

School Division: _____

VIRGINIA DEPARTMENT OF EDUCATION STATEWIDE SURVEY

Students Receiving Medication at School for Attention Deficit/Hyperactivity Disorder

Name of School: _____

(Check appropriate boxes below.)

Student (NO NAME)	Grade	Race					Gender		Special Ed/504				Type of Medications	
		American Indian or Alaskan Native	Asian-Pacific Islander	African-American (not Hispanic)	White (not Hispanic)	Hispanic	Male	Female	Has an IEP?	Has a "504" Plan?	NO IEP or "504" Plan	Currently being evaluated	Ritalin (methylphenidate and generics)	Any medication *** Other than Ritalin
# 1														
# 2														

1. Have you ever had medications listed on this survey stolen or missing from school? YES ___ NO ___
2. Do you have a policy/procedures related to stolen medications? YES ___ NO ___
3. If yes, attach a copy.

*** Adderall, Catapres (Clonidine HCL), Cylert (Pemoline), Dexedrine (Dextroamphetamine Sulfate), Norpramin (Desipramine HCL), Pamelor (Nortipyline HCL), Tofranil (Imipramine), Wellbutrin (Bupropion HCL), Other

DUPLICATE AS NEEDED

RETURN TO: Gwen Smith, Virginia Department of Education, P.O. Box 2120, Richmond, VA 23218 (804-786-8671)