

CENTRAL KENTUCKY COMMUNITY ACTION COUNCIL, INC.
CKCAC HEAD START
MEDICATION EFFECTS RATINGS SCALE

Child's Name: _____ Child's Birth Date: _____ Sex: _____

Form Completed By: _____ Date Form Completed: _____

Medication: _____ Dosage/Times Administered Per Day: _____

SIDE EFFECTS	YES	NO	COMMENTS
Loss of Appetite			
Insomnia			
Headaches			
Stomach Aches/Nausea			
Tired or Excessive Sleeping			
Stares a lot			
Irritability			
Excessive Crying			
Motor/Vocal Tie			
Nervousness			
Withdrawn or Sadness			
Other:			

EFFECTS ON BEHAVIOR	WORSE	NO DIFFERENCE	IMPROVED A LITTLE	IMPROVED A LOT	COMMENTS
Attention To Task					
Listening					
Finishing Assigned Work					
Impulsiveness					
Calling Out In Class					
Organizing Work					
Over Activity					
Restless, Fidgety					
Talkative					
Aggressive					
Peer Interaction					