



Having Your Child Evaluated for ADD/ADHD

Please review the following information regarding ADD/ADHD evaluations as our office policies have recently changed.

In order to determine the appropriate treatment necessary, your child will need to undergo comprehensive evaluation and testing. Below we outline 2 different ways you can obtain these evaluations.

Option 1: A Pediatric Neurologist, Psychiatrist or Developmental Pediatrician can evaluate your child, provide a diagnosis and prescribe medication, if needed.

The following is a list of physicians we recommend. It is your responsibility to schedule the appointment and determine coverage for your visit.

Robert Chudnow, M.D.	Texas Child Neurology	972-769-9000
David Owen, M.D.	Dallas Pediatric Neurology Associates	972-566-8600
Aditya Sharma, M.D.	Holliner Psychiatric Group	972-566-4591
Charles M. Rios, M.D.	Developmental Pediatrics	972-786-6665
Peter Ray, M.D.	Behavior & Developmental Pediatric Center	214-739-8600
Children's Medical Center Psychiatry		214-456-5900

Option 2: A licensed psychologist or your school district diagnostician can provide the evaluation and administer the following tests; however, he/she cannot prescribe medication. Therefore, your child would need to be seen in our office for medication and treatment.

Please be sure that when you schedule your appointment with the psychologist or with the school diagnostician that the following tests be included in the evaluation:

- IQ testing
- Learning difference/disability testing
- Consideration of an affective disorder

In addition, we ask parents and your child's primary teacher to fill out the NICHQ Vanderbilt Assessment Scales included with this letter. There is one form labeled for parents and one labeled for teachers.

All forms and test results need to be completed and returned to our office prior to your child's appointment with us. This allows the physician time to review all testing and documentation before your child's appointment.

The following is a list of psychologists that we recommend. It is your responsibility to schedule the appointment and determine insurance coverage for your visit.

501 Woodbridge Pkwy, Wylie, TX 75098 – 2730 Country Club, Suite B, Lucas, TX 75002
(972) 442-2300 – (972) 442-2180 Fax

Susan Istre, PhD., L.P.C.	214-314-0820
Ray Levy, PhD., P.C.	972-407-1191
Susan Fletcher, PhD.	972-612-1188
Thomas Van Hoose, PhD.	972-250-2919
Lindy Pottinger	972-490-5757
Karen Falla, PhD.	214-585-0584

If your child requires medication for ADD/ADHD, a trial of medication will be started for one month. We will see your child back in the office 4 weeks from starting the medication. Please know that if there are any problems prior to this 4 week check-up, we would like to hear from you. Once the dosage of medication is established, we will see the child back every 3 months to review his/her progress. During those visits, we will be checking your child's height, weight, blood pressure and of course performing a physical exam.

We ask that you give us at least 48 hours notice for refills of the medication. A parent or guardian will need to pick up the prescription during regular office hours, as these prescriptions cannot be called in to the pharmacy.

Please feel free to call our office if you have any questions or difficulties.

ADHD and Your School-aged Child



Attention-deficit/hyperactivity disorder (ADHD) is a condition of the brain that makes it hard for children to control their behavior. It is one of the most common chronic conditions of childhood. All children have behavior problems at times. Children with ADHD have frequent, severe problems that interfere with their ability to live normal lives.

A child with ADHD may have one or more of the following behavior symptoms:

- **Inattention** — Has a hard time paying attention, daydreams, is easily distracted, is disorganized, loses a lot of things.
- **Hyperactivity** — Seems to be in constant motion, has difficulty staying seated, squirms, talks too much.
- **Impulsivity** — Acts and speaks without thinking, unable to wait, interrupts others.

How can I tell if my child has ADHD?

Your pediatrician will assess whether your child has ADHD using standard guidelines developed by the American Academy of Pediatrics. Keep in mind the following:

- These guidelines are for children 6 to 12 years of age. It is difficult to diagnose ADHD in children who are younger than this age group.
- The diagnosis is a process that involves several steps. It requires information about your child's behavior from you, your child's school, and/or other caregivers.
- Your pediatrician also will look for other conditions that have the same types of symptoms as ADHD. Some children have ADHD and another (coexisting) condition, e.g., conduct disorder, depression, anxiety, or a learning disability.
- There is no proven test for ADHD at this time.

If your child has ADHD, the symptoms will

- Occur in more than one setting, such as home, school, and social settings.
- Be more severe than in other children the same age.
- Start before your child reaches 7 years of age.
- Continue for more than six months.
- Make it difficult to function at school, at home, and/or in social settings.

What does treatment for ADHD involve?

As with other chronic conditions, families must manage the treatment of ADHD on an ongoing basis. In most cases, treatment for ADHD includes the following:

1. **A long-term management plan.** This will have:
 - Target outcomes (behavior goals, e.g., better school work)
 - Follow-up activities (e.g., medication, making changes that affect behavior at school and at home)
 - Monitoring (checking the child's progress with the target outcomes)
2. **Medication.** For most children, stimulant medications are a safe and effective way to relieve ADHD symptoms.
3. **Behavior Therapy.** This focuses on changing the child's environment to help improve behavior.
4. **Parent Training.** Training can give parents specific skills to deal with ADHD behaviors in a positive way.
5. **Education.** All involved need to understand what ADHD is.
6. **Teamwork.** Treatment works best when doctors, parents, teachers, caregivers, other health care professionals, and the child work together.

It may take some time to tailor your child's treatment plan to meet his needs. Treatment may not fully eliminate the ADHD-type behaviors. However, most school-aged children with ADHD respond well when their treatment plan includes both stimulant medications and behavior therapy.

Is there a cure for ADHD?

There is no proven cure for ADHD at this time. The cause of ADHD is unclear. Research is ongoing to learn more about the role of the brain in ADHD and the best ways to treat the disorder. Many good treatment options are available. The outlook for children who receive treatment for ADHD is encouraging.

As a parent, you play a very important part in providing effective treatment for your child.

