



# Plan of Care- ADHD

This form is to be completed by a parent, guardian, or caregiver to support a student with Attention-Deficit/Hyperactivity Disorder (ADHD) in AYS Programs.

**Process:** Plan of Care forms are completed during enrollment to support each child’s success. When additional information or planning is needed, families may be invited to an intake meeting with the Site Leader and Regional Manager to discuss supports, answer questions, and set clear, shared expectations. Forms are valid for a period of two years.

**Purpose:** Support attention, self-regulation, participation, and positive behavior in AYS programs.

## Student Information:

Student Name	
Date of Birth	
Age	
Program Site / Location	
Date Plan Completed	
Review Date	

## Condition Overview

Areas of ADHD-related need (check all that apply): <input type="checkbox"/> Attention <input type="checkbox"/> Impulsivity <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Emotional regulation <input type="checkbox"/> Other (Please describe)	
Describe your child’s ADHD in your own words	
Does your child see a medical or behavioral health professional for this condition?	
Name of medical professional and specialty	
Medical professional contact information (phone/email)	

### Medical Support:

Does your child take any medications related to ADHD?	
What medication (include dosage and time given)	
Would medication need to be given during the AYS program?	
Would medication need to be given during non-school days while at AYS?	

\*Parents will need to complete a Medication Authorization Form if medication is administered during the program.\*

### How Does this condition Affect your Child's Time at AYS

How may ADHD-related behaviors affect your child during the AYS Program?	
Areas of challenge (transitions, following directions, impulse control, focus, group activities)	

### Supports and Accommodations:

Helpful supports used (add check boxes): <input type="checkbox"/> Visual schedules <input type="checkbox"/> Movement breaks <input type="checkbox"/> Clear expectations <input type="checkbox"/> Adult check-ins <input type="checkbox"/> One-step directions <input type="checkbox"/> Quiet space <input type="checkbox"/> Other (Please describe)	
Additional supports or accommodations that work well	

### Triggers/Warning Signs:

Situations or triggers that increase difficulty (fatigue, overstimulation, hunger, transitions)	
Early warning signs staff should watch for	

### How can the staff support your student?

How should staff best support your child when they are struggling?	
What does NOT help the student?	
Additional information you want staff to know	

### Emergency procedures related to the condition

Are there any emergency or safety considerations related to ADHD?	
When should emergency services (911) be contacted?	

### Additional information:

Additional information you want staff to know	
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### Parent/ Guardian Signature

Parent / Guardian Name	
Signature	
Date	