ALAMOGORDO PUBLIC SCHOOLS
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Students with ADD/ADHD in the School Setting

(Please return form to the School Nurse)

Child's Name_____ Age_____ School_____

My child has been diagnosed with ADD/ADHD ☐ Yes ☐ No

My child is currently taking medications ☐ Yes ☐ No

Name of Medication currently taking: _____Dose: _____Time: _____

My child will need medications at school ☐ Yes ☐ No

(If Yes, you will need a dr. order. Please download the Medication Form or ask your school nurse)

My Child currently has an IEP ☐ Yes ☐ No

My Child is on a 504 Plan ☐ Yes ☐ No

I have found the following helps my child to focus:

_____

_____

The following makes my child more distracted:

_____

_____