Name of Student:
Student Date of Birth:

Attentional Assessment – Parent/ Guardian Packet

Dear Parent or Guardian:

Your student has requested an evaluation at Boston University Student Health Services for difficulties with focus and concentration and other related challenges. There are numerous developmental, environmental and medical factors that contribute to a person's ability to sustain attention. At Boston University, we conduct a thorough assessment of all of these factors. This includes obtaining a collateral and medical history from a parent or guardian. This information is necessary so that our clinicians may make an accurate diagnosis and appropriate recommendations. Recommendations may include behavioral or lifestyle changes, psychotherapy, study skills workshops and/or medication. Your cooperation with the completion of this packet is both essential and greatly appreciated. In addition to completing these forms, your student will be required to submit copies of any prior psychiatric or medical evaluations, available school records and/or neuropsychological testing. Once these questionnaires and records have been reviewed, a clinician may reach out to you by telephone to review aspects of them in further detail.
Thank you in advance for your cooperation.

Best wishes,
The Counseling & Psychiatric Services Staff at Boston University

Name of Student:
Student Date of Birth:

Parent/Guardian Questionnaire:

Name of Person Completing Packet and Relationship to Student:
Phone Number of Person Completing Packet:
Email of Person Completing Packet:
Mailing Address of Person Completing Packet:
Today's Date:

Instructions: In completing the following questions regarding your child, please check all that apply and if checked, please briefly elaborate.

Medical History

History of Heart-Related Symptoms:

- ☐ Abnormal Heart Rate or Rhythm
- ☐ High Blood Pressure
- ☐ Fainting or collapsing
- ☐ Chest pain with exercise
- ☐ Shortness of breath
- ☐ Has had an EKG. If so, results?
- ☐ Family History of Heart Attacks or Sudden Death before age 40
- ☐ No history of heart/cardiac problems or fainting

Additional Medical History:

- ☐ Head Injury or concussion
- ☐ Seizures/Epilepsy
- ☐ Sleep Disorder
- ☐ Tics/Tourette's
- ☐ Bed-wetting
- ☐ Lead poisoning
- ☐ Enlarged adenoids/tonsils
- ☐ Other?
- ☐ None

Psychiatric History

- ☐ History of psychiatric hospitalization
- ☐ History of self-harm or suicidal behavior
- ☐ History of physical aggression or violence
- ☐ Has received out-patient mental health services (eg. evaluated or treated by a counselor, therapist, psychologist, psychiatrist and/or been prescribed psychiatric medication.)
- ☐ None

If yes to any of the above, please provide details including observed behavior (eg. cutting, fights), conditions or diagnoses (e.g. depression, anxiety), treatments received (eg. therapy, name of medication), age of onset and dates/duration of treatment:

Name of Student:
Student Date of Birth:

Substance Use History

Have you ever been concerned about your child's alcohol or drug use? If so, please elaborate, including age and frequency of use, if known.

Family Psychiatric History

Please record which family member next to any checked item

- ☐ ADHD (likely)
- ☐ ADHD (confirmed)
- ☐ Alcohol or Drug Problems
- ☐ Anxiety
- ☐ Autism
- ☐ Bipolar/Manic Depression
- ☐ Depression
- ☐ Psychosis or Schizophrenia
- ☐ Tourette's Disorder/Tic Disorder
- ☐ Suicide
- ☐ Other
- ☐ None

Developmental History

Pregnancy:

- ☐ Normal, full term vaginal delivery
- ☐ Exposure to nicotine, alcohol or drugs
- ☐ Premature/Early; Number of weeks: _____
- ☐ Admitted to Neonatal Intensive Care Unit
- ☐ Other complication(s):

Milestones:

- ☐ Met all major milestones on time
- ☐ Had delays in motor development (crawling, walking late)
- ☐ Had delays in speech
- ☐ Had delays in learning how to read or write or had extremely messy handwriting

Name of Student:
Student Date of Birth:

Functioning at Home

Have you had persistent concerns about your child's behavior or their ability to focus? If yes, please describe, providing specific examples:

Has a coach, camp counselor, activity instructor (e.g. dance, music) or other adult expressed concerns about your child's attention or behavior? If yes, please describe:

Did your child experience social problems or recurrent difficulties in their friendships? If yes, please describe:

Functioning at School

What types of grades/teacher comments did your child receive in elementary, middle school and high school?

Name of Student:
Student Date of Birth:

How did your child get along with teachers? Did teachers share concerns about your child's attention, talking out of turn, disrupting the classroom, difficulty sitting still, or failure to complete homework (on time)? Please provide specific examples.

Has your child ever received any special services (e.g. speech, reading, occupational, motor, sensory therapy) or accommodations? If yes, please describe:

WEISS FUNCTIONAL IMPAIRMENT RATING SCALE – PARENT REPORT (WFIRS-P)

Your name: _____

Relationship to child: _____

Circle the number for the rating that best describes how your child's emotional or behavioural problems have affected each item in the last month.

