

GRADES 1 to 12

# Focusing on Success

Teaching Students  
with

Attention Deficit/Hyperactivity Disorder

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# Table of Contents

	PAGE
Acknowledgements	iii
Chapter 1 Understanding AD/HD	1
Chapter 2 Building Home-School Partnerships	17
Chapter 3 Understanding Approaches to Managing AD/HD	29
Chapter 4 Creating Supportive Classroom Environments	43
Chapter 5 Choosing Instructional Strategies	63
Chapter 6 Building Connections and Creating Hope	95
Chapter 7 Moving to Independence	103
Chapter 8 Keeping Informed	117
Appendix A Sample Tools	123
Appendix B Recommended Books	157
Bibliography	165
Index	171



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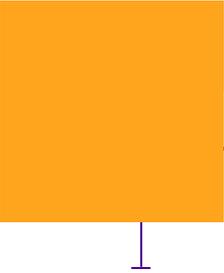
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## 1

# Understanding AD/HD

*“For many people, AD/[H]D is not a disorder but a trait, a way of being in the world. When it impairs their lives, then it becomes a disorder. But once they learn to manage its disorderly aspects, they can take full advantage of the many talents and gifts embedded in this sparkling kind of mind.”*

– Hallowell and Ratey 2005, p. 4

Attention Deficit/Hyperactivity Disorder (AD/HD) is one of the most widely researched conditions of both childhood and adulthood. This research has increased awareness and understanding, but also created a media explosion of information, misinformation and conflicting opinions.

The research in this area is both optimistic and hopeful. Edward M. Hallowell says that AD/HD is “a misleading name for an intriguing kind of mind” and that it is more useful to view it simply as “a name for a collection of symptoms, some positive, some negative” (Hallowell and Ratey 2005, p. 4).

Inspired by Hallowell and other individuals who are both living with AD/HD and working with individuals with AD/HD, this resource offers practical information and sample strategies that teachers can use to help students with AD/HD manage learning so that school is a successful and satisfying experience for them and their families.

## MYTH

AD/HD is not a real condition.

## FACT

AD/HD is a neurobiological condition characterized by differences in brain functioning that affect behaviour, thoughts and emotions.

## What is AD/HD?

Attention Deficit/Hyperactivity Disorder (AD/HD) is a neurobiological condition that can cause inattention, hyperactivity and/or impulsivity, along with a number of related difficulties, inappropriate for an individual's age.

## What does AD/HD look like in the classroom?

Students with AD/HD frequently struggle in academic areas. About 30 to 50 percent<sup>1</sup> of these students also have learning disabilities. Even those without learning disabilities frequently experience difficulties in reading, writing and mathematics because of difficulties related to attention and short-term memory.

### Reading

Students with AD/HD may have strong decoding and word recognition skills but struggle with recall and comprehension of reading material because of a tendency to skim read or word-read without attention to meaning.

### Writing

Many students with AD/HD have difficulty with writing. Common difficulties include spelling, editing, self-monitoring, and generating, planning and organizing ideas. Underdeveloped fine motor skills may contribute to difficulty with the physical act of writing legibly with speed and precision. These difficulties may result in fatigue, inefficiency and frustration. A hasty approach to a task can also affect legibility.

### Mathematics

Students with AD/HD may have difficulty remembering math facts and procedures. Inconsistent performance may also be due to careless errors (e.g., failure to notice operational signs) and neglect of self-monitoring strategies. Slow and inefficient copying and misaligning of numbers may also interfere with success in math.

1. MTA Cooperative Group 1999.

Characteristics of inattention, hyperactivity and impulsivity in the classroom include difficulties in:

- keeping track of personal belongings and school supplies
- getting started on tasks
- sitting still and focusing attention on the task at hand
- regulating attention to tasks and to people
- organizing or following through on instructions, assignments and classroom duties
- organizing and managing time
- planning for and completing written assignments (both short-term and long-term)
- working independently (e.g., completing paper-and-pencil tasks at desk)
- self-monitoring
- maintaining consistent quality and quantity of work from day to day, and at different times in the same day
- participating in classroom discussions (e.g., waiting turns, staying on topic, listening to others)
- dealing with change and transitions, including moving from one activity to the next during the school day and moving from grade to grade or from school to school.

