The Vermont ADHD Initiative*

**FAMILIES/CAREGIVERS, EDUCATIONAL AND HEALTH PROFESSIONALS WORKING TOGETHER ON BEHALF OF THE CHILD**

**INITIAL ASSESSMENT**

**TRIGGERED BY CONCERNS REGARDING**
- Distractibility
- Impulsivity
- Hyperactivity
- Behavioral/social problems
- Academic underachievement

**MEDICAL**

Initial Medical Consultation**

**EVALUATION**
- Discuss assessment and evaluation process with family/caregiver
- Detailed information about family/caregiver/child concerns
- Medical history/review of systems
- Developmental history
- Family medical psychiatric history
- Social history
- Assessment of child/family strengths
- Physical exam: vision, hearing, neurological

**FAMILY/CAREGIVER**

Parents share information about
- Home function
- Social function
- Child’s strengths and self-esteem
- Presence of symptoms at home

Schools share information about
- Academic function
- Behavioral/social function at school
- Student’s strengths and self-esteem
- Presence of symptoms at school

**EDUCATIONAL**

Initial Educational Interventions

Classroom Teacher/Staff Interventions
- Collect baseline information/data on student’s functioning
- Program modifications/accommodations
- Teacher/parent collaboration
- Ongoing monitoring

Referral to Educational Support Team
- Team convenes
- Consider the presence of other contributing factors
- Plan implemented
- Ongoing assessment/monitoring

**INITIAL ASSESSMENT**

Beginning of Dialogue about Advocacy, Collaboration and Information Sharing among Family/Caregiver, Educational & Health Professionals

Family/Caregiver can anticipate sharing information on:
- Concerns, goals and ideas
- Child’s strengths, interests and difficulties
- Family make-up
- Prenatal/birth history
- Child’s development and temperament
- Child’s medical history
- Extended family history
- Family strengths/stressors/trauma
- Child’s past and present school performance
- What has been tried to support your child?
- What does/does not work to support your child?

Reason to Believe that the Student is Disabled and in Need of Special Education

- Special education referral
- Comprehensive evaluation
- Team establishes “adverse effect” on acquisition of basic skills
- Team determines student is in need of “special education”

Development and Implementation of IEP or 504 Plan

Ongoing Collaboration and Monitoring of Student Progress

**Ongoing Advocacy, Collaboration and Information Sharing with Family/Caregiver**

Family/Caregiver is aware of and involved in treatment plans

Follow-Up Medical Visit

Review of diagnostic findings

Development of an Individualized, Multimodal ADHD Treatment Plan

- Child/family/caregiver education and support
- Instructional modifications and supports
- Behavioral treatment
- Parent and/or child counseling
- Medication

Ongoing Evaluation of Child’s

- Function
- Symptoms
- Strengths
- Response to treatment

Development of Appropriate Treatment Plan

**For more information, please contact the Vermont Child Health Improvement Program (VCHIP) at 802-847-4220 or www.vchip.org**

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* ADHD refers to the DSM-IV criteria for the 3 subtypes: ADHD-Inattentive; ADHD-Hyperactive/Impulsive; and ADHD-Combined