



Plan of Care for ADD or ADHD

Child's Name: _____ Date of Birth: _____ Age: _____

AYS Program: _____ School Year: _____

Physician child sees for ADD / ADHD (please circle the appropriate diagnosis):

 Name (please print) (Physician's Phone Number)

Medications your child uses for his/her ADD or ADHD:

Name of Medication(s)	Dosage	Time(s) of day given

Would medication(s) need to be given during normal program hours? YES NO

Would medication(s) need to be given during non-school days? YES NO

If yes to either question, an AYS Medication Consent form, completed by your child's doctor is required.

Have you returned this form to the AYS director? YES NO

Control of the Child Care Environment

AYS programs are often located in the gym or cafeteria. During a program, a wide variety of activities are concurrently offered. Often, this is difficult for a child with ADD or ADHD. Please list any ideas/suggestions that would help the AYS staff to care for and communicate with your child in this type of a setting.

Social/Family

All children have difficulty in peer interactions at times. Describe the types of difficulties your child experiences. Please offer ideas/suggestions on how the AYS staff might help your child through these times.



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Is there any information regarding your family's situation, as it relates to your child's behavior, that would be helpful in the care of your child, i.e. recent change in marital status, living situation, job change/loss, death of a loved one, etc.?

Therapies

If your child receives any types of therapy, i.e. psychological, reading, speech, etc., please describe when therapy began and how often therapy is given. Are there goals or techniques used in therapy that the AYS staff would find helpful in caring for your child?

Review of above information and signatures for the _____ school year in AYS (*1st year*):

Parent/Guardian Signature

AYS Program Director's Signature

Date

Date

Review of above information and signatures for the _____ school year in AYS (*2nd year*):

Parent/Guardian Signature

AYS Program Director's Signature

Date

Date