For further information ask your pediatrician about "Understanding ADHD: Information for Parents About Attention-Deficit/Hyperactivity Disorder," a new booklet from the American Academy of Pediatrics.

This information is based on the American Academy of Pediatrics' policy statements *Diagnosis and Evaluation of the Child with Attention-Deficit/Hyperactivity Disorder*, published in the May 2000 issue of *Pediatrics*, and *Treatment of the School-Aged Child with Attention-Deficit/Hyperactivity Disorder*, published in the October 2001 issue of *Pediatrics*. Parent Pages offer parents relevant facts that explain current policies about children's health.

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what about medicines for ADHD?

questions from teens who have ADHD



Q: What can I do **besides** taking medicines?

A: Medicines and behavior therapies are the only treatments that have been shown by scientific studies to work consistently for ADHD. Medicines are prescribed by a doctor, while behavior therapies usually are done with a counselor. These 2 treatments are probably best used together, but you might be able to do well with one or the other. You **can't rely on other treatments** such as biofeedback, allergy treatments, special diets, vision training, or chiropractic because there isn't enough evidence that shows they work.

Counseling may help you learn how to cope with some issues you may face. And there are things YOU can do to help yourself. For example, **things that may help you stay focused** include using a daily planner for schoolwork and other activities, making to-do lists, and even getting enough sleep.

Q: How can medicines help me?

A: There are several different ADHD medicines. They work by causing the brain to have more **neurotransmitters** in the right places. Neurotransmitters are chemicals in the brain that help us focus our attention, control our impulses, organize and plan, and stick to routines. Medicines for ADHD **can help you focus your thoughts and ignore distractions** so that you can reach your full potential. They also can help you control your emotions and behavior. Check with your pediatrician.

Q: Are medicines **safe**?

A: For most teens with ADHD, stimulant medicines are safe and effective if taken as recommended. However, like most medicines, there could be side effects. Luckily, the side effects tend to happen early on, are **usually mild**, and don't last too long. If you have any side effects, tell your pediatrician. Changes may need to be made in your medicines or their dosages.

- Most common side effects include decreased appetite or weight loss, problems falling asleep, headaches, jitteriness, and stomachaches.
- Less common side effects include a bad mood as medicines wear off (called the rebound effect) and facial twitches or tics.

Q: Will medicines change my **personality**?

A: Medicines won't change who you are and should not change your personality. If you notice changes in your mood or personality, **tell your pediatrician**. Occasionally when medicines wear off, some teens become more irritable for a short time. An adjustment of the medicines by your pediatrician may be helpful.

Q: Will medicines affect my **growth**?

A: Medicines will **not** keep you from growing. Significant growth delay is a very rare side effect of some medicines prescribed for ADHD. Most scientific studies show that taking these medicines has little to no long-term effect on growth in most cases.

Q: Do I need to take medicines **at school**?

A: There are 3 types of medicines used for teens with ADHD: **short acting** (immediate release), **Intermediate acting**, and **long acting**. You can avoid taking medicines at school if you take the intermediate- or long-acting kind. Long-acting medicines usually are taken once in the morning or evening. Short-acting medicines usually are taken every 4 hours.

Q: Does taking medicines make me a **drug user**?

A: NO! Although you may need medicines to help you stay in control of your behavior, medicines used to treat **ADHD do not lead to drug abuse**. In fact, **taking medicines as prescribed by your pediatrician and doing better in school may help you avoid drug use and abuse**. (But **never** give or share your medicines with anyone else.)

Q: Will I have to take medicines forever?

A: In most cases, ADHD continues later in life. Whether you need to keep taking medicines as an adult depends on your own needs. **The need for medicines may change over time.** Many adults with ADHD have learned how to succeed in life without medicines by using behavior therapies.

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From your doctor



Supported by a grant from McNeil Consumer & Specialty Pharmaceuticals
and partially funded by the CHADD National Resource Center on AD/HD.

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what is ADHD anyway? questions from teens

Attention-deficit/hyperactivity disorder

(ADHD) is a condition of the brain that **makes it difficult for people to concentrate**. The following are quick answers to some common questions:

Q: What causes ADHD?

A: There isn't just one cause. Research shows that

- **ADHD is a medical condition** caused by small changes in how the brain works. It seems to be related to 2 chemicals in your brain called *dopamine* and *norepinephrine*. These chemicals help send messages between nerve cells in the brain—especially those areas of the brain that control attention and activity level.
- **ADHD most often runs in families.**
- In a few people with ADHD, being *born prematurely* or being *exposed to alcohol during the pregnancy* can contribute to ADHD.
- Immunizations and eating too much sugar **do NOT cause** ADHD. And there isn't enough evidence that shows allergies and food additives cause ADHD.

Q: How can you **tell** if someone has ADHD?

A: You can't tell if someone has ADHD just by looks. People with ADHD don't look any different, but **how they act may make them stand out** from the crowd. Some people with ADHD are very hyperactive (they move around a lot and are not able to sit still) and have behavior problems that are obvious to everyone. Other people with ADHD are quiet and more laid back on the outside, but on the inside struggle with schoolwork and other tasks. They are distracted by people and things around them when they try to study; they may have trouble organizing schoolwork or forget to turn in assignments.

Q: Can ADHD cause someone to **act up** or get in trouble?

A: Having ADHD can cause you to struggle in school or have problems controlling your behavior. Some people may say or think that your struggles and problems are because you are bad, lazy, or not smart. **But they're wrong.** It's important that you get help so your impulses don't get you into serious trouble.

Q: Don't little kids who have ADHD **outgrow** it by the time they are teens?

A: Often kids with the hyperactive kind of ADHD get less hyperactive as they get into their teens, but usually they still have **a lot of difficulty paying attention**, remembering what they have read, and getting their work done. They may or may not have other behavior problems. Some kids with ADHD have never been hyperactive at all, but usually their attention problems also continue into their teens.

Q: If I have trouble with **homework** or tests, do I have ADHD?