## What causes AD/HD?

Research suggests that AD/HD is most likely caused by abnormalities in certain chemical messengers (neurotransmitters) in the brain. In simple terms, the brain is inefficient or sluggish in the areas that control impulses, screen sensory input and focus attention.

No one direct cause for AD/HD has been identified. AD/HD tends to run in families and heredity appears to be an important factor, accounting for 50 to 80 percent<sup>2</sup> of children with AD/HD. Parents and siblings of children with AD/HD frequently have similar symptoms. Like many traits of behaviour and temperament, AD/HD is genetically influenced, but not genetically determined.

Other possible causes of AD/HD have been suggested. These include trauma to the developing fetus caused by disease or injury, or exposure to alcohol, cigarettes/nicotine and environmental toxins. Babies who are born prematurely or with low birth weight are also more likely to become children with AD/HD.

2. Levy and Hay 2001.

MYTH

AD/HD is a North American problem.

FACT

AD/HD is found in boys and girls in all cultures around the world and is not specific to socioeconomic status.

- Nearly 50 percent<sup>4</sup> of all children with AD/HD—mostly boys—tend to also be diagnosed with oppositional defiant disorder, but these disorders exist as two distinct conditions.

MYTH

AD/HD only occurs in boys.

FACT

Boys are four to nine times more likely to be diagnosed; however, the disorder occurs in both boys and girls.<sup>4</sup>

## Who is affected by AD/HD?

Current statistics suggest that AD/HD is a fairly common disorder and that 4 to 12 percent<sup>3</sup> of North American school-aged children are affected by AD/HD. Problems with AD/HD continue into adulthood. It occurs in both males and females, although according to the most recent research, there are a number of common gender differences.

- Girls are more prone to inattentive type AD/HD, which is marked by disorganized and unfocused behaviour rather than the disruptive, impulsive conduct typically seen in boys.
- Girls with AD/HD tend to have higher rates of overall distress, anxiety and depression compared to boys with AD/HD.

- Girls may find their AD/HD symptoms are intensified by monthly hormonal fluctuations.

## What are the characteristics of AD/HD?

There are many characteristics that might indicate AD/HD. They vary from individual to individual, and in individuals, from age to age and from situation to situation. Generally, the characteristics are clustered under the general categories of inattention, hyperactivity, impulsivity, social-emotional difficulties and the overarching category of executive functions.

3. Brown, Freeman and Perin 2001.

4. Biederman et al. 2002.

### Inattention

- losing or forgetting things
- poor listening (e.g., frequently appearing to “tune out”)
- difficulty following instructions
- tendency to miss important details
- tendency to rush through tasks and make careless errors
- difficulty staying on task and completing assignments
- difficulty with short-term memory and recall
- organizational difficulties (e.g., keeping notebooks and supplies in order, planning for multi-step projects)
- problems with focusing and maintaining attention
- distractibility
- tendency to daydream (e.g., appearing lost in own world).

### Hyperactivity

- restless and always on the go (e.g., appears “driven by a motor”)
- squirming and fidgeting (e.g., finger tapping, foot tapping, knuckle cracking, rocking)
- difficulty staying seated or being quiet when required
- excessive talking.

### Impulsivity

- acting without planning or thinking first
- difficulty following rules and sequences of steps
- blurting out inappropriate remarks
- disturbing or interrupting others
- demonstrating impatience at inappropriate times (e.g., difficulty waiting in lines or taking turns)
- difficulty managing frustration and other emotions (e.g., getting angry or over-reacting with little or no provocation)
- demonstrating unsafe behaviour
- difficulty considering consequences
- difficulty managing transitions from one activity to the next.

### Social-emotional difficulties

Inattention, hyperactivity and impulsivity can also contribute to social-emotional difficulties such as:

- limited confidence in self as a learner
- limited success as a team player
- misinterpreting social cues
- emotionally overreacting
- difficulty managing anger.

### Executive functions

A hallmark of AD/HD is impairment of higher level brain functions required to perform the following kinds of tasks:

- regulating alertness, sustaining effort, and processing information at consistent and appropriate speeds
- focusing and sustaining attention
- organizing and prioritizing tasks
- planning and using foresight
- self-monitoring and regulating actions
- remembering details and accessing short-term memory
- distinguishing essential from nonessential detail
- elaborating on single or basic points
- delaying gratification
- inhibiting behaviours
- managing frustration and other emotions
- evaluating information and own performances.

