Directions:
Change/add symptoms appropriate for your child in the Symptom Column. Request the form be completed once every week or two and mailed, faxed, e-mailed to you. Take the completed forms to your child's medication management & therapy appointments.

Symptom Report

Name: _____ Date: _____

Symptom	Not at all	Just a Little	Fairly Often	Quite Often
Anxious				
Easily frustrated				
High energy				
Impulsive				
Irritable				
Low energy				
Puts head down				
Quiet				
Repeated tracing of work				
Sad				
Sleepy				
Stomachaches/headaches				
Sudden changes in mood				
Unable to concentrate				
Withdrawn				

General mood at school this week: happy sad irritable tired angry

Assignments completed this week: all most some none

Problem behaviors this week: no yes: describe: _____