

**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: \_\_\_\_\_

<u>Symptom</u>	<u>Not at all</u>	<u>Just a Little</u>	<u>Fairly Often</u>	<u>Quite Often</u>
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Withdrawn				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: \_\_\_\_\_

