Your First 14 Days

A Step-by-Step Guide After Your Child's ADHD Assessment

You've just had your child's assessment. Your head is probably spinning. There's a lot to take in, and it's natural to feel a mix of relief, worry, and uncertainty about what comes next.

This guide is your roadmap for the next two weeks before we meet again. It's not homework. It's not a test. It's simply a clear path forward, one step at a time.

You don't need to do everything at once. Start where you can. Do what feels manageable.

Progress, not perfection.

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WEEK ONE: Laying the Foundation

Days 1-2: Breathe and Process

The first few days are about letting things settle.

Read through the assessment report when you're ready. Don't rush this. Some parents read it immediately. Others need a few days. Both are fine.

As you read, you might feel relieved that there's finally an explanation. You might feel guilt about not recognising things earlier. You might feel overwhelmed by all the recommendations.

All of these feelings are normal. They don't require action right now. They just need space.

✓ What to do tonight:

Nothing. Seriously.

Give yourself permission to simply absorb what you've learned. Talk with your partner or a trusted person if that helps. Sleep on it.

Days 3-4: Starting Medication (If Prescribed)

If I've prescribed medication for your child, these first days are about getting started and watching carefully.

Give the first dose with breakfast. Most ADHD medications work best when taken with food, and morning dosing means the medication is active during school hours.

What to expect in the first few days:

Your child may seem different immediately. Some parents describe it as "meeting their child for the first time" – suddenly calmer, more focused, more able to stop and think. This is the medication helping the brain hit its pause button more effectively.

Or you may notice very little at first. That's also normal. We're starting at a low dose deliberately. The goal is finding the right amount, not overwhelming the system.

Common things you might see in the first week:

Appetite changes are the most common side effect. Your child might not be hungry at lunch. The lunchbox may come home full. Don't panic – this usually improves within two to four weeks.

Sleep changes may occur. Some children have trouble falling asleep in the first week or two. This usually settles. Ensure medication is given early enough in the morning.

Mood changes are possible. Your child might seem slightly more subdued or occasionally tearful. This typically resolves within the first two weeks.

Managing appetite changes:

- **Front-load nutrition at breakfast** before the medication kicks in
- Make breakfast protein-rich – eggs, cheese, yoghurt, nuts
- Accept that lunch may be light
- Watch for appetite returning in the evening (after 4-5pm)
- Many children become genuinely hungry when medication wears off

Contact us immediately if you observe:

- Chest pain or palpitations
- Severe headaches
- Significant mood disturbance or personality disappearing
- Hallucinations
- Any symptom that frightens you

■ Your tracking task:

Each day this week, note three things:

1. When was medication given?
2. What did you observe during the day?
3. How was appetite and sleep?

Brief notes are fine. This information helps us at your follow-up.

Days 5-7: Sharing Information with School

Your child's teacher needs to understand what's happening. They see your child for six or more hours every day. Their observations are valuable, and their support makes a significant difference.

Step 1: Send the Teacher Summary Report to school

I've provided a condensed version of the assessment specifically for school. It contains what teachers need to know without unnecessary clinical detail. Due to privacy legislation (POPIA), we can't send this directly. You need to share it yourself.

You can email it, hand-deliver a printed copy, or request a meeting to discuss it.

Sample email to teacher:

Dear [Teacher's name],

[Child's name] has recently been assessed by a specialist paediatrician and diagnosed with ADHD. I'm sharing the attached Teacher Summary, which explains how this affects [him/her/them] in the classroom and includes recommendations for support.

I'd welcome the opportunity to discuss this with you. Please let me know if you have any questions or would like to arrange a meeting.

Thank you for your support.

Kind regards, [Your name]

Step 2: Request basic accommodations

You don't need to ask for everything at once. Start with the essentials:

- Preferential seating near the front, away from distractions
- Written and verbal instructions for tasks
- Extra time if needed for tests
- A quiet space to work when overwhelmed

These aren't special favours. They're removing disadvantage – like a wheelchair ramp removes disadvantage for someone with mobility challenges.

Step 3: Establish a communication channel

Ask the teacher to share brief feedback over the next two weeks. This could be a daily note in the homework diary, a quick weekly email, or the teacher completing an online form I'll provide. This information helps us assess whether medication is working at school.

WEEK TWO: Observation and Early Strategies

Days 8-10: Watching with New Eyes

Now that you understand your child's brain differently, I want you to observe them systematically.

This isn't about catching them doing wrong. It's about understanding their patterns.

