

Parent Information Form

Student Name _____ Street Address _____ Today's Date _____

Nickname _____ City, State, Zip _____

Home Phone _____ Student Cell Phone _____ Email _____

Student Age _____ Grade _____ Birthday _____

School _____ Address _____ Phone _____

Guidance Counselor _____ Phone _____

Primary Health Care Provider _____ Address _____ Phone _____

Mental Health Care Provider _____ Address _____ Phone _____

Parent/Guardian Contact Info

	Mother	Father	Guardian
Name			
Occupation			
Employer			
Work Phone			
Home Phone			
Cell Phone			
Email			

How well do you and your family understand ADHD? Please **Circle** number:

Little or No Knowledge

Basic Knowledge
definition and what
medication does

Fairly Well
read books,
talked with doctor

Very Well
read literature,
attend info sessions

1	2	3	4	5	6	7	8	9	10
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If or when your teen was ADHD Diagnosed? _____

ADHD Type? _____

Name of Diagnostician: _____

Is teen currently taking medication for ADHD, depression, anxiety, or related difficulty?

If Yes, which medications and how often:

Are there other learning disabilities (LD)? If yes, please explain :

Other medical conditions? Include current treatment and medications:

Does teen have accommodations per an IEP/504? If yes, describe. If available, attach copy:

Has teen ever worked with a coach, tutor, or other consultant to assist with LD problems? If yes, when and what was the focus of the work:

Is teen currently taking private lessons (music, dance, .etc)? If yes, please list day(s) of week:

Teen's siblings (names & ages):

Are there other family members with an ADHD diagnosis? If yes, explain relationship to teen:

Any family history of substance abuse?

Are you aware of alcohol or substance abuse in your teen (past or present)?

Do you have a family calendar? **Yes**___ **No**___ If Yes, who usually keeps it current? _____

If No, would you be willing to start using a family calendar when coaching begins? **Yes**___ **No**___

Do you use a reward system with your teen? **Yes**___ **No**___

If No, would you be willing to work with the coach to develop a system? **Yes**___ **No**___

Have you reviewed the Teen (or College Student) Coaching Expectations? **Yes**___ **No**___

Please share some personal thoughts about your child

Thank you!