



Mindprint
learning



ImpactADHD and Mindprint Learning Study Application

Name: _____ Mobile Phone Number: _____

Address: _____

Email: _____

1. What is your child's gender? _____

2. What is your child's current age? _____ Last grade in school _____

3. Has there been a formal diagnosis of:

ADHD	Yes	No	Concerned
Dyslexia	Yes	No	Concerned
Depression	Yes	No	Concerned
Anxiety	Yes	No	Concerned
High Functioning/Autism	Yes	No	Concerned
Other Learning Disabilities?	Yes	No	Concerned

4. What type of support/treatments have you done to support your child:

Read Books	Yes	No
Parent Consulted a Therapist	Yes	No
Child worked with Therapist	Yes	No
Parent worked with Coach	Yes	No
Child worked with a Coach	Yes	No
Psycho-educational Evaluation	Yes	No
Parent Training Program	Yes	No
Special Education support	Yes	No