#### MYTH

AD/HD is overdiagnosed among children.

#### FACT

Currently, it appears that AD/HD may be overdiagnosed in some places but it is underdiagnosed in many others. There appears to be a few regions where an inordinate number of children are labelled as AD/HD but at the same time, there are many regions where medical doctors may not have the expertise to accurately diagnose this disorder. AD/HD is not a particular belief: it is a medical diagnosis derived from solid evidence and research.

### How is AD/HD diagnosed?

A key to the successful management of AD/HD is a comprehensive assessment and accurate medical diagnosis. Children with AD/HD exhibit a range of behaviours and levels of severity. Individuals with AD/HD may be predominantly inattentive, predominantly hyperactive/impulsive or a combination of both. To warrant a diagnosis of AD/HD, the behaviours must:

- be exhibited to an abnormal degree for the child's age or developmental stage
- have been present to some extent prior to age seven
- have been present for at least six months
- have a negative impact on the child's ability to experience academic and/or social success
- be present in multiple settings.<sup>5</sup>

5. Adapted with permission from the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision, (Copyright 2000), pp. 92, 93. American Psychiatric Association.

The student who is brighter-than-average may be able to successfully compensate for many of the symptoms of AD/HD and may not be diagnosed until later in life when circumstances and/or expectations change.

Many of the characteristics, or symptoms, of AD/HD are present for all of us at some times and under some circumstances. The diagnostic process involves gathering information to determine the intensity, duration and pervasiveness of the symptoms and their negative impact on the life of an individual. As the behavioural characteristics of AD/HD can be a result of other disorders, a thorough assessment by a qualified professional is essential in order to rule out other disorders and make a differential diagnosis.

Currently, there is no valid test for AD/HD. No specific physical or neurological findings can definitively establish the diagnosis through procedures such as blood tests, brain scans or EEG (brainwave recording). The diagnosis of AD/HD is made by gathering information from the child, parents, teachers and others, combined with direct observation and information from other sources. Neuropsychological performance assessments are often used to augment information collected from interviews, behavioural checklists and observations. The Canadian Attention Deficit Hyperactivity Disorder Resource Alliance (CADDRA) strongly recommends that an assessment of AD/HD include evidence directly obtained from parents and teachers who may be able to provide information on age of onset, duration of symptoms, variation of symptoms in different settings, coexisting conditions, and degree of functional impairment.

## Identifying students with AD/HD

The observations of parents and teachers are key to accurately identifying students who are experiencing difficulties that may be attributed to AD/HD. Initial concerns may come from parents, teachers or students themselves. While AD/HD is a lifelong condition, the negative impact of the symptoms may occur at different ages and thus referrals for assessment and diagnosis may occur at any time during an individual's life span. Transition times, such as moving from one grade level to another, may be challenging for some students and negative AD/HD characteristics may become more pronounced at these times.

### Preschool years

Parents may be concerned about their child's extremely high activity level in comparison to siblings or to other children of the same age. They may fear for their child's safety and observe that their child's behaviour often puts him or her at risk of harm. They may find their child difficult to manage and to discipline or suspect the child has a hearing difficulty.

### Elementary school years

Teachers and parents may have concerns about a child's underachievement, poor productivity, inefficient approach to tasks and behaviour difficulties. For example, the child may seem to have sufficient skills, but has significant difficulty starting and completing assigned work. The child may socialize at inappropriate times, and be disorganized with materials and assignments. There are often concerns about peer relationships, particularly finding and keeping friends. At home, parent-child conflicts may arise over follow-through of chores such as keeping his or her room tidy.

### Junior and senior high school years

Students referred during these years may have been able to cope with the demands of elementary school with support from home and school. There may have been some difficulties from earlier years, but the student was not disruptive and managed to keep up with school demands. Now, there are increases in the expectation for greater independence and in the need to juggle multiple demands. The volume of work, particularly of written output, increases and the student struggles. Particular difficulties include dealing with deadlines, coping with complex assignments and handling new social situations.

### Adult years

Adults may seek an explanation for their many years of struggle. They may be experiencing challenges in their personal relationships, post-secondary education and the workplace.

#### MYTH

All children with AD/HD have behavioural problems.

#### FACT

Although approximately 50 percent of children with AD/HD develop behaviour difficulties, 50 percent do not demonstrate significant problems with behaviour.

