

# Behaviour:

## Monitoring your student's development at school

This monitoring booklet can help your student's progress. Their doctor needs to know what effect the medication is having on your student's development and whether there are any side effects.

Please monitor your student's progress once a week over the next few weeks, preferably on the same day every week. This booklet will play an important role in informing their doctor about their wellbeing at their next check up.

Each monitoring chart covers a week and different aspects of your student's behaviour. It also includes possible side effects. If you have any concerns, please let their parents know as soon as possible.

Looking at your student over the week, please assess each statement on the chart and how well it relates to them during the last week. Then score the statements from 0 (Never/seldom) to 3 (Very often/frequent) by ticking the appropriate box for that statement. If you notice anything else, please write it down in the box at the bottom of the chart.

# Behaviour:

## Week at school

If your student experiences any problems with their medicine, these should be reported as soon as possible to their parent(s)/carer(s).

Date	Developmental assessment	Never/seldom	Occasionally	Often/quite a bit	Very often/frequent
	Schoolwork is improving	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	Works better in groups (than before)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	Noisy and excitable	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
	Has frequent fights with classmates	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
	Easily distracted from tasks	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
	Difficult to contain during break times	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
	Disturbs children around them	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
	Unable to pay attention in class	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
	Unable to complete homework	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
	Unable to sit through a whole period	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
	Total (add scores in each column)	_____	_____	_____	_____
					= _____

Please tick boxes below if any of the following are observed and advise the child's parent(s) and/or carer(s)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Poor appetite             | <input type="checkbox"/> Feeling/being sick     | <input type="checkbox"/> Stares a lot or daydreams |
| <input type="checkbox"/> Irritable                 | <input type="checkbox"/> Dry mouth/eyes         | <input type="checkbox"/> Looks anxious             |
| <input type="checkbox"/> Complains of stomach ache | <input type="checkbox"/> Rash/joint pain        | <input type="checkbox"/> Seems unsteady            |
| <input type="checkbox"/> Complains of headache     | <input type="checkbox"/> Flu symptoms           | <input type="checkbox"/> Displays twitches (tics)  |
| <input type="checkbox"/> Palpitations              | <input type="checkbox"/> Drowsy                 | <input type="checkbox"/> Increased aggression      |
|  | <input type="checkbox"/> Increasingly emotional |  |