

APPENDIX - Coaching Teens and College Students with ADHD

COLLEGE COACHING INFORMATION FORM

Student Name	Address	Date
Nickname	City, State, Zip	
Home Phone	Student Cell Phone:	Email
Age	Birthdate:	Grade
School	Address	Phone

Academic Advisor	Phone
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Primary Health Care Provider	Address	Phone
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Mental Health Care Provider	Address	Phone
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Parent / Guardian Contact Information	MOTHER	FATHER	GUARDIAN
Name			
Occupation/Employer			
Work Phone			
Home Phone			
Cell Phone			
Email			

When was the ADHD diagnosed?	Type	Name of Diagnostician
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Are there any known disabilities or co-morbid conditions? If yes, please explain

Are you currently taking medication for ADHD or any other related difficulty, such as depression or anxiety? If yes, which medication and how often?

Other Medical Conditions, including current treatment and medications

Do you have special accommodations per an IEP/504 plan? If yes, please describe. Attach copy if available.

Have you ever worked with a coach or organizational consultant to assist with ADHD or LD problems? If yes, when and where was the focus of the work?

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Are there other family members with an ADHD diagnosis? If yes, what is their relationship to you?

Is there any family history of substance abuse?

How well do you and your family understand ADHD?

Little or No Knowledge

Basic Knowledge

Definition and what medication does

Fairly Well

Read books, talked with doctor

Very Well

Read literature, attend info sessions

1	2	3	4	5	6	7	8	9	10
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What are your interests, hobbies, strengths? Please brag about yourself!

Please list or attach your class schedule for the current or upcoming semester.

Please list your extra-curricular activities on and off campus.

Please have your parents review this information for accuracy.

Parent initials: _____

STRATEGIES FOR SUCCESS FORM

To be completed independently by student, or with the coach:

Name _____ Date _____

GOALS: To be reviewed every 3 months

Personal Goals

Academic Goals

Strategies that are working for me now:

Ideas and thoughts for added success:

Reaching my goals _____

Study places _____

Keeping organized _____

Not getting overwhelmed _____

No over-scheduling _____

Getting started _____

Handling stress / Reducing anxiety _____

Keeping focused and on-task _____

When I get behind _____

Medication (if applicable) _____

Self Care _____

Other _____

COACHING GOALS

Name _____

Date _____

Directions: This form is to be completed by the client prior to the first meeting. The coach and client will review the information together during the intake session.

Please rate what your coaching goals are in the following areas:

Not at all important		Neutral		Extremely important
1	2	3	4	5

HEALTH

- _____ Nutrition & Weight
- _____ Fitness & Exercise
- _____ Stress & Relaxation

FINANCES

- _____ Income
- _____ Savings
- _____ Bills

SELF

- _____ Personal Hygiene
- _____ Medical & Dental Care
- _____ Clothes
- _____ Friends / Emotional Needs & Support
- _____ Spiritual Needs
- _____ Communication & Personality Traits

WORK / SCHOOL

- _____ Time Management
- _____ Contract / Job Description
- _____ Organizational Skills
- _____ Goals and Objectives
- _____ Energy Commitment
- _____ Job Matches Skills, Talents & Interests

FAMILY

- _____ Nuclear Family Members - Relationships
- _____ Extended Family Members - Relationships

HOME ENVIRONMENT

- _____ Inside - Organization, Space, Privacy, Other Needs
- _____ Outside - Landscaping, Space, Maintenance & Repair

SOCIAL

- _____ Holidays & Vacations
- _____ Community Activities
- _____ Hobbies and Fun
- _____ Friends
- _____ Developing Social Skills

ADDITIONAL GOALS

COLLEGE STUDENT SYSTEMS CHECKLIST

Directions: Please CHECK OFF those systems that you currently have in place and that work for you. CIRCLE or highlight those systems you want to implement or improve.

Name

Date

- _____ I have a system (calendar, day planner) for keeping track of my daily schedule
- _____ I have a system for handling my mail
- _____ I have a system for keeping track of my keys
- _____ I have a system for paying my bills
- _____ I have a system for doing the food shopping
- _____ I have a system for keeping track of paper
- _____ I have a system for de-cluttering on a regular basis
- _____ I have a system for doing my laundry / dry cleaning
- _____ I have a system for cooking and making sure I eat healthy, nutritious foods
- _____ I have a system for exercising on a regular basis (at least 3 times a week)
- _____ I have a routine for getting out of the house or dorm on time in the morning
- _____ If I have sleep problems, I have a routine/ritual for transitioning into sleep
- _____ If I have short-term memory problems, I have developed checklists to help me take everything I need to school, work or appointments
- _____ I have a system (timers, vibrators, alarms) for sticking to my schedule
- _____ I have a system for monitoring whether or not I am on task at various times
- _____ If I take medication, I have a system for taking my medication on time
- _____ I have a system for safeguarding at least one half hour renewal time daily