

Founded 1642



New Hall School
The Best Start in Life

FORM 5

ADD and ADHD Individual Student Care Plan

This form must be completed by the Parent or Guardian

Name and date of birth of child	
Year Group	
Condition	
Date Diagnosed	
Review Date	

Contact Information

Clinic/Hospital contact	Name:
	Address:
Contact number	

ADD/ADHD History

At what age was it noticed there were behaviour concerns? Please describe these concerns. e.g. organisation, disruption, including home and school life before the diagnosis.	
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Medication

What medication was initially prescribed?	
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Give details of ALL medication which has been prescribed	
Current medication and dosages including times given	

Have any side effects been noticed? If so please give details.	Yes/No
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School

Describe previous school e.g day/boarding, size etc.	
Describe what this school provided as learning support	
Describe the social interaction with i.e. Teachers, parents, friends, etc.	
Describe the effects of change in environment? e.g. new school and does it normally settle?	

Daily Care

Are they independent or need instruction re: personal hygiene	
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Describe and give details of eating habits or special dietary requirements	
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Sleep

How many hours do they normally sleep a night?	
Do they sleep well?	
What time is usual bedtime and waking up time?	

Please give details of what care is required whilst at New Hall School	
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Signed by Parent/Guardian	
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Date	
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Please return completed forms to:

The Health Centre, New Hall School, The Avenue, Boreham, Chelmsford, Essex CM3 3HS or by email via: Healthcentre@newhallschool.co.uk