



BAER PEDIATRICS LLC

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Date _____

To: _____

From: _____

_____ is on medication to help him or her with attention during class. Please complete the following questionnaire and return it to his or her parents so that we can monitor the effectiveness of the medication and make changes if necessary.

Rating 1 = Poor 2 = Average 3 = Good 4 = Excellent

1. Do you feel the medication is effective? _____

2. How is the student's attention span in the AM? _____
PM? _____

3. Is there a time of day when he/she has a problem? _____

Any additional comments: _____

Class: _____

Day: _____

Time: _____