



1484



South Carolina **PLAY**
Project to Learn about ADHD in Youth

OMB No: 0920-0747; Exp Date: 7/31/2010

Parent Critical Events Form

Elementary and Middle School (ages 5-15)

ID #

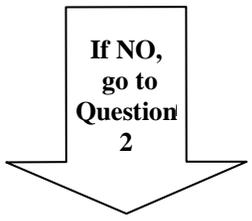
Date
Month Day Year

We would like to learn how your child's school year is going and about any problem(s) he/she is experiencing. Also, we would like to know about any contact and communication you have had with your child's school.

1. Detentions

A. Has your child been in detention this school year?

- Yes
- No
- Don't Know



B. If yes, how many different times was he/she in detention?

times

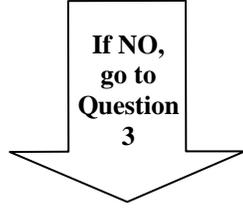
C. Can you tell me why your child was put in detention?

- Behavioral Problems
- Academic Problems
- Other Problems
- Don't Know

2. Transfers

A. Has your child changed schools this school year?

- Yes
- No
- Don't Know



B. How many times has he/she changed schools this school year?

times

C. Why did your child change schools?

- Family moved
- Child expelled
- Zoning changes
- Overcrowded classes/child did not receive attention
- Other
- Don't Know

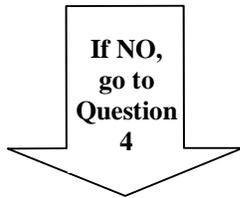
Public reporting burden of this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may 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 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 (OMB No: 0920-0747).



3. 504 Plan

A. Does your child have a 504 Plan for this school year?

- Yes
- No
- Don't Know



B. Can you tell me about your child's 504 Plan? (What changes have been made for him/her?)

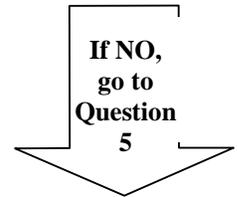
C. Can you tell me why your child has a 504 Plan?

- Behavioral Problems
- Academic Problems
- Other Problems
- Don't Know

4. IEP Plan

A. Does your child have an IEP Plan for this school year?

- Yes
- No
- Don't Know



B. Can you tell me about your child's IEP Plan? (What types of changes have been made for him/her?)

C. What type of program is it?

- Regular Classroom
- Resource Room
- Alternative School
- Other: _____

D. Can you tell me why your child has an IEP Plan?

- Behavioral Problems
- Academic Problems
- Other Problems
- Don't Know

Questionnaire is continued on next page →



5. Resource/Special Ed

A. Is your child in any resource or special education classes this school year?

- Yes
- No
- Don't Know

B. How many hours per week is he/she in a resource or special education class?

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 #hrs/week

C. Can you please list the resource or special education classes that your child takes?

FOR STUDY USE ONLY

ID Number

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Date Interviewed

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Month

Day

Year

Interviewed By

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