of behavior, may take excessive physical risks (often beginning early in life), and may demonstrate inappropriate social skills.

Children with ADHD demonstrate one of three subtypes (American Psychiatric Association, 2013):

1. **Combined type:** Six (or more) symptoms of inattention and six (or more) symptoms of hyperactivity-impulsivity have persisted for at least 6 months. Most children and adolescents with the disorder have the combined type.

2. **Predominantly inattentive type:** Six (or more) symptoms of inattention (but fewer than six symptoms of hyperactivity-impulsivity) have persisted for at least 6 months.

3. **Predominantly hyperactive-impulsive type:** Six (or more) symptoms of hyperactivity-impulsivity (but fewer than six symptoms of inattention) have persisted for at least 6 months. Inattention may often still be a significant clinical feature in such cases.

Diagnostic Evaluation

It is important to emphasize the need for a complete and thorough multidisciplinary evaluation of the child, incorporating the efforts of the primary pediatric health care provider and the family as well as possible support from a psychologist, developmental pediatrician, neurologist, pediatric nurses, classroom teachers, and administrators. The clinicians and professionals must first determine whether the child's behavior is age appropriate or truly problematic.

Prior to diagnosis a complete medical and developmental history is obtained. A description of the child's behavior in the home, school, and social situations are obtained from as many observers of the child as possible, especially the parents and teachers involved in the child's care. A physical examination, including vision and hearing screening and a detailed neurologic evaluation is completed. Psychological testing, especially projective tests, is used to identify visual-perceptual difficulties, problems with spatial organization, and other phenomena that suggest cortical or diencephalic involvement, and it helps to identify the child's