The observation exercise:

For three days, notice when things go wrong and when things go well. When you see a challenging moment, note four things:

1. What time was it?

2. What was happening just before?

3. What did your child do?

4. How did you respond?

Example entry:

> *"5pm. I asked him to turn off the Xbox for dinner. He screamed that I was ruining his life and threw the controller. I shouted that he was being ridiculous and sent him to his room."*

Also note when things work:

> *"6pm. Gave him a five-minute warning before dinner. Sat down together without a battle."*

What you're looking for – patterns:

- Are mornings worse than evenings?
- Does transition from one activity to another trigger problems?
- Is there a time of day when medication might be wearing off?
- Are certain demands consistently difficult?

This observation tells us what to focus on when we meet.

Days 11-12: Talking to Your Child

Children need to understand why things are harder for them. Without explanation, they create their own story – usually "I'm stupid" or "I'm bad."

The conversation depends on your child's age, but the core message stays the same: **Your brain works differently. That's not bad or wrong. It just means some things are harder, and we're going to help.**

For younger children (ages 5-7):

"Your brain is like a race car. It's really fast and powerful, which is exciting! But sometimes it goes so fast that it's hard to slow down when you need to. We're learning some tricks to help your race car brain use its brakes."

For older children (ages 8-12):

"Your brain is wired differently from some other kids. It's really good at some things – like coming up with creative ideas and noticing things others miss. But it finds some things harder, like waiting and remembering instructions. Everyone's brain has things it's good at and things it finds tricky. We're going to work together on the tricky parts."

For teenagers:

"ADHD means certain parts of your brain work differently. It's not about intelligence – you're clearly smart. It's about how your brain manages attention, impulses, and time. Understanding how your brain works helps you figure out strategies that actually work for you."

About medication (if relevant):

"The medicine helps your brain hit the pause button more easily. It's like glasses for your brain – it helps things work the way they're meant to. It doesn't change who you are. It just makes it easier for your brain to do what it wants to do."

Days 13-14: Small Changes at Home

Don't overhaul your entire life. Start with one or two small adjustments.

Change	Why it helps
Make breakfast protein-rich	Sets them up before medication kicks in. Eggs, cheese, peanut butter, yoghurt, nuts.
Create a morning visual checklist	ADHD brains struggle to hold steps in mind. A simple list removes the need to remember.
Build in decompression time after school	Give 20-30 minutes to reset after a demanding day before homework or activities.
Give warnings before transitions	"In five minutes, we're turning off the TV." This gives the brain time to shift gears.

What to say when things go wrong:

Instead of...	Try...
"Why can't you just focus?"	*"I can see your brain is finding this hard right now."*
"You're not even trying."	*"Let's break this into smaller pieces."*
"Stop overreacting."	*"Your feelings got really big just then. Let's take a breath together."*

Preparing for Your Follow-Up Appointment

When we meet in two weeks, I want to hear how things are going – **the honest version, not the polished one.**

Bring to your appointment:

■ **Your observations:** What patterns did you notice? When are things hardest? When do things work?

■ **Your medication notes:** When was it given each day? What did you observe? How was appetite and sleep? Any concerning symptoms?

■ **School feedback:** What has the teacher noticed? Any changes since medication started?

■ **Your questions:** Write them down as they occur. No question is too small. If it's on your mind, it matters.

What we'll discuss:

- Is the medication dose right, or does it need adjusting?
- Are there side effects that need addressing?
- What strategies are helping at home?
- What's happening at school?
- What should we prioritise next?

Remember: we're just getting started. The goal of this appointment isn't to have everything sorted. It's to assess where we are and plan the next steps.

Quick Wins You Can Do Tonight

■ Read your child's report when you're ready. No rush.

■ If medication was prescribed, give the first dose with breakfast tomorrow.

■ Write a brief email to your child's teacher attaching the Teacher Summary.

■ Put a notebook by your bed to jot down observations over the next two weeks.

■ Tonight, watch your child for ten minutes without intervening. Notice when the pause button fails. Notice when feelings get too big too fast. Don't correct. Just observe with new understanding.

Don't hesitate to reach out if:

• Your child has severe side effects from medication – particularly chest pain, significant mood disturbance, hallucinations, or anything that frightens you

• Your child expresses thoughts of self-harm or seems severely depressed

• You're struggling to cope and need immediate support

• You have urgent questions that can't wait for the follow-up

Use our online feedback form for non-urgent questions and observations.

The hardest part – taking that first step – is already behind you.

You've started something important for your child.

You now have a clearer picture of how your child's brain works. That understanding changes everything. It changes how you see their struggles. It changes how you respond. It changes what you expect and how you help.

You're not failing. You're learning.

And your child is lucky to have someone who cared enough to get answers.

I'm looking forward to seeing you in two weeks.

Warmly,

Dr John Flett

Neurodevelopmental Paediatrician