

SCHOOL LETTERHEAD

Name of Student _____
Grade _____ DOB _____
School _____

Date _____

Dear Health Care Provider:

The above named student is exhibiting behaviors of inattention and/or hyperactivity/impulsivity that are interfering with the learning process. We have implemented a support plan in the school setting to assist the student with these behaviors.

In addition, the *ADHD Rating Scale IV*, School/ Home Version, a standardized screening tool for ADHD, was disseminated to teachers and parent/guardians. The rating scales documenting classroom and / or home behaviors were scored according to the guidelines set forth in the *ADHD Rating Scale IV: Checklists, Norms, and Clinical Interpretations*, by George J. DuPaul et al. **A score of 80% or above by two or more raters is considered significant for screening purposes.** At the parent's/guardian's request, a summary of those rating scales are attached for your information and review.

As you know, a coordinated effort between home and school enhances a child's ability to achieve academic success. Thank you for your assistance and please contact me if you have any additional recommendations for the school management of this student.

Sincerely,

School Nurse

Phone Number _____

Fax Number _____