

## Parenting Program Checklist

(Place a check under Yes or No)

### **Treatment Plan: The Basics**

**YES**

**NO**

My child has been evaluated by a physician for other medical problems that can cause "ADHD" symptoms.

\_\_\_\_\_

\_\_\_\_\_

My child has been evaluated for visual problems (acuity, tracking, and convergence) by an optometrist or ophthalmologist and for auditory problems by an audiologist.

\_\_\_\_\_

\_\_\_\_\_

My child is being treated for ADHD with medication, EEG biofeedback, and/or computerized attention training.

\_\_\_\_\_

\_\_\_\_\_

My child eats at least 20 grams of protein:

At breakfast

\_\_\_\_\_

\_\_\_\_\_

At lunch

\_\_\_\_\_

\_\_\_\_\_

My child sleeps at least 8 hours per night.

\_\_\_\_\_

\_\_\_\_\_

My child has been referred for evaluation by the Committee on Special Education and an IEP or 504 Plan has been established (or is in the process of being developed).

\_\_\_\_\_

\_\_\_\_\_

My family has agreed to the Parent-Child Non-aggression Pact.

\_\_\_\_\_

\_\_\_\_\_

I plan weekly meetings to review goals for my children and revise my parenting plan, as needed.

\_\_\_\_\_

\_\_\_\_\_

### **Treatment Plan: Skill Development**

**YES**

**NO**

My child follows family rules:

Before school

\_\_\_\_\_

\_\_\_\_\_

After school

\_\_\_\_\_

\_\_\_\_\_

After dinner

\_\_\_\_\_

\_\_\_\_\_

When my child doesn't follow family rules or displays inappropriately intense anger, sadness, or anxiety I

use Time Stands Still.

\_\_\_\_\_

\_\_\_\_\_

Insist on an apology.

\_\_\_\_\_

\_\_\_\_\_

## Parenting Program Checklist (Continued)

Require them to “practice” the right way.	_____	_____
Require them to do something extra to make up for their actions.	_____	_____

### **Treatment Plan: Skill Development**

YES	NO
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My child solves problems by asking about my concerns and needs and “brainstorms” with me to find a solution.	_____	_____
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My child is involved in activities that matter to his or her peers.	_____	_____
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My child engages in conversations about topics of interest to others.	_____	_____
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My child records daily activities and responsibilities on a board, book, cell phone, or other visual prompt.	_____	_____
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I spend at least 15 minutes each day enjoying a recreational activity with my child.	_____	_____
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I am encouraging my child to develop at least one social value or “virtue” (e.g., generosity, compassion, kindness).	_____	_____
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### **Treatment Plan: Parent “Self-Care”**

I do three things that I enjoy every day.	_____	_____
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I eat at least 20 grams of protein:		
At breakfast	_____	_____
At lunch	_____	_____

I am currently working on achieving one of my “dreams.”	_____	_____
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I show my partner that she or he is loved by me in ways that “count” to my partner.	_____	_____
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I sleep at least 7 hours per day.	_____	_____
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