PARENT INFORMATION FORM

To be completed by a parent of teen:

Student Name _____ Address _____ Date _____

Nickname _____ City, State, Zip _____

Home Phone _____ Student Cell Phone: _____ Email _____

Age _____ Birthdate: _____ Grade _____

School _____ Address _____ Phone _____

Guidance Counselor _____ Phone _____

Case Manager _____ Phone _____

Primary Health Care Provider _____ Address _____ Phone _____

Mental Health Care Provider _____ Address _____ Phone _____

Parent / Guardian Contact Information	MOTHER	FATHER	GUARDIAN
Name			
Occupation/Employer			
Work Phone			
Home Phone			
Cell Phone			
Email			

Siblings in the home (names and ages) _____

Referred by _____

When was the ADHD diagnosed? _____ Type _____ Name of Diagnostician _____

Are there any known disabilities or co-morbid conditions?
If yes, please explain _____

Is the teen 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. _____

Has the teen 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? _____

Has the teen worked with a tutor? If yes, what subjects? _____

Is the teen currently working with a tutor? If yes, list the day(s) of week and subject(s). _____

Is the teen currently taking any private lessons (music, dance, etc)? If yes, list day(s) of the week. _____

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

Is there any family history of substance abuse? _____

Are you aware of alcohol or substance abuse in your teen (past or present)? _____

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

Do you have a family calendar? YES / NO If yes, who usually keeps it current? _____

If no, are you willing to start using a family calendar when coaching begins? YES / NO

Do you use a reward system with your teen? YES / NO If yes, please describe: _____

If no, are you willing to work with the coach to develop a system? YES / NO

Have you reviewed the Teen and College Student Coaching Expectations? YES / NO

Do you have any questions or concerns at this time? YES / NO

If yes, please describe: _____

Please share some personal thoughts about your child: _____

_____

_____

Student Name _____ Address _____ Date _____

Nickname _____ City, State, Zip _____

Home Phone _____ Student Cell Phone _____ Email _____

Age _____ School _____ Grade _____

What are your interests and hobbies? _____

What accomplishments are you proud of? _____

Do you belong to any clubs, sports teams, etc? Please list. _____

Are you employed part-time? Please provide details. _____

Please list all of the class periods and subjects you are currently taking. _____

What are your favorite subjects in school? _____ What makes you say that? _____

What are your least favorite subjects? _____ What makes you say that? _____

Are you currently taking private lessons or working with a tutor? If yes, please describe: _____

Has anyone ever explained your ADHD to you so that you really understand it? _____

Describe how your ADHD affects you (positive and negative) _____

Have you read books or looked at websites on ADHD for teens & adults? YES | NO

If yes, what did you find most helpful? _____

How do you think you learn best?

	VISUAL Using your eyes	AUDITORY Using your ears	KINESTHETIC Hands-On Learning
choose one:			

What do you hope to gain from coaching sessions? Check all that apply:

- ☐ Set and meet your goals
- ☐ Organizational skills
- ☐ Improved study habits
- ☐ Better grades in school
- ☐ How to spend less time on homework
- ☐ Have more free time
- ☐ Improve social skills / more friends
- ☐ Learn how to stay healthy
- ☐ Get into college
- ☐ Find a job that you like
- ☐ Other, specify: _____

What would you like to do after high school? _____

	YES	NO
Have you ever worked with a coach?		
Do you understand that coaching is not therapy?		
Do you have trouble getting to sleep?		
Do you have trouble getting up in the morning?		
Do you eat breakfast and lunch each day?		
Do you have a routine for getting ready for school?		
Do you have a routine for getting ready for bed?		

What is your usual bedtime? _____

What time do you get up? _____

Please explain: _____

Please explain: _____

When do you take your medication?

Morning	Noon	Evening	Bedtime

Do you take it independtly or with help from your parents?

Independent	Help from parents

Please share anything else you think would be helpful for me to know about you at this time?

_____

_____

_____

_____

_____

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 _____

TEEN 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 keeping track of paper

_____ I have a system for de-cluttering on a regular basis

_____ I have a system for doing my laundry

_____ I have a system for 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 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

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

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____