

The Taylor Medication Effectiveness Report

Child's Name _____

Your Name _____ Phone _____

Time period being rated: From (date) _____ To (date) _____

Current regimen:

_____ mg. of _____ taken at _____ a.m./p.m.

_____ mg. of _____ taken at _____ a.m./p.m.

1. DESIRED EFFECTS:

Simply fill it out as a teacher would a Grade Report, with these grades:

Grade	Rating	The <u>percentage of times</u> the child shows this trait, from among all opportunities to do so.
A	Excellent – very pleasant	80% to 100% of the time
B	Good – O.K., livable with	60% to 80% of the time
C	Fair – barely tolerable	40% to 60% of the time
D	Poor – very unpleasant	20% to 40% of the time
F	Failure – not tolerable	less than 20% of the time

100% ----- 80% ----- 60% ----- 40% ----- 20% ----- 0%

A B C D F

_____ **ACTIVITY CONTROL:** Mouth, hands, and feet well controlled; sits for normal length of time; not fidgety or squirmy; doesn't poke, touch, and grab; stays seated appropriately.

_____ **BRAIN IN GEAR:** Not impulsive, asks thoughtful questions, understands and remembers clearly, not absentminded, seems "tuned in," stops and thinks before taking action.

_____ **CONSCIENCE:** Considers moral aspects of decisions; doesn't lie, cheat or steal; respects boundaries; asks permission before doing things; repentant and apologetic if caught in a misdeed.

_____ **DILIGENCE:** Does things without being reminded or nagged, faces tasks and responsibilities head-on, wants to do a good and thorough job, earnest and serious minded rather than flippant, careful rather than careless, concerned about neatness.

_____ **EMOTIONAL CONTROL:** Patient, can be teased, not easily upset, can take frustrations in stride, doesn't have tantrums.

_____ **FOCUSING:** Normal attention span, pursues a goal without getting sidetracked, completes activities, not overly distractible, doesn't flit from activity to activity.

_____ **GENTLENESS:** Doesn't argue or power struggle, obedient, cooperative, respects authority.

_____ **HELPFULNESS:** Polite, generous, courteous, kind-hearted, doesn't demand own way with other children.

A's and B's in all eight desired effects signifies correct dosage for ADD/ADHD symptom control.

2. UNDESIRE EFFECTS:

Please indicate the levels that are happening:

- 0 = This effect is not occurring or is so small that adapting to it requires no effort.
- 1 = This effect is mild and manageable with just a small effort that is not inconvenient.
- 2 = This effect is moderate, causing some inconvenience but still livable with.
- 3 = This effect is severe, causing great inconvenience and cannot be allowed to continue.

RATING EFFECT

_____ Groggy-zonked, too tired

_____ Irritable, weepy shortly after taking pills

_____ Headaches

_____ Tics; jerking muscle movements

_____ Appetite decrease

_____ Stomach complaints

_____ Pre-sleep agitation

_____ Other: (describe) _____

3. OTHER CHANGES:

Please describe any other negative changes in behavior or performance since starting this particular medication arrangement, whether or not you think they might be directly related to this child's medication treatment:

Please describe any other positive changes in behavior or performance since starting this particular medication arrangement: