

ADHD INITIAL ASSESSMENT –SCHOOL FEEDBACK

Date:

Dear Headteacher/Teacher/ SENCO

Re:

I wish to inform you that _____ was seen in the ADHD clinic on the _____ and our assessment has shown that he /she has significant features consistent with a diagnosis of ADHD. He/ She has been commenced on the following medication

1.....

2.....

He/she will be reviewed in the clinic in _____ months. We will be grateful if you can send us a feedback of his/her response on the medication. We would like to have comments on the following areas

1. Ability to concentrate and sustain attention in class and school work
2. Academic performance including information on any help child is receiving
3. Relationship with peers and adults
4. Confidence and self esteem

The above information will help with monitoring the response to medication. Please send letters /information to the address below

Department of Paediatrics, Q66, QEII Hospital, Welwyn Garden City, AL7 4HQ