

**Calm & Connected: Parenting Children with ADHD©**

Please take a moment to fill out this form. You may type the answers directly on this form if you wish. I recognize that the challenges you face parenting your child are very personal and intimate. I promise to provide you with lots of education, insights, perspectives and support. This information will remain confidential.

I look forward to working with you.

|  | Parent 1 | Parent 2 |
| --- | --- | --- |
| **Full Name** (First *and* Last) |  |  |
| Occupation/Employer |  |  |
| Home Phone |  |  |
| Work Phone |  |  |
| Cell Phone |  |  |
| Email |  |  |
| Address |  |  |
| City/State/Zip |  |  |

**How did you hear about the workshops?**

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**Please place an “X” in the box of the workshop time you plan to attend.**

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| --- | --- | --- | --- | --- | --- |
|  | Which Session? | | | | Who will be attending?  List each name |
| A.M. | |  | P.M. |  |  |

**Please share your primary reason(s) for seeking support at this time and what you hope to gain by joining this workshop.**

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**Please list all children:**

| Child’s Name | Age | Grade | School | Diag. with ADHD? If so, age? | Any Co-Existing Conditions? | Is child on any medication for ADHD or other condition | Does child have IEP or 504 Plan?  (Please Supply Copy) |
| --- | --- | --- | --- | --- | --- | --- | --- |
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I appreciate the opportunity to know the professionals who work effectively with children who have ADHD. Please initial here if I may contact them to let them know that we are working together. **This does not indicate your consent for me to discuss your child. Permission to do so requires a separate authorization. \_\_\_\_\_**

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| --- | --- | --- | --- |
|  | Name | Phone | Email Address |
| Diagnostician |  |  |  |
| Psychiatrist |  |  |  |
| Therapist |  |  |  |
| Pediatrician |  |  |  |

Does anyone else in your family (including your parents or siblings) have, or is suspected to have, ADHD?

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Are you aware of any alcohol or substance abuse by your child (past or present)? If yes, please detail.

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Has your child at any time become physically abusive to you or others? If yes, please detail.

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Listed below are areas of functioning that your child might find challenging. Please rate your child on a scale of 1(representing no difficulty) to 5 (representing great difficulty) for each area.

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| 1. |  | Ability to organize, prioritize and begin work |  |
| 2. |  | Ability to maintain focus, listen and shift focus as needed |  |
| 3. |  | Ability to sustain effort and pace of work as needed |  |
| 4. |  | Ability to manage frustrations/stress/anxiety/emotions |  |
| 5. |  | Ability to hold onto and recall information needed for short-term work |  |
| 6. |  | Ability to monitor and control impulsive behavior |  |
| 7. |  | Ability to handle social situations and develop friendships |  |
| 8. |  | Ability to advocate for self as needed |  |
| 9. |  | Ability to set realistic and reachable goals |  |
| 10. |  | (Other, please fill in) |  |

Please share some personal thoughts about your child. Please include strengths as well as challenges.

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Please share some thoughts about your parenting approach. Please include strengths as well as challenges.

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**Coaching Process and Disclaimer:**

Coaching is designed to guide the Client to learn how to consistently achieve results and make purposeful choices. Client agrees to communicate honestly, be open to feedback and assistance and create the time and energy to participate fully in the coaching program. However, due to the subjective nature of the work, Client understands and agrees, that the Coach makes no guarantee as to the results Client will achieve, nor is the Coach responsible for the results achieved by the Client from the coaching.

Client understands that coaching is NOT therapy and is not a substitute for therapy if needed, and does not prevent, cure, or treat any mental disorder or medical disease.

**Emergencies**:

If there is a medical emergency- physical or psychological, DO NOT CONTACT THE COACH’S OFFICE. Emergency issues must be addressed directly by your doctor or therapist, or by dialing 911 emergency services if warranted.

**Confidentiality and Privacy Agreement:**

In order to make this service enjoyable and therapeutic for all who participate, it is necessary that both Coach and Client agree to abide by all the rules listed below.

Coach agrees to maintain complete anonymity of all Client information disclosed or received from any third party unless permission is received. If it is necessary for the Coach to gain access to information from schools, therapists, physicians or other professionals, Coach will provide a standard information release form for signature by the Client.

However, the terms of anonymity shall not apply where failure to disclose may be, in the Coach’s sole discretion, in violation of any law or may involve information regarding certain crimes that have either been committed or Coach believes may be committed, or when such information is subject to subpoena.

Coach and Client agree that Group is a safe space for members to exchange ideas, opinions and comments in support of each other and their shared concerns.

During Client membership in a Calm and Connected workshop, Client may learn personal and confidential information about individuals who participate or are involved with this Group.

Whether information is available to Client through the Group or accidentally, Client agrees to maintain confidentiality and not reveal information to any person in the Group or outside the Group while Client is a Member of the Group or at any time in the future when Client may no longer be a Member of the Group.

Client understands that breaking this agreement could result in the termination of Client’s membership with the Group.

Although good faith efforts have been taken to preserve participant confidentiality, Coach makes no guarantees in this regard or to information communicated by and between participants in this forum.

This provision (privacy) will survive expiration or termination of the Agreement.

This Agreement constitutes the entire agreement of the parties, and reflects a complete understanding of the parties with respect to the subject matter and supersedes all prior written and oral representations, communications or agreements. The parties agree that this Agreement shall be deemed to have been signed and performed in the state of New York; and the laws of New York will control herein.

IN WITNESS WHEREOF, the Parties have duly executed this Agreement.

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| Client |  | Date |
| Client |  | Date |
| Coach |  | Date |