

Date:

**SCHOOL PROGRESS INFORMATION**

The Class Teacher/School Senco

Re:

**Diagnosis:**

**Medication:**

**School**

The above named child is due for a review in the ADHD Clinic on the  
We will be grateful if you can complete the medication monitoring form and also  
provide us with an update on the child's progress in school We will like information  
on the following

1. Ability to concentrate during classroom lessons
2. Ability to work independently on tasks in class
3. Classroom behaviour
4. Behaviour on the playground
5. Reading abilities compared with peers
6. Writing abilities compared with peers
7. Information on additional support needed by child to support learning
8. Behaviour towards peers and adults
9. Compliance with instructions and school rules.
10. Any other comments on the child's functioning
11. Any particular areas you would want the doctor/nurse to address

Please kindly forward the information along with the medication monitoring forms to  
the address below

RUTH BEETS  
ADHD NURSE SPECIALIST  
QEII HOSPITAL-Q66  
WELWYN GARDEN CITY  
AL7 4 HQ

Thank you

Yours Sincerely

Ruth Beets  
ADHD Nurse Specialist