

6-SIDED SURVEY for _____
 (child's name)

	Date:	Date:
PHYSICAL: Medications? Side-effects? Growth? Other concerns?		
EDUCATIONAL: Successes? IEP/ 504 Status? Tutoring? Concerns?		
SELF: ADHD awareness? Problem-solving skills? Pursuit of interests/ talents?		
EMOTIONAL: Anger management? Mood-swings? Tantrums?		
SOCIAL: Friendships? Group participation? Problem solving skills?		
SPIRITUAL: Feels loved? Ability to see goodness in others? Seeking opportunities to contribute positively?		
PARENTING GOAL: Specific, Measurable, Attainable, Realistic Timely		
FOLLOW-UP ITEMS: Include who you need to contact for f/u		