD is caused by eating too much sugar, food additives, allergies, or immunizations.

Symptoms

A child with ADHD may have one or more of the following symptoms:

- **Inattention:** The child has a hard time paying attention. She daydreams, is easily distracted and disorganized, and tends to lose a lot of things.
- **Hyperactivity:** The child seems to be in constant motion and has difficulty staying seated. He frequently squirms and talks too much.
- **Impulsivity:** The child frequently acts and speaks without thinking, interrupting others. She is unable to wait for things.

A child with ADHD may have a very hard time getting along with siblings, friends, and classmates. Learning can be very difficult for an untreated ADHD child, and their impulsiveness can lead to physical danger.

Diagnosis

The only way to determine if your child has ADHD is to be evaluated by a medical professional, who can accurately diagnose and treat a child with ADHD.

The American Academy of Pediatrics (AAP) has created guidelines to help pediatricians diagnose and treat ADHD in children ages 6 to 12 years. Generally, if your child has ADHD:

- Some symptoms will occur in more than one setting, such as home, school, and social events.
- The symptoms significantly impair your child's ability to function in some of the activities of daily life, such as schoolwork and relationships with family and friends.
- They will start before your child reaches 7 years of age.
- They will continue for more than six months.
- They will make it difficult for your child to function at school, at home, and/or in social settings.

How can you tell if your child has ADHD, and what can be done about it? Here's what you need to know.

There is no proven test for ADHD at this time. However, your pediatrician will follow a process that takes several steps to gather information from you, your child's school, and any other caregivers who spend time with

your child. "The AAP and other professional organizations suggest that evaluations for ADHD follow a standard format and look at a broad range of areas of functioning instead of just ADHD itself," says Michael I. Reiff, MD, FAAP, editor-in-chief of *ADHD: A Complete and Authoritative Guide*.

Some children have ADHD along with another behavior condition. Your pediatrician will look for signs of such common "coexisting conditions" as:

- **Oppositional defiant disorder or conduct disorder:** Oppositional defiant disorder is more than the usual "boundary testing" that children sometimes do. Children with this condition tend to lose their temper easily, annoy people on purpose, and show defiance and hostility to authority figures. Conduct disorder is similar, but involves breaking rules, destroying property, and violating the rights of others—and can lead to legal trouble. Up to 35 percent of children with ADHD have one of these conditions, as well. Your pediatrician may recommend counseling in addition to ADHD treatment in these cases.
- **Mood disorders and depression:** Children, especially teenagers, with these coexisting conditions may be at higher risk for suicide. Frequently there is a family history of these disorders. Your pediatrician may prescribe a different type of medication for these disorders than those typically prescribed to treat ADHD alone. About 18 percent of ADHD children have

Because scientists have learned so much about ADHD through ongoing research, the treatment of ADHD is more effective than ever before for the majority of children.



a coexisting mood disorder, including depression.

- **Anxiety disorders:** Extreme fear, worry, and panic are feelings common to ADHD children with coexisting anxiety disorders. Typically, these disorders include such symptoms as a racing pulse, sweating, diarrhea, and nausea. Counseling and medication may both be required to treat these coexisting conditions, which affect approximately 25 percent of ADHD children.
- **Learning disabilities:** These conditions make it very difficult for children to master specific learning skills, such as reading or math. When they coexist with ADHD, they can make it even more difficult for children to thrive in school. IQ and academic achievement tests can be used to diagnose a learning disability.

Treatment Plan

Because scientists have learned so much about ADHD through ongoing research, the treatment of ADHD is more effective than ever before for the majority of children. There is no specific cure, but there are many treatment options that pediatricians can tailor for your child.

A typical treatment plan will include the following components:

- A long-term management plan with:
 - Behavior goals
 - Follow-up activities
 - Monitoring
- Education about ADHD
- A team approach to treatment that includes doctors, parents, teachers, caregivers, other health care professionals, and your child
- Medication
- Behavior therapy
- Parent training
- Individual and family counseling

The treatment plan will take a long-term approach, similar to the treatment approaches to other chronic conditions, such

as asthma or diabetes. ADHD does not go away, so ongoing management of the symptoms is necessary. "The initial steps in starting and carrying out a treatment plan for ADHD can be stressful for all families," Dr. Reiff says. "That is why it is so important to define a limited number of target goals and treatments that are achievable and can fit into your family's daily life."

Education is a particularly important part of the program, and it begins with the parent. The more you read about the condition, the more you can explain to the teachers and other caregivers who work with your child.

Behavior Therapy

Most experts recommend both behavior therapy and medication together to treat ADHD. There is more than one type of behavior therapy, but all types have the common goal of helping the child achieve the desired behavior goals.

