



## ADHD Parent Education Program

1. Student Information (please print)			
First Name	Last Name	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Grade	Name of School		
2. Parent/Guardian Information			
Name		Relationship to Child	
Address		Postal Code	
# and Street	Apt # (if applicable)	Town, Province	
Telephone (home)	May we contact you at work?		
(work)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Email			
3. Identification of Learning Disability			
Has your child been assessed as having a learning disability?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", when and by whom?			
Does your child have an I.E.P. (Individual Education Plan)?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please give date of most current I.E.P. _____			
4. Diagnosis of ADHD			
When was your child diagnosed as having ADHD?			
/ /	Please indicate type of ADHD		
Year/ Month/ Day	<input type="checkbox"/> Hyperactive/Impulsive	<input type="checkbox"/> Inattentive	<input type="checkbox"/> Combined Subtype <input type="checkbox"/> Unknown
Is your child on any medication for behaviour modification?			
<input type="checkbox"/> Yes _____ <input type="checkbox"/> No			
5. Other Exceptionalities			
Has your child ever been assessed as having any other exceptionality? i.e. ODD, OCD			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", please describe.			
LDA Sudbury works in compliance with the Personal Information Protection and Electronic Documents Act (PIPEDA) and will only use the information collected for its intended purpose. This information is collected for the ADHD Parent Education Program.			
_____ Signature of Parent/Guardian		_____ Signature of Student	_____ Date

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