### Assessment process

Usually referrals go beyond an investigation of AD/HD and consider additional difficulties, such as underachievement or behaviour problems. There are many potential reasons why students may experience difficulties with inattention, hyperactivity and impulsivity – AD/HD is not always the explanation. Coexisting conditions that can result in behaviours similar to the symptoms of AD/HD may include:

- underachievement at school due to learning disabilities
- attention lapses caused by petit mal seizures
- middle ear infections that cause intermittent hearing problems
- disruptive or unresponsive behaviour due to anxiety or depression
- school work that is too hard or too easy
- insufficient sleep on an ongoing basis

- poor nutrition
- significant personal or family disruption
- situations of abuse or neglect
- drug and alcohol use
- medical, neurological or psychiatric conditions (e.g., hyperthyroid, allergies, diabetes, fetal alcohol spectrum disorder, bipolar disorder).

Physicians (including family doctors, pediatricians, neurologists and psychiatrists), psychologists and clinical social workers who have relevant training and experience in the assessment of AD/HD are qualified to make this medical diagnosis. However, a multidisciplinary team approach is preferred because of the complex nature of the disorder, the high probability of coexisting conditions and the potential for multiple causes of AD/HD symptoms.

A thorough assessment of AD/HD will include interviews, observations, rating scales and psychoeducational testing.

### Interviews

Interviews are the core of an AD/HD assessment. Parents are interviewed to develop a picture of the child's development and current functioning. Birth history, developmental history, medical history, educational history and family history are all important to determine the severity, frequency, duration and pervasiveness of the child's difficulties. Medical history is also important to rule out vision, hearing and other medical problems that may account for the difficulties. The child or teen is interviewed to obtain his or her perspective. Teachers also may be interviewed to provide a picture of past and present learning difficulties and related behaviours.

### Observations

Observing the child's behaviour in various settings, including school, home and social situations, is very valuable for determining the range and severity of AD/HD symptoms. How the child responds and participates in classroom settings is particularly important. In addition, observations during interviews and assessments can provide valuable insight into how the child responds to certain situational demands (e.g., answering questions, engaging in conversation, sharing personal information, performing academic or other tasks requiring sustained mental effort). Teacher comments on report cards can also provide valuable observations over the years.

### Rating scales

Rating scales provide a structured method for comparing a child's behaviour to that of same age peers. Commonly used rating scales include questionnaires for parents and teachers, and student self-reports. AD/HD-specific rating scales allow for a more in-depth analysis of specific behaviours related to problems with inattention, impulsivity and hyperactivity.

### Psychoeducational assessments

Many other disorders frequently coexist with AD/HD. Additional assessment information can be helpful in determining whether or not AD/HD-type symptoms are the product of another disorder. Diagnostic tests such as cognitive assessments, academic achievement tests or depression inventories may be used for the assessment of other coexisting conditions such as learning disabilities, depression or anxiety. Academic achievement information is also valuable in understanding the impact of AD/HD symptoms on learning and school performance. During the assessment, psychologists also take opportunities to observe directly the student's approach to tasks.

### Making a diagnosis

In North America, diagnosticians are guided by the criteria for AD/HD outlined in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*. These guidelines are not intended to be used in isolation to diagnose AD/HD but to provide a common language and set of standards.

Although the terms “Attention Deficit Disorder” (ADD) and “ADD without hyperactivity” are used frequently, the following DSM-IV terminology for three subtypes of AD/HD is recommended.<sup>6</sup>

#### MYTH

All children with AD/HD are hyperactive.

#### FACT

A person with AD/HD may not necessarily demonstrate hyperactivity. In fact, some individuals with AD/HD—predominantly inattentive type may appear to lack energy, and seem quiet and reserved.

#### AD/HD—predominantly inattentive type

This subtype includes six or more symptoms of inattention (but fewer than six symptoms of hyperactivity-impulsivity) that have persisted for at least six months.

#### AD/HD—predominantly hyperactive-impulsive type

This subtype includes six or more symptoms of hyperactivity-impulsivity (but fewer than six symptoms of inattention) that have persisted for at least six months.

#### AD/HD—combined type

The most common form of the disorder, this subtype includes six or more symptoms of inattention and six or more symptoms of hyperactivity-impulsivity that have persisted for at least six months.

6. Adapted with permission from the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*, (Copyright 2000), p. 87. American Psychiatric Association.

