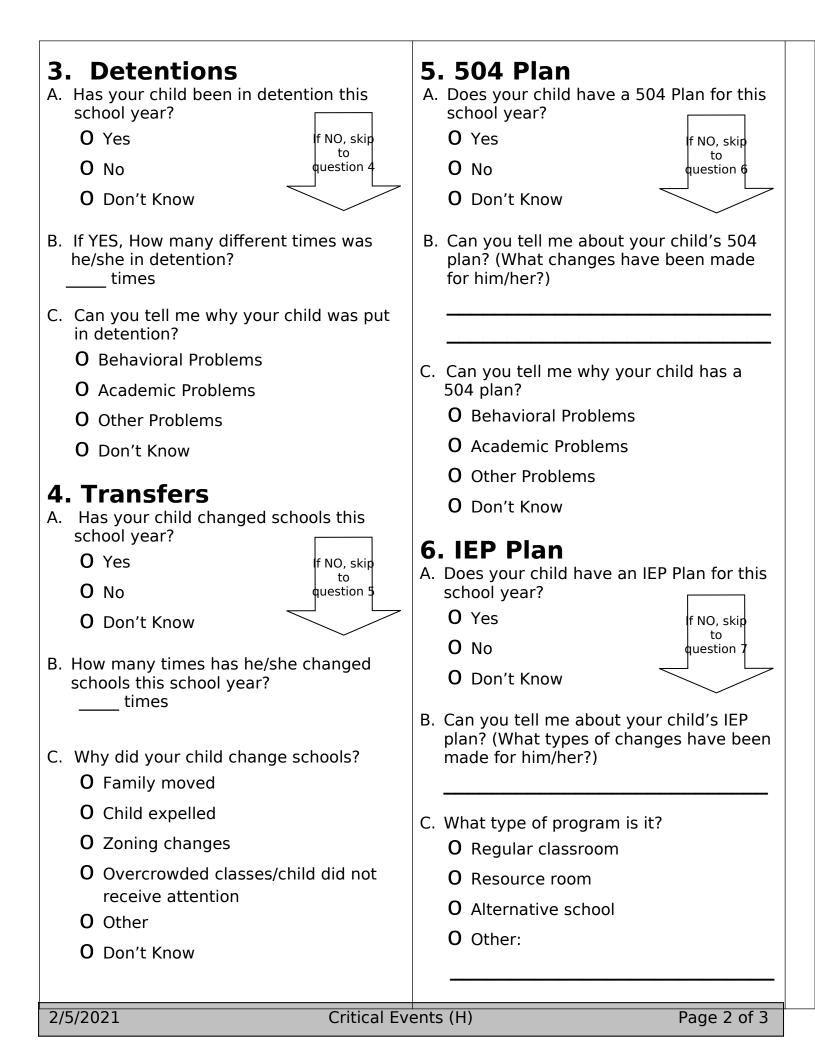


Project to Learn about ADHD in Youth	OMB No: Exp Date:					
Parent Critical Events Form High School						
Date	ID #					
We would like to learn how your child's school year experiencing. Also, we would like to know about a with your child's school.						
 1. Enrollment A. Is your child currently enrolled in high school? O Yes O Yes O No B. Is your child currently attending college? O Yes 	 H. Here are some reasons other people have given for leaving school. Which of these would you say apply to your child? Your child: (check all that apply) O Got a job O Didn't like school O Couldn't get along with teachers O Couldn't get along with other students O Was pregnant O Became the father/mother of a baby 					
O No C. When was the last time your child attended school:	 O Had to support his/her family O Was suspended from school O Did not feel safe at school O Had to care for a member of his/her family O Was expelled from school 					
Month: Year D. What was the last grade your child attended:	 O Felt he/she didn't belong at school O Couldn't keep up with schoolwork O Was getting poor grades/failing school O Got married or planned to get married 					
 E. Did your child pass that grade? O Yes O No 	 O Changed schools and didn't like the new school O Couldn't work and go to school at the same time O Thought he/she would not pass the state 					
 F. Did your child get a high school diploma? O Yes O No 	 competency test Thought he/she would not be able to complete the high school coursework requirements Thought it would be easier to get a GED Missed too many school days 					
 G. Did your child get a GED or equivalent? O Yes O No 	 I. On the whole, does your child for leaving school was a good decise of the scho					

rubic reporting burden of this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (222)



D.	Can you tell me	why your	child h	nas a	n
	IEP plan?				

- O Behavioral Problems
- **O** Academic Problems
- ${\bf 0}\,$ Other Problems
- **O** Don't Know

7. Resource/Special Ed

- A. Is your child in any resource or special education classes this school year?
 - 0 Yes
 - O No

Number

- **O** Don't Know
- B. How many hours per week is he/she in a resource or special education class?
 _____#hrs/week
- C. Can you please list the resource or special education classes that your child takes?

ID	

Critical Events (H)