A: There could be many reasons why a student struggles with schoolwork and tests. **ADHD could be one reason.** It may or may not be, but your pediatrician is the best person to say for sure. Kids with ADHD often say it's hard to concentrate, focus on a task (for example, schoolwork, chores, or a job), manage their time, and finish tasks. This could explain why they may have trouble with schoolwork and tests. Whatever the problem, there are many people willing to help you. You need to find the approach that works best for you.

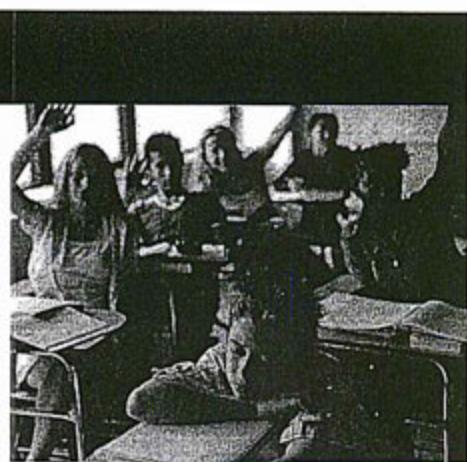
Q: Does having ADHD mean a person is **not very** smart?

A: Absolutely not! People who have trouble paying attention may have problems in school, but that doesn't mean they're not smart. In fact, some people with ADHD are very smart, **but may not be able to reach their potential in school until they get treatment.**

ADHD is a common problem. Teens with ADHD have the potential to do well in school and live a normal life with the right treatment.

Q: Is it just a **guy** thing?

A: ADHD is **more common in guys than girls.** About 3 times more guys than girls are diagnosed with ADHD. But more girls are being identified with ADHD.



Q: What do I do if I think I have ADHD?

A: Don't be afraid to talk with your parents or other adults that you trust. Together you can meet with your pediatrician and find out if you really have ADHD. If you do, **your pediatrician will help you** learn how to live with ADHD and find ways to deal with your condition.

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■ Attention Deficit–Hyperactivity Disorder (ADHD) ■

Attention deficit-hyperactivity disorder (ADHD) is common, affecting up to 12% of school-aged children. Children with ADHD have difficulty paying attention and controlling their behavior, leading to problems at home and school. Medications and other treatments can help to lessen these problems.

What is ADHD?

ADHD is a behavioral disorder consisting of difficulty paying attention and controlling impulses and being overactive. The result is problems with school work, trouble getting along with friends and family, and low self-esteem. Children with ADHD may have other emotional, behavioral, language, and learning disorders.

What does it look like?

Children with ADHD have problems in three key areas:

- **Inattention.** They may be easily distracted and have trouble paying attention. They may lose or forget things, or they may not seem to listen or follow instructions.
- **Impulsivity.** Children with ADHD may have trouble controlling themselves. They may interrupt others frequently or have trouble waiting their turn.
- **Hyperactivity.** They are overactive and have trouble sitting still or being quiet. They may leave their seats in the classroom or talk too much.

Your child's main problem may be hyperactivity or inattention or a combination of these. The inattentive behavior seems more commonly found in older children and in girls.

Other characteristics of ADHD are:

- Symptoms occur before age 7.
- Symptoms occur at home and school and other places.

Your doctor may have you and your child's teacher fill out questionnaires (such as the Conner's scale) to aid in making the diagnosis of ADHD.

What causes ADHD?

There is no single, known cause of ADHD. Both inherited and environmental factors probably contribute.

- ADHD may occur from injury to the brain caused by head trauma, premature birth, lead poisoning, and other risks.

- High stress or parenting difficulties may contribute to your child's problems but do not cause ADHD.

What puts your child at risk for ADHD?

- Male sex—ADHD is diagnosed three to four times more often in boys.
- Having an affected sibling.
- Other behavioral or mental health problems, including conduct disorder, anxiety, depression, and learning disorders.

Can ADHD be prevented?

There is no known way to prevent ADHD. Getting treatment and learning how to live with ADHD may lessen its impact.

What are some other problems associated with ADHD?

- Many children with ADHD have continued symptoms through adolescence and into adulthood. Attention problems become more of an issue in older children, leading to health and social problems.
- Without treatment, ADHD may increase your child's risk of experiencing later problems such as injuries, disappointments at school and work, and risky behaviors.
- Taking medications for ADHD does *not* lead to addiction. In fact, children who receive medication may be less likely to abuse drugs or alcohol.

How is ADHD treated?

Psychosocial treatments. Learning about ADHD's many effects on your child's behavior, school life, and family life is the first step in treatment. Sometimes this means finding ways of adjusting the home and school environments to better meet your child's needs. Key goals include:

- Improving relationships with family, teachers, friends, and classmates.
- Reducing behaviors that cause problems while increasing your child's ability to do necessary tasks at home and school.
- Working to improve your child's self-esteem.

Behavior management. Training in behavior management is an important part of getting your child's ADHD

symptoms under control. It also helps address problems with relationships and self-esteem.

- One of the keys is parental consistency, that is, making sure your child knows the consequences of his or her actions, both positive and negative. Both parents should respond to situations in the same way.
 - Your child should receive rewards for good behavior (positive reinforcement) and face consequences for not meeting behavior goals (negative reinforcement).
 - We may recommend a visit to a mental health provider if your child has more severe ADHD or associated conditions such as depression or anxiety.
 - Other forms of therapy may help with other behavior or mental health problems, such as depression or anxiety.
- School interventions.* Some simple changes in school routines are helpful to children with ADHD:
- Having your child sit at the front of the class may limit distractions while increasing supervision.
 - Ask your child's teacher to repeat instructions, if possible.

Medications. Stimulants and other types of medications can help in treating ADHD. Medications for ADHD do not change your child's personality or cause addiction. In most cases, proper medications help to reduce the behaviors that cause problems for your child.

- Children respond differently to the various medications used to treat ADHD. It may take a few tries to find the best medication for your child.
- Stimulants are the most commonly used type of medication. They reduce major ADHD symptoms in about 80% of children.