The information gathered through interviews, observations, rating scales and psychoeducational testing is reviewed to establish whether the onset, severity and pervasiveness of the symptoms meet the DSM-IV criteria for AD/HD, and to rule out other medical, psychological or environmental factors that might be primary causes of the child's current difficulties. A diagnosis also includes identification of the subtype, either predominantly inattentive, predominantly hyperactive-impulsive or combined type. Additionally, assessment information can be used to inform treatment and educational planning.

FYI

The Canadian Attention Deficit Hyperactivity Disorder Resource Alliance (CADDRA) has recently published *Canadian ADHD Practice Guidelines* (2006) for physicians. For more information, visit [www.caddra.ca/english/phys\\_guide.html](http://www.caddra.ca/english/phys_guide.html).

## What other conditions can coexist with AD/HD?

All of the items listed as alternative explanations for AD/HD symptoms may also coexist with AD/HD; that is, a child with AD/HD may also have these conditions or experience these situations. This condition is referred to as AD/HD Complex. Children who have no coexisting disorders may be classified as AD/HD Simple.

Two-thirds of children with AD/HD have at least one coexisting condition, so it is important to consider how another condition can cause difficulties and require support. The most common disorders to occur with AD/HD in children and adolescents are learning disabilities, behaviour disorders including oppositional defiant and conduct disorders, depression, anxiety, bipolar disorder, Tourette's syndrome, and fetal alcohol spectrum disorder (FASD).

Of children with AD/HD:<sup>7</sup>

30 to 50%	also have learning disabilities
40%	also have oppositional defiant disorder
25%*	also have conduct disorder
10 to 30%	also have depression
30%	also have anxiety disorders
20%	also have bipolar disorder
7%**	also have Tourette's syndrome.

\* 45% of adolescents with AD/HD have a conduct disorder.

\*\* 60% of individuals with Tourette's syndrome also have AD/HD.

7. MTA Cooperative Group 1999.

## If you suspect a student has undiagnosed AD/HD

When inattentive, hyperactive and/or impulsive behaviour in the classroom is interfering with the learning of an individual student, it is essential to look for effective strategies to address these learning and behaviour needs. Examples of strategies that are effective include: structuring the learning environment, cueing and prompting, strategy instruction, and positive behaviour supports.

If these attention-related difficulties persist and continue to interfere with the student's success at school, consider the following.

- Document observations about classroom performance and behaviour.
- Communicate with parents about your observations, and the interventions and supports being implemented.
- Check with last year's teachers and discuss these concerns. Were there difficulties and behaviours evident last year? If so, what kinds of strategies and supports were successful for this student? If the concerns were not present, explore the changes in curriculum and classroom expectations and/or changes in the student's life that might influence his or her attention and behaviour.
- Consult informally with other school staff who may have experience and expertise with AD/HD such as special education teachers, psychologists or school counsellors.

If the attention difficulties continue to be of concern and school staff suspect that a student may have AD/HD, an assessment to determine the reasons for the difficulties may be of benefit to the student. There are many reasons for attention difficulties. It is vital that teachers be cautious in the way they express their concerns to parents. A team is the best forum for recommending an assessment for AD/HD to parents. At a minimum, another school professional (for example, a school counsellor or psychologist) should join the teacher.

Consider the following when communicating with parents.

- Communicate care and concern for the student.
- Objectively describe the student's behaviour and performance in class, including both strengths and needs.
- Emphasize the difficulties the student is having with learning and/or social interactions, rather than the problems that the student's behaviour may be causing school staff.

- Avoid language that implies a diagnosis or labelling of the student as having AD/HD.
- Introduce the possibility of an assessment for AD/HD by describing the student's difficulties, exploring the presence of such behaviours in the home setting.

Consider the following types of statements to use in communicating with parents.

- "We are seeing some behaviours in the classroom that seem to be interfering with your child's learning. For example ... Do you see similar kinds of difficulties at home?"
- "These kinds of difficulties can have a physiological cause. Have you considered sharing these concerns with your family doctor, pediatrician or a registered psychologist?"

When meeting with parents, refrain from recommending or discussing medication. If parents want to discuss the issue of medication, suggest they share their concerns with medical professionals. Provide parents with details about the supports and strategies that will be provided at school, regardless of the parents' decision about pursuing an outside assessment and treatment options.