		Never or Not at all	Sometimes or somewhat	Often or much	Very often or very much	n/a
A	**FAMILY**					
1	Having problems with brothers & sisters					
2	Causing problems between parents					
3	Takes time away from family members' work or activities					
4	Causing fighting in the family					
5	Isolating the family from friends and social activities					
6	Makes it hard for the family to have fun together					
7	Makes parenting difficult					
8	Makes it hard to give fair attention to all family members					
9	Provokes others to hit or scream at him/her					
10	Costs the family more money					
B	**SCHOOL**					
	Learning					
1	Makes it difficult to keep up with schoolwork					
2	Needs extra help at school					
3	Needs tutoring					
4	Receives grades that are not as good as his/her ability					
	Behaviour					
1	Causes problems for the teacher in the classroom					
2	Receives "time-out" or removal from the classroom					
3	Having problems in the school yard					
4	Receives detentions (during or after school)					
5	Suspended or expelled from school					
6	Misses classes or is late for school					
C	**LIFE SKILLS**					
1	Excessive use of TV, computer, or video games					
2	Keeping clean, brushing teeth, brushing hair, bathing, etc.					
3	Problems getting ready for school					
4	Problems getting ready for bed					
5	Problems with eating (picky eater, junk food)					
6	Problems with sleeping					

		Never or Not at all	Sometimes or somewhat	Often or much	Very often or very much	n/a
7	Gets hurt or injured					
8	Avoids exercise					
9	Needs more medical care					
10	Has trouble taking medication, getting needles or visiting the doctor/dentist					
D	**CHILD'S SELF-CONCEPT**					
1	My child feels bad about himself/herself					
2	My child does not have enough fun					
3	My child is not happy with his/her life					
E	**SOCIAL ACTIVITIES**					
1	Being teased or bullied by other children					
2	Teases or bullies other children					
3	Problems getting along with other children					
4	Problems participating in after-school activities (sports, music, clubs)					
5	Problems making new friends					
6	Problems keeping friends					
7	Difficulty with parties (not invited, avoids them, misbehaves)					
F	**RISKY ACTIVITIES**					
1	Easily led by other children (peer pressure)					
2	Breaking or damaging things					
3	Doing things that are illegal					
4	Being involved with the police					
5	Smoking cigarettes					
6	Taking illegal drugs					
7	Doing dangerous things					
8	Causes injury to others					
9	Says mean or inappropriate things					
10	Sexually inappropriate behaviour					

*Number of Items Scored '**2** ' or **'3'***

A	*Family*				/
B	*School*	*Learning*			/
		Behavior			/
C	*Life Skills*				/
D	*Child's self-concept*				/
E	*Social activities*				/
F	*Risky activities*				/
G	*Total*				/

Total Score

A	*Family*			/
B	*School*	*Learning*		/
		Behaviour		/
C	*Life Skills*			/
D	*Child's self-concept*			/
E	*Social activities*			/
F	*Risky activities*			/
G	*Total*			/

Mean Score (N/A items not included in calculation)

A	*Family*		
B	*School*	*Learning*	
		Behavior	
C	*Live Skills*		
D	*Child's self-concept*		
E	*Social Activities*		
F	*Risky Activities*		
G	*Total*		

**Calculated from _____ answered questions.*

SNAP-IV 26-Item Teacher and Parent Rating Scale

James M. Swanson, Ph.D., University of California, Irvine, CA 92715

Patient/Client Name: _____

Date of birth: _____ Gender: _____

Grade: _____ Type of class: _____ Class size: _____

Completed by: _____ Date: _____

Physician Name: _____

For each item, check the column which best describes this child/adolescent:

	Not at all	Just a little	Quite a bit	Very much
1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
2. Often has difficulty sustaining attention in tasks or play activities				
3. Often does not seem to listen when spoken to directly				
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties				
5. Often has difficulty organizing tasks and activities				
6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort				
7. Often loses things necessary for activities (e.g., toys, school assignments, pencils or books				
8. Often is distracted by extraneous stimuli				
9. Often is forgetful in daily activities				
10. Often fidgets with hands or feet or squirms in seat				
11. Often leaves seat in classroom or in other situations in which remaining seated is expected				
12. Often runs about or climbs excessively in situations in which it is inappropriate				
13. Often has difficulty playing or engaging in leisure activities quietly				
14. Often is “on the go” or often acts as if “driven by a motor”				
15. Often talks excessively				
16. Often blurts out answers before questions have been completed				
17. Often has difficulty awaiting turn				
18. Often interrupts or intrudes on others (e.g., butts into conversations/ games				
19. Often loses temper				
20. Often argues with adults				
21. Often actively defies or refuses adult requests or rules				
22. Often deliberately does things that annoy other people				
23. Often blames others for his or her mistakes or misbehaviour				
24. Often is touchy or easily annoyed by others				
25. Often is angry and resentful				
26. Often is spiteful or vindictive				