• Side effects are usually mild and don't last very long. When they occur, we may lower the dose or try a different drug. Common side effects include:

- Loss of appetite.
- Weight loss.
- Trouble sleeping.
- Although uncommon, tics may develop. (Tics are repetitive body motions, such as eye blinking or making certain sounds.)
- Other types of drugs may also be helpful. For example, antidepressants may be useful if your child has depression along with ADHD.
- A relatively new, nonstimulant drug called Strattera (generic name: atomoxetine) may be recommended. It has fewer side effects than stimulants but may be less effective.
- Your child will be followed up at regular intervals to check for side effects and monitor the effectiveness of treatment.
- *Developmental testing.* Because some children with ADHD have associated learning disabilities, your doctor may suggest developmental testing.

When should I call your office?

Your child should be seen on a regular basis to check for side effects and monitor improvement in ADHD symptoms. Between appointments, call our office if:

- Your child's ADHD symptoms get worse or don't get better with treatment.
- Your child develops new symptoms, including possible drug side effects.

This information is based on the American Academy of Pediatrics' policy statements *Diagnosis and Evaluation of the Child with Attention-Deficit/Hyperactivity Disorder*, published in the May 2000 issue of *Pediatrics*, and *Treatment of the School-Aged Child with Attention-Deficit/Hyperactivity Disorder*, published in the October 2001 issue of *Pediatrics*. Parent Pages offer parents relevant facts that explain current policies about children's health.

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- Occur in more than one setting, such as home, school, and social settings.
- Be more severe than in other children the same age.
- Start before your child reaches 7 years of age.
- Continue for more than six months.
- Make it difficult to function at school, at home, and/or in social settings.

What does treatment for ADHD involve?

As with other chronic conditions, families must manage the treatment of ADHD on an ongoing basis. In most cases, treatment for ADHD includes the following:

1. **A long-term management plan.** This will have:
 - **Target outcomes** (behavior goals, e.g., better school work)
 - **Follow-up activities** (e.g., medication, making changes that affect behavior at school and at home)
 - **Monitoring** (checking the child's progress with the target outcomes)
2. **Medication.** For most children, stimulant medications are a safe and effective way to relieve ADHD symptoms.
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NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

**Directions: Each rating should be considered in the context of what is appropriate for the age of your child.
When completing this form, please think about your child's behaviors in the past 6 months.**

Is this evaluation based on a time when the child was on medication was not on medication not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Revised - 1102

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NICHQ

National Initiative for Children's Healthcare Quality

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NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Somewhat of a Problem				
	Excellent	Above Average	Average	Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Comments:

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: _____

Total number of questions scored 2 or 3 in questions 10–18: _____

Total Symptom Score for questions 1–18: _____

Total number of questions scored 2 or 3 in questions 19–26: _____

Total number of questions scored 2 or 3 in questions 27–40: _____

Total number of questions scored 2 or 3 in questions 41–47: _____

Total number of questions scored 4 or 5 in questions 48–55: _____

Average Performance Score: _____

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Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____.

Is this evaluation based on a time when the child was on medication was not on medication not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (eg, butts into conversations/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Revised - 0303

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HE0351

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems; feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Performance Academic Performance	Somewhat of a Problem				
	Excellent	Above Average	Average	Problem	Problematic
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

Classroom Behavioral Performance	Somewhat of a Problem				
	Excellent	Above Average	Average	Problem	Problematic
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

Comments:

Please return this form to: _____

Mailing address: _____

Fax number: _____

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: _____

Total number of questions scored 2 or 3 in questions 10–18: _____

Total Symptom Score for questions 1–18: _____

Total number of questions scored 2 or 3 in questions 19–28: _____

Total number of questions scored 2 or 3 in questions 29–35: _____

Total number of questions scored 4 or 5 in questions 36–43: _____

Average Performance Score: _____

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General Tips

1. Rules should be clear and brief. Your child should know exactly what you expect from him or her.
2. Give your child chores. This will give him or her a sense of responsibility and boost self-esteem.
3. Short lists of tasks are excellent to help a child remember.
4. Routines are extremely important for children with ADHD. Set up regular times for meals, homework, TV, getting up, and going to bed. Follow through on the schedule!
5. Identify what your child is good at doing (like art, math, computer skills) and build on it.
6. Tell your child that you love and support him or her unconditionally.
7. Catch your child being good and give immediate positive feedback.

Common Daily Problems

It is very hard to get my child ready for school in the morning.

- Create a consistent and predictable schedule for rising and getting ready in the morning.
 - Set up a routine so that your child can predict the order of events. Put this routine in writing or in pictures on a poster for your child. Schedule example:
- Alarm goes off → Brush teeth → Wash face → Get dressed → Eat breakfast → Take medication → Get on school bus
- Reward and praise your child! This will motivate your child to succeed. Even if your child does not succeed in all parts of the “morning routine,” use praise to reward your child when he or she is successful. Progress is often made in a series of small steps!
 - If your child is on medication, try waking your child up 30 to 45 minutes before the usual wake time and give him or her the medication immediately. Then allow your child to “rest” in bed for the next 30 minutes. This rest period will allow the medication to begin working and your child will be better able to participate in the morning routine.

My child is very irritable in the late afternoon/early evening. (Common side effect of stimulant medications)

- The late afternoon and evening is often a very stressful time for all children in all families because parents and children have had to “hold it all together” at work and at school.
- If your child is on medication, your child may also be experiencing “rebound”—the time when your child’s medication is wearing off and ADHD symptoms may reappear.
- Adjust your child’s dosing schedule so that the medication is not wearing off during a time of “high demand” (for example, when homework or chores are usually being done).

“Common Daily Problems” adapted from material developed by Laurel K. Leslie, MD, San Diego ADHD Project.

