



Parent Calendar for Attention-Deficit/Hyperactivity Disorder (ADHD) Management

Child's Name: _____

School Year: _____

Meet with your child's health care professional to identify activity required throughout the school year to monitor treatment response and promote positive outcomes. Ask your treatment professional to place an X in the appropriate box for recommended items. Your treatment professional should designate the timing and frequency needed for each item.

	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July
1. Make appointment with the pediatrician												
2. Update release of information with professionals												
3. Fill out Parent Evaluation												
4. Have Teacher Evaluation filled out												
5. Bring in child's growth chart												
6. Bring in child's report card/progress reports												
7. Have an updated learning evaluation (every three years)												
8. Other:												
9. Other:												