Prepare Your Child for an ADHD Assessment



A child's ADHD assessment is not a test that they can pass or fail. It is a structured clinical process that looks carefully at their development, day-to-day functioning, strengths and difficulties across settings. When you prepare for your child's ADHD assessment, the aim is not to build a case for a particular diagnosis. It is to give the clinician an accurate, rounded picture of what life is like for your child and family.

Parents often arrive with years of observations, school emails and a sense that something has been harder than it needs to be. Bringing those observations together

can make the appointment more focused, while also leaving room for the assessment to consider other explanations for attention, behaviour, learning or emotional-regulation concerns.

How to prepare for a child ADHD assessment

Start by writing down the concerns that led you to seek an assessment. Be concrete where possible. Rather than simply noting that your child is ‘distracted’, describe when this happens, what it looks like and how often it affects daily activities. You might notice difficulties starting homework, remembering instructions, staying seated at meals, managing transitions, waiting for turns, regulating frustration or completing routines without repeated prompts.

It is equally useful to record what helps. Some children focus more consistently with visual reminders, movement breaks, one-to-one support, predictable routines or tasks that strongly interest them. These details help the clinician understand your child’s profile rather than focusing only on the difficult moments.

Think across settings. ADHD symptoms, if present, are considered in the context of more than one environment, commonly home and school. A child may appear settled in one setting but use considerable effort to manage, then become overwhelmed or exhausted elsewhere. Conversely, a concern that occurs only in one context may point to factors that need separate consideration, such as a learning difficulty, anxiety, peer problems, sleep disruption or an environmental mismatch.

Gather information, but do not feel you must have everything

A comprehensive assessment usually draws on several sources of information. Before the appointment, collect records that are readily available and relevant. There is no need to create a perfect file or chase every historical document.

Useful material may include:

- recent school reports, learning plans and teacher comments

- examples of schoolwork that show effort, organisation or areas of difficulty
- reports from paediatricians, psychologists, speech pathologists, occupational therapists or other treating professionals
- relevant medical, developmental, hearing, vision or sleep information
- notes about significant family changes, stressful events or changes in your child's functioning.

Bring documents in their original form where possible. A clinician can decide what is relevant and may ask for further information after the initial consultation. It is also helpful to note any medications your child takes, including why they were prescribed and whether you have noticed changes in sleep, appetite, mood or concentration.

Developmental history matters because attention and regulation concerns do not sit in isolation. You may be asked about pregnancy and birth history, early milestones, language development, friendships, sensory preferences, behaviour in preschool, family history and previous supports. If you cannot remember every detail, say so. Honest uncertainty is more helpful than trying to fill gaps with guesses.

Speak with your child's school early

Teachers see children under demands that are different from home: sustained attention, group instructions, organisation, written work, peer interaction and transitions between tasks. Their perspective can be an important part of the assessment.

Let the school know that your child is being assessed and ask whether they can provide recent reports or complete any questionnaires requested by the clinician. Give staff enough notice, particularly during busy reporting periods. Keep the request simple and factual. You are asking for observations, not for the teacher to diagnose ADHD.

If your child attends more than one care setting, such as after-school care, a second household or extracurricular activities, consider whether observations from those settings would add useful context. This depends on the concern. A detailed account from a coach may be useful for some families, while school and home information

may be sufficient for others.

Prepare your child without making the appointment frightening

How much you explain will depend on your child's age, temperament and previous experiences with health appointments. In most cases, a calm, straightforward explanation is best. You might say that they will meet someone whose job is to understand how school, friendships, feelings and everyday tasks are going, and that there are no right or wrong answers.

Avoid presenting the assessment as a consequence of poor behaviour or as proof that something is wrong with them. Children can be sensitive to adult conversations about their difficulties, especially if they have already received frequent correction at school or home. Let them know that adults are trying to work out what support may make things easier.

It can help to explain practical details: where you are going, how long you may be there, who will attend and whether they may be asked to talk, draw, answer questions or complete activities. If the assessment is conducted by telehealth, arrange a quiet, private space with reliable internet and minimise interruptions where possible. The clinician will advise whether parts of the process need to occur in person.

Be ready to discuss the full picture

ADHD can occur alongside other concerns, and some difficulties can look similar on the surface. Anxiety may affect concentration. Sleep problems can contribute to irritability and inattention. Learning, language, hearing or vision difficulties may influence classroom participation. Autism, mood concerns, trauma, family stress and medical factors may also need careful consideration.

For this reason, a thorough assessment is broader than a checklist of ADHD traits. Share information about your child's mood, worries, friendships, sleep, appetite, sensory experiences, academic progress and behaviour at home. Mention changes

over time, including periods when things improved or became more difficult.

This does not mean every concern will require a separate diagnosis. It means the clinician has the information needed to consider what may be contributing to your child's experience and what further assessment or support, if any, may be appropriate.

Write down your questions beforehand

Appointments can feel busy, particularly when parents are balancing concern for their child with work, school and family responsibilities. A short list of questions can help you leave with clarity about the process. You may want to ask what information is still needed, whether questionnaires will be used, when feedback will be provided, who receives the report and what the next steps could involve.

It is also reasonable to ask how the assessment considers co-occurring concerns and how recommendations are tailored to home and school. A diagnostic assessment may identify a need for further medical review, psychological therapy, educational adjustments, parent support or monitoring over time. The appropriate pathway depends on the individual child and the assessment findings.

If you are accessing private psychological care, ask the clinic what referral documents are needed before the appointment. Medicare rebate eligibility can depend on having an appropriate referral and Mental Health Care Plan from a GP or eligible medical specialist, as well as the service provided. Confirm these arrangements directly so you understand the administrative requirements before attending.

What not to do before the assessment

There is no need to coach your child on what to say, rehearse symptoms or ask them to behave in a particular way so the clinician can 'see' the problem. Children may present differently in a new environment, and assessment relies on developmental history, questionnaires, interviews and information across settings, not one short interaction alone.

Similarly, try not to dismiss positive periods because they seem inconsistent with your concerns. Many children have genuine strengths, enjoyable activities and times when they cope well. Those strengths are clinically relevant. They can help shape practical recommendations and a treatment plan if support is indicated.

Avoid making major changes to routines or supports immediately before the appointment solely to produce a clearer picture. Continue with usual school, sleep and family routines where possible. If there has been a necessary change, such as a new medication, school transition or family event, simply make a note of it.

After the appointment, allow time for the process

A comprehensive ADHD assessment may involve more than one consultation and may require questionnaires or collateral information from school and other professionals. The clinician may need time to review records, compare information from different settings and consider whether additional assessment is appropriate.

Use the period after the appointment to keep brief notes about patterns you observe, particularly if the clinician has asked for further examples. It can also be helpful to continue practical supports already in place, such as clear routines, written instructions and communication with school, rather than waiting for a final outcome before responding to everyday needs.

Seeking an assessment is a step towards clearer understanding, not a label to rush towards. Bringing honest observations, relevant records and your child’s strengths into the conversation gives the assessment the best foundation for thoughtful clinical guidance and appropriate next steps.

For more information

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