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- Create a period of “downtime” when your child can do calm activities like listen to music, take a bath, read, etc.
- Alternatively, let your child “blow off extra energy and tension” by doing some physical exercise.
- Talk to your child’s doctor about giving your child a smaller dose of medication in the late afternoon. This is called a “stepped down” dose and helps a child transition off of medication in the evening.

My child is losing weight or not eating enough.

(Common side effects of stimulant medication use)

- Encourage breakfast with calorie-dense foods.
- Give the morning dose of medication after your child has already eaten breakfast. Afternoon doses should also be given after lunch.
- Provide your child with nutritious after-school and bedtime snacks that are high in protein and in complex carbohydrates. Examples: Nutrition/protein bars, shakes/drinks made with protein powder, liquid meals.
- Get eating started with any highly preferred food before giving other foods.
- Consider shifting dinner to a time later in the evening when your child’s medication has worn off. Alternatively, allow your child to “graze” in the evening on healthy snacks, as he or she may be hungriest right before bed.
- Follow your child’s height and weight with careful measurements at your child’s doctor’s office and talk to your child’s doctor.

Homework Tips

- Establish a routine and schedule for homework (a specific time and place). Don’t allow your child to wait until the evening to get started.
- Limit distractions in the home during homework hours (reducing unnecessary noise, activity, and phone calls, and turning off the TV).
- Praise and compliment your child when he or she puts forth good effort and completes tasks. In a supportive, noncritical manner, it is appropriate and helpful to assist in pointing out and making some corrections of errors on the homework.
- It is not your responsibility to correct all of your child’s errors on homework or make him or her complete and turn in a perfect paper.
- Remind your child to do homework and offer incentives: “When you finish your homework, you can watch TV or play a game.”
- If your child struggles with reading, help by reading the material together or reading it to your son or daughter.
- Work a certain amount of time and then stop working on homework.

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- Many parents find it very difficult to help their own child with schoolwork. Find someone who can. Consider hiring a tutor! Often a junior or senior high school student is ideal, depending on the need and age of your child.

Discipline

- Be firm. Set rules and keep to them.
- Make sure your child understands the rules, so he or she does not feel uninformed.
- Use positive reinforcement. Praise and reward your child for good behavior.

- Change or rotate rewards frequently to maintain a high interest level.
- Punish behavior, not the child. If your child misbehaves, try alternatives like allowing natural consequences, withdrawing yourself from the conflict, or giving your child a choice.

Taking Care of Yourself

- Come to terms with your child's challenges and strengths.
- Seek support from family and friends or professional help such as counseling or support groups.
- Help other family members recognize and understand ADHD.

"Common Daily Problems" adapted from material developed by Laurel K. Leslie, MD, San Diego ADHD Project.



Many children with ADHD have difficulty sleeping at night, whether or not they are on medication. This is partially related to the ADHD; parents often describe their children as being “on the go” and collapsing late at night. It may also be due to the fact that stimulant medication has worn off, making it more difficult for them to manage their behavior. Lastly, some children have difficulty falling asleep because the stimulants affect them the same way caffeine affects adults.

Here are a few tips:

■ Develop bedtime rituals/routines.

- A bedtime ritual is a powerful sign that it is time to sleep. It needs to be simple so the child can “re-create” the ritual even if the parent is not present.
- Try writing out the bedtime ritual to make it consistent.

■ Pay attention to the sleep environment.

- Background noises, location, sleep partners, bedding, favorite toys, and lighting can all affect a child’s ability to fall asleep.
- A cool, dark, quiet room is best.

■ Letting children cry themselves to sleep is not recommended.

- Teach them to soothe themselves, such as giving the child a special blanket, a picture of the parent(s), or a stuffed animal to hold while falling asleep.
- Avoid activities that depend on a parent’s presence, including rocking or holding the child until he or she falls asleep.

■ Make the bedroom a sleep-only zone.

- Remove most toys, games, televisions, computers, and radios from your child’s bedroom if your child is having trouble falling asleep or is often up at night.
- One or two stuffed animals are acceptable.

■ Limit time in bed.

- Hours spent awake in bed interfere with good sleep patterns; the goal is to make the child’s bed a place for sleeping only.
- Be aware of how much sleep children need at different ages. Even though adults need about 8 hours of sleep, infants and toddlers often sleep more than 12 hours and children usually sleep 10 hours. Teenagers also need lots of sleep, sometimes requiring 9 hours or more.

Adapted from material developed by Laurel K. Leslie, MD, San Diego ADHD Project, and from material developed by Henry L. Shapiro, MD, FAAP, for the Pediatric Development and Behavior Web site (www.dbpeds.org).

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■ Establish consistent waking times.

- Bedtimes and waking times should be the same 7 days a week.
- It is easier to enforce a waking time than a bedtime.

■ Avoid drinks with caffeine.

- Caffeine is present in a wide range of beverages, such as tea, soda, cocoa, and coffee. Drinking these beverages past the afternoon may make it more difficult for your child to settle down to sleep.

■ Establish daytime routines.

- Regular mealtimes and activity times, including playtime with parents, also help set sleep times.

■ Chart your child’s progress.

- Praise your child for successful quiet nights.
- Consider marking successful nights on a star chart and providing rewards at the end of the week.

■ Waking up at night is a habit.

- Social contact with parents, feeding, and availability of interesting toys encourage the child to be up late, so set limits on attention-getting behaviors at night.

■ Consider medical problems.

- Allergy, asthma, or conditions that cause pain can disrupt sleep. If your child snores loudly and/or pauses in breathing, talk to your doctor.

■ Try medications to help your child sleep only under the care of your child’s doctor.

- Medications need to be used very carefully in young children. Many medications can have complications and make sleep worse.
- Some children with ADHD may actually be helped by a small dose of a stimulant medication at bedtime. Paradoxically, this dose may help a child to get organized for sleep.
- Some children may ultimately need other bedtime medications—at least for a little while—to help improve sleep. Talk with your doctor before starting any over-the-counter or prescription medications.