The behavior goals for your child should be realistic, observable, and measurable. Improved schoolwork, more independence in homework and self-care, improved self-esteem, fewer disruptive incidents, and better awareness of safety concerns are typical goals for behavior treatment. Your pediatrician will work with you to establish these goals and work with you to develop a workable approach for rewarding improvements and using consequences for relapses.

Medication Therapy

Another key part of a treatment program is medication. For most children, stimulant medications are both safe and effective at relieving ADHD symptoms. They help children

focus their thoughts better and ignore distractions, which helps them pay attention and control their behavior more effectively. Research proves that around 80 percent of ADHD children show great improvement through therapy with stimulants. Stimulants are the most prescribed type of medication to treat ADHD.

There are three basic types of stimulant medication:

- Short-acting (immediate release), which move into the system quickly, wear off after a few hours, and must be taken several times a day.
- Intermediate-acting, which enter the system more gradually and require fewer doses during the day.
- Extended-release, which require only a single daily dose (usually in the morning).

Your pediatrician may prescribe one or more stimulants for your child, including:

- **Methylphenidate:** The best-known brands are Ritalin[®], Methylin[®], Metadate[®], and Concerta[®]. There are three basic types of this stimulant medication:
 - Short-acting (immediate release), which move into the system quickly, wear off after a few hours, and must be taken several times a day.
 - Intermediate-acting, which enter the system more gradually and require fewer doses during the day.
 - Long-acting, which require only a single daily dose (usually in the morning).
- **Amphetamine:** The best-known brands are Dexedrine[®], Dextrostat[®], and Adderall[®]. A long-acting type, Adderall-XR[®], is also available.
- **Atomoxetine:** This is a non-stimulant option your doctor may prescribe. It is also known by its brand name, Strattera[®].

Your pediatrician will work with you to find the right medication, dosage, and schedule for your child. Some children respond to one type of stimulant, but not others, and it may take some time to find the right combination.

The diagnosis of ADHD and the medication used to treat it may carry a certain stigma for your child. Dr. Reiff recommends working closely with your child to educate her on the importance and benefits of treatment. "While there is no one-size-fits-all solution, a parent should work with the child and the rest of the treatment team to find a positive approach," he says. Dr. Reiff adds that keeping the child informed about the medication and all aspects of managing it can help encourage the child's acceptance of the treatment plan.

All medications have side effects, and the stimulant medications used to treat ADHD are no exception. Not all children experience side effects, but those who do most commonly report decreased appetite or weight loss, sleep problems, and social withdrawal. Most side effects can be lessened or relieved completely by changing dosage, adjusting the medication schedule, or choosing a different stimulant. Also, most side effects decrease over time with continued use of the medication. Your pediatrician will guide you through this process.

Dosage may also need to be adjusted over time, depending on weight and other factors (including possible side effects).

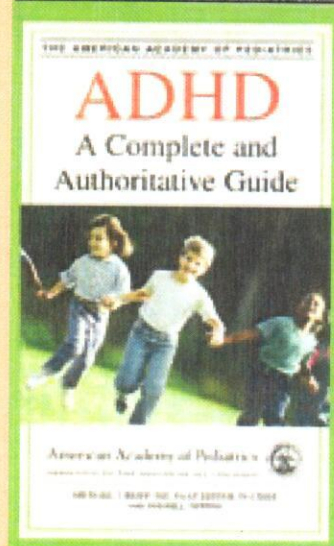
Living with ADHD

It is very important to continue monitoring your child with ADHD to see how she is progressing. Regular office visits, checklists, written reports from teachers, and behavior report cards are among the tools that many parents have found very helpful in evaluating the child's progress with treatment.

If treatment goals are not being met over time, they may need to be reviewed.

Keep in mind that while treatment can be very effective in reducing the impact of ADHD on your child's life, it may not completely eliminate the symptoms. By continually communicating with the health care and educational professionals who work with your child, you can determine where the source of the difficulties may lie. ●

Has your child been diagnosed with ADHD?



ADHD

A Complete and Authoritative Guide

By the American Academy of Pediatrics
Michael I. Reiff, MD, FAAP,
Editor in Chief,
with Sherill Tippins

What are treatment options? How do you work with schools? What does your child's future hold? Understand and manage this often confounding disease with information on medication, behavior therapy, adolescent ADHD, and more.

Softcover, 354 pages,
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 Readers share what puts their children in the mood for sleep.

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 Hyperactivity and impulsivity can be misread as aggression. Here are steps to take if your child has been called a bully.

"I'm Sick of Taking Meds!"
 If your teen is tired of taking medication, here's how to persuade him to stick with the program.

ADULT ADHD
 Connect: Parents of Children with ADHD

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 Connect: Parents of Teens and Young Adults

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