

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: _____

Primary Health Care Provider: _____ Address: _____ Phone: _____

Mental Health Care Provider: _____ Address: _____ Phone: _____

Emergency Contact Information:

	<u>Mother</u>	<u>Father</u>	<u>Guardian/Other</u>
Name:			
Occupation/Employer:			
Work Phone:			
Home Phone:			
Cell Phone:			
Email:			

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

Are there any known learning 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?

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?

<u>Little or No Knowledge</u>			<u>Basic Knowledge</u>		<u>Fairly Well</u>		<u>Very Well</u>		
			Definition and what medication does		Read books, talked with doctor		Read literature, attend info sessions		
1	2	3	4	5	6	7	8	9	10

What are your interests, hobbies, strengths? Please brag about yourself!

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

Please list your extra-curricular activities.

Please have your parents review this information for accuracy.

Parent Initials: _____