There are 2 main laws protecting students with disabilities—including those with ADHD: 1) the Individuals with Disabilities Education Act of 1997 (**IDEA**) and 2) **Section 504** of the Rehabilitation Act of 1973. IDEA is special education law. Section 504 is a civil rights statute. Both laws guarantee to qualified students a free and appropriate public education (FAPE) and instruction in the least restrictive environment (LRE), which means with their peers who are not disabled and to the maximum extent appropriate to their needs.

Because there are different criteria for eligibility, services/supports available, and procedures and safeguards for implementing the laws, it is important for parents, educators, clinicians, and advocates to be well aware of the variations between IDEA and Section 504 and fully informed about the respective advantages and disadvantages.

Additional Resources

1. *Advocacy Manual: A Parents' How-to Guide for Special Education Services*
Learning Disabilities Association of America, 1992. Contact the publisher at 4156 Library Rd, Pittsburgh, PA 15243 or 888/300-6710.
2. *Better IEPs: How to Develop Legally Correct and Educationally Useful Programs*
Barbara Bateman and Mary Anne Linden, 3rd edition, 1998. Contact the publisher, Sopris West, at 303/651-2829 or <http://www.sopriswest.com>.
3. *The Complete IEP Guide: How to Advocate for Your Special Ed Child*
Lawrence Siegel, 2nd edition, 2000. Contact the publisher, Nolo, at 510/549-1976 or <http://www.nolo.com>.
4. *Negotiating the Special Education Maze: A Guide for Parents and Teachers*
Winifred Anderson, Stephen Chitwood, and Deidre Hayden; 3rd edition; 1997. Contact the publisher, Woodbine House, at 6510 Bells Mill Rd, Bethesda, MD 20817 or 800/843-7323.
5. Children and Adults With Attention-Deficit/Hyperactivity Disorder
<http://www.chadd.org>
6. Education Resources Information Center
<http://ericir.syr.edu>
7. Internet Resource for Special Children
<http://www.ircsc.org>
8. San Diego ADHD Web Page
<http://www.sandiegoadhd.org>
9. National Information Center for Children and Youth with Disabilities
<http://www.nichcy.org>
10. Parent Advocacy Coalition for Educational Rights Center
<http://www.pacer.org>

Glossary of Acronyms

ADHD

Attention-deficit/hyperactivity disorder

BIP

Behavioral Intervention Plan

ED

Emotional disturbance

FAPE

Free and appropriate public education

FBA

Functional Behavioral Assessment

IDEA

Individuals with Disabilities Education Act

IEP

Individualized Education Program

IST

Instructional Support Team

LRE

Least restrictive environment

MDR

Manifestation Determination Review

MDT

Multidisciplinary Team

OHI

Other health impaired

SLD

Specific learning disability

SST

Student Study Team

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IDEA

Who Is Eligible?

IDEA strongly emphasizes the provision of special education and related services that enable students to access and progress in the general education program. Sometimes students with ADHD qualify for special education and related services under the disability categories of "specific learning disability" (SLD) or "emotional disturbance" (ED). For example, a child who has ADHD who also has coexisting learning disabilities may be eligible under the SLD category. Students with ADHD most commonly are eligible for special education and related services under the IDEA category of "other health impaired" (OHI). Eligibility criteria under this category require that the child has a chronic or acute health problem (eg, ADHD) causing limited alertness to the educational environment (due to heightened alertness to environmental stimuli) that results in an adverse effect on the child's educational performance to the degree that special education is needed.

Note: *The adverse effect on educational performance is not limited to academics, but can include impairments in other aspects of school functioning, such as behavior, as well.*

How Does a Parent Access Services Under IDEA?

- Parents or school personnel may refer a child by requesting an evaluation to determine eligibility for special education and related services. It is best to put this request in writing.
- Within a limited time frame, the school's multidisciplinary evaluation team, addressing all areas of the child's difficulties, develops an assessment plan.
- After parents or guardians consent to the assessment plan, the child receives a comprehensive evaluation by the multidisciplinary team of school professionals.
- After the evaluation, an Individualized Education Program (IEP) meeting is scheduled with the team, including parents, teacher(s), special education providers, the school psychologist and/or educational evaluator, a school system representative,

and the student (as appropriate).

- Based on the results of the evaluation, as well as other input provided by parents and/or other team members, the team decides whether the child meets eligibility criteria for special education under one of the categories defined by IDEA.
- An IEP is developed and written for qualifying students through a collaborative team effort. It is tailored and designed to address the educational needs of the student.
- The IEP goes into effect once the parents sign it and agree to the plan.
- The IEP must address the following:
 - Present levels of educational performance, including how the child's disability affects his or her involvement and progress in the general curriculum
 - Delineation of all special education and related services, modifications (if any), and supports to be provided to the child or on behalf of the child
 - Annual goals and measurable, short-term objectives/benchmarks
 - The extent (if any) to which the child will not participate with children in the regular class and other school activities
 - Modifications (if any) in the administration of statewide and district-wide tests the child will need to participate in those assessments
 - Dates and places specifying when, where, and how often services will be provided, and by whom

What Happens After the IEP Is Written?

1. Services are provided. These include all programs, supplemental aids, program modifications, and accommodations that are spelled out in the IEP.
2. Progress is measured and reported to parents. Parents are informed of progress toward IEP goals during the year, and an annual IEP review meeting is required.
3. Students are reevaluated every 3 years (triennial evaluation) or sooner if deemed necessary by the team or on parent/

Adapted from Rief S. *The ADD/ADHD Book of Lists*. San Francisco, CA: Jossey-Bass Publishers; 2002, and from material developed by Laurel K. Leslie, MD, San Diego ADHD Project.

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Section 504

Who Is Eligible?

Students with ADHD also may be protected under Section 504 of the Rehabilitation Act of 1973 (even if they do not meet eligibility criteria under IDEA for special education). To determine eligibility under Section 504 (ie, the impact of the disability on learning), the school is required to do an assessment. This typically is a much less extensive evaluation than that conducted for the IEP process.

Section 504 is a federal civil rights statute that:

- Protects the rights of people with disabilities from discrimination by any agencies receiving federal funding (including all public schools)
- Applies to students with a record of (or who are regarded as having) a physical or mental impairment that substantially limits one or more major life function (which includes learning)
- Is intended to provide students with disabilities equal access to education and commensurate opportunities to learn as their peers who are not disabled

How Does a Parent Access Services Under Section 504?

- Parents or school personnel may refer a child by requesting an evaluation to determine eligibility for special education and related services. It is best to put this request in writing.
- If the school determines that the child's ADHD does significantly limit his or her learning, the child would be eligible for a 504 plan designating:
 - Reasonable accommodations in the educational program
 - Related aids and services, if deemed necessary (eg, counseling, assistive technology)

What Happens After the 504 Plan Is Written?

The implementation of a 504 plan typically falls under the responsibility of general education, not special education. A few sample classroom accommodations may include:

- Tailoring homework assignments
- Extended time for testing
- Preferential seating
- Supplementing verbal instructions with visual instructions
- Organizational assistance
- Using behavioral management techniques
- Modifying test delivery

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What Do Section 504 and IDEA Have in Common?

Both:

- Require school districts to provide free and appropriate public education (FAPE) in the least restrictive environment (LRE)
- Provide a variety of supports (adaptations/accommodations/modifications) to enable the student to participate and learn in the general education program
- Provide an opportunity for the student to participate in extracurricular and nonacademic activities
- Require nondiscriminatory evaluation by the school district
- Include due process procedures if a family is dissatisfied with a school's decision

Which One Is Right for My Child—a 504 Plan or an IEP?

This is a decision that the team (parents and school personnel) must make considering eligibility criteria and the specific needs of the individual student. For students with ADHD who have more significant school difficulties:

IDEA usually is preferable because:

- It provides for a more extensive evaluation.
- Specific goals and short-term objectives are a key component of the plan and regularly monitored for progress.
- There is a much wider range of program options, services, and supports available.
- It provides funding for programs/services (Section 504 is non-funded).
- It provides more protections (procedural safeguards, monitoring, regulations) with regard to evaluation, frequency of review, parent participation, disciplinary actions, and other factors.

A 504 plan would be preferable for:

- Students who have milder impairments and don't need special education. A 504 plan is a faster, easier procedure for obtaining accommodations and supports.
- Students whose educational needs can be addressed through adjustments, modifications, and accommodations in the general curriculum/classroom.

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- **Establish a routine and schedule for homework (a specific time and place)** and adhere to the schedule as closely as possible. Don't allow your child to wait until the evening to get started.
- **Limit distractions** in the home during homework hours (eg, reduce unnecessary noise, activity, and phone calls; turn off the TV).
- **Assist your child in dividing assignments into smaller parts** or segments that are more manageable and less overwhelming.
- **Assist your child in getting started on assignments** (eg, read the directions together, do the first items together, observe as your child does the next problem/item on his or her own). Then get up and leave.
- **Monitor and give feedback without doing all the work together.** You want your child to attempt as much as possible independently.
- **Praise and compliment your child when he or she puts forth good effort and completes tasks.** In a supportive, noncritical manner it is appropriate and helpful to assist in pointing out and making some corrections of errors on the homework.
- **It is not your responsibility to correct all of your child's errors on homework** or make him or her complete and turn in a perfect paper.
- **Remind your child to do homework and offer incentives:** "When you finish your homework, you can..."
- **A contract for a larger incentive/reinforcer may be worked out** as part of a plan to motivate your child to persist and follow through with homework ("If you have no missing or late homework assignments this next week, you will earn...").
- **Let the teacher know your child's frustration and tolerance level in the evening.** The teacher needs to be aware of the amount of time it takes your child to complete tasks and what efforts you are making to help at home.
- **Help your child study for tests.** Study together. Quiz your child in a variety of formats.
- **If your child struggles with reading, help by reading the material together** or reading it to your son or daughter.
- **Work a certain amount of time and then stop working on homework.** Don't force your child to spend an excessive and inappropriate amount of time on homework. If you feel your child worked enough for one night, write a note to the teacher attached to the homework.
- It is very common for students with ADHD to fail to turn in their finished work. It is very frustrating to know your child struggled to do the work, but then never gets credit for having done it. Papers seem to mysteriously vanish off the face of the earth! **Supervise to make sure that completed work leaves the home and is in the notebook/backpack.** You may want to arrange with the teacher a system for collecting the work immediately on arrival at school.
- Many parents find it very difficult to help their own child with schoolwork. Find someone who can. **Consider hiring a tutor!** Often a junior or senior high school student is ideal, depending on the needs and age of your child.
- **Make sure your child has the phone number of a study buddy**—at least one responsible classmate to call for clarification of homework assignments.
- Parents, **the biggest struggle is keeping on top of those dreaded long-range homework assignments** (eg, reports, projects). This is something you will need to be vigilant about. Ask for a copy of the project requirements. Post the list at home and go over it together with your child. Write the due date on a master calendar. Then plan how to break down the project into manageable parts, scheduling steps along the way. Get started AT ONCE with going to the library, gathering resources, beginning the reading, and so forth.

Adapted from Rief S. *The ADD/ADHD Book of Lists*. San Francisco, CA: Jossey-Bass Publishers; 2002

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Why Is My Child Having Trouble in School?

It is very common for children with ADHD to have difficulties in school. These problems can occur for several reasons:

- Symptoms of ADHD like **distractibility and hyperactivity** make it hard for children with ADHD to pay attention or stay focused on their work, even though they may be capable learners and bright enough to understand the material.
- Many children with ADHD also have **trouble organizing** themselves, breaking an assignment down into smaller steps, and staying on a schedule.
- Some children with ADHD have **difficulty with self-control** and get into trouble with peers and/or teachers.
- Many children with ADHD also have a **learning disability**. Schools usually define a learning disability as a discrepancy between a child's IQ score and his or her performance on achievement tests. A child with a learning disability has difficulty understanding information he or she sees or hears OR trouble putting together information from different parts of the brain.
- Children with ADHD often **can learn material but it may take longer** and require more repetition.
- Children with ADHD often show **inconsistency in their work** because of their ADHD; one day they may know information and the next day they cannot seem to remember it.

Typical School Performance Difficulties Associated With ADHD

- Poor organization and study skills
- Weaknesses in written language/writing skills
- Minimal/inconsistent production and output (both in-class assignments and homework)
- Behavior that interferes with learning and impacts on interpersonal relationships
- Immature social skills

What Can I Personally Do to Help?

There are many different ways that a parent's participation can make a difference in a child's school experience, including:

- **Spending time** in the classroom, if your work schedule allows, and observing your child's behavior.
- **Talking with your child's teacher** to identify where your child is having the most problems.
- Working with your child's teacher to make a **plan** for how you will address these problems and what strategies at school and home will help your child be successful at learning and completing work.
- **Acknowledging the extra efforts your child's teacher** may have to make to help your child.

Adapted from material developed by Laurel K. Leslie, MD, San Diego ADHD Project.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

- **Reading all you can about ADHD** and sharing it with your child's teacher and other school officials.
- **Becoming an expert on ADHD and your child.**
- **Finding out about tutoring options** through your child's school or local community groups. Children with ADHD may take longer to learn material compared with other children even though they are just as smart. Tutoring may help your child master new materials.
- **Making sure your child actually has mastered** new material presented so that he or she does not get behind academically.
- **Acknowledging how much harder** it is for your child to get organized, stay on task, complete assignments, and learn material compared with other children. Help your child to get organized, break tasks down into smaller pieces, and expend his or her excess physical energy in ways that are "okay" at home and in the classroom.
- **Praising your child** and rewarding him or her for a job well done immediately after completing tasks or homework.
- **Joining a support group** for parents of children with ADHD or learning disabilities. Other parents may help you with ideas to help your child.

Another good way to get help from your school is to **determine if your school has a regular education process that helps teachers with students who are having learning or behavioral problems that the teacher has been unsuccessful in solving**. The process differs in various school districts and even among different schools in the same district. Some of the names this process may go by include Student Study Team (SST), Instructional Support Team (IST), Pupil Assistance Team (PAT), Student Intervention Team (SIT), or Teacher Assistance Team (TAT).

Parents are encouraged to request a meeting on their child to discuss concerns and create a plan of action to address their child's needs. In addition to the child's teacher, members of the team may include the child, the parents, a mentor teacher or other teachers, the principal, the school nurse, the resource specialist, a speech and language specialist, or a counselor or psychologist. The team members meet to discuss the child's strengths and weaknesses, the child's progress in his or her current placement, and the kinds of problems the child is having. The team members "brainstorm" to develop a plan of action that documents the kinds of interventions that will help the child, the timeline for the changes to take place, and the school staff responsible for the implementation of the team's recommendations.

The team should also come up with a plan to monitor the child's progress. A follow-up meeting should be scheduled within a reasonable time frame (usually 4 to 6 weeks) to determine whether the team's interventions are actually helping the child in the areas of difficulty.



ADHD Information

About Our Kids

http://www.aboutourkids.org/articles/about_adhd.html

ADDitude Magazine for People With ADHD

<http://www.additudemag.com>

ADDvance Online Resource for Women and Girls With ADHD

<http://www.addvance.com>

American Academy of Family Physicians (AAFP)

<http://www.aafp.org>

American Academy of Pediatrics (AAP)

<http://www.aap.org>

American Medical Association (AMA)

<http://www.ama-assn.org>

Attention-Deficit Disorder Association (ADDA)

<http://www.add.org>

Attention Research Update Newsletter

<http://www.helpforadd.com>

Bright Futures

<http://www.brightfutures.org>

Center for Mental Health Services Knowledge Exchange Network

<http://www.mentalhealth.org>

Children and Adults With Attention-Deficit/Hyperactivity Disorder (CHADD)

<http://www.chadd.org>

Comprehensive Treatment for Attention-Deficit Disorder (CTADD)

<http://ctadd.net/ctadd>

Curry School of Education (University of Virginia) ADD Resources

<http://teis.virginia.edu/go/cise/ose/categories/add.html>

Intermountain Health Care

<http://www.ihc.com/xp/ihc/physician/clinicalprograms/primarycare/adhd.xml>

National Center for Complementary and Alternative Medicine (NCCAM)

<http://nccam.nih.gov>

National Institute of Mental Health (NIMH)

<http://www.nimh.nih.gov/healthinformation/adhdmenu.cfm>

Northern County Psychiatric Associates

<http://www.ncpamd.com/adhd.htm>

One ADD Place

<http://www.oneaddplace.com>

Pediatric Development and Behavior

<http://www.dbpeds.org>

San Diego ADHD Web Page

<http://www.sandiegoahd.com>

Vanderbilt Child Development Center

<http://peds.mc.vanderbilt.edu/cdc/rating~1.html>

Educational Resources

American Association of People With Disabilities (AAPD)

<http://www.aapd.com>

Consortium for Citizens With Disabilities

<http://www.c-c-d.org>

Council for Learning Disabilities

<http://www.cldinternational.org>

The Educator's Reference Desk

<http://www.eduref.org>

Federal Resource Center for Special Education

<http://www.dssc.org/frc>

Internet Resource for Special Children

<http://www.irsc.org>

Learning Disabilities Association of America

<http://www.ldanatl.org>

National Information Center for Children and Youth With Disabilities (NICHCY)

<http://www.nichcy.org>

Parent Advocacy Coalition for Educational Rights (PACER) Center

<http://www.pacer.org>

SAMHSA

<http://www.disabilitydirect.gov>

SandraRief.com

<http://sandrarief.com>

TeachingLD

<http://www.dldcec.org>

US Department of Education

<http://www.ed.gov>

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