## Does having AD/HD mean students have special education needs?

Since the educational needs of students with AD/HD vary widely, having a diagnosis of AD/HD does not necessarily mean that a student has special education needs that require specialized programming and accommodations. Many students with AD/HD can be successful in regular classrooms, and will benefit from differentiated instruction and positive behaviour supports that are typical components of most Alberta classrooms.

Some students with AD/HD may require special education programming because a coexisting disability such as a learning disability or emotional/behavioural disorder, in combination with their AD/HD, affects their ability to learn. The existence of a medical condition, such as AD/HD, in and of itself is not sufficient for a student to be designated by Alberta Education coding criteria for the category medical disabilities; the condition must have a significant impact upon academic performance and the student's ability to function in the school environment.

FYI

For more information on Alberta Education’s special education coding criteria, visit [www.education.gov.ab.ca/k\\_12/specialneeds/](http://www.education.gov.ab.ca/k_12/specialneeds/).

An Individualized Program Plan (IPP) is mandatory for any student with special education needs who is identified and coded using the Alberta Education special education coding criteria. The IPP must include:

- specialized assessment results
- current level of performance
- identification of strengths and areas of need
- measurable goals and objectives
- procedures for evaluating progress related to IPP goals
- identification of coordinated services
- medical information
- classroom accommodations
- plans for transition
- review of progress
- year-end summary
- parent signature.

Often, in addition to academic goals, one or more of the IPP goals for students with AD/HD will focus on such areas as applying strategies to improve organizational skills, self-monitoring and/or self-advocacy skills. All goals should involve skills or behaviours that will ultimately improve learning opportunities for that student.

FYI

For more information on the IPP process, see Alberta Education’s *Individualized Program Planning* (2006), Book 3 of the *Programming for Students with Special Needs* series at [www.education.gov.ab.ca/k\\_12/specialneeds/ipp.asp](http://www.education.gov.ab.ca/k_12/specialneeds/ipp.asp).

A-1

For a sample IPP that illustrates goals that may be appropriate for a student with AD/HD, see Appendix A-1.

## What is the best way to manage AD/HD?

There are a variety of management approaches for supporting individuals with AD/HD. For students with AD/HD to be successful, it is essential that parents, school staff and other important individuals in their lives understand what AD/HD is, how it can affect the individual and how they can support that individual to manage his or her AD/HD. The following chapters offer information and sample strategies for supporting students with AD/HD.



## 2

# Building Home-School Partnerships

*“When parents, teachers, students and others view one another as partners in education, a caring community forms around students ...”*

– Epstein et al. 2002, p. 7

Parents and teachers have important roles in supporting students with AD/HD. How well a child with AD/HD does throughout life is best predicted by:

- parents’ use of effective parenting skills
- positive relationships with other children
- success in school.

Research supports the importance of a collaborative approach in which parents, teachers, psychologists and medical professionals work together to address the child’s AD/HD. Effective collaboration and communication promotes consistency and support across the major settings in a child’s life. With consistency and support, children with AD/HD can be successful and move into adolescence and adulthood with skills and a positive sense of self.

## Roles and responsibilities of partners

The teacher has a valuable opportunity to help the child who is experiencing attention difficulties. Often, the first suspicions of such challenges arise at school, and parents may not recognize how their child's behaviour differs from that of others the same age. On the other hand, parents may be only too aware of their child's differences and need support to deal with their concerns. The diagnosis and treatment of AD/HD also involves professionals beyond the school level, typically physicians and psychologists. Clarifying the roles and responsibilities of all the partners will encourage collaborative problem solving and improve students' opportunities for school success.

### Parents can:

- provide useful information about the child, including
  - strengths and needs
  - medical and developmental history, including type of AD/HD, if previously diagnosed
  - hobbies and interests
  - effective reinforcers and motivators
  - factors in family life and the child's environment that may contribute to the child's distractibility, stress level or academic difficulty
  - possible emotional needs that require sensitivity
- participate in the diagnostic process
- consult with medical practitioners on the effectiveness of approaches, including both medication and behavioural strategies
- make decisions regarding medication and management of their child's AD/HD
- support progress and celebrate successes achieved both inside and outside of the classroom
- advocate on the child's behalf throughout the school years and beyond.

### Teachers can:

- work with the student and/or parent to set academic and behavioural goals, and to make plans for achieving them. For students who are also coded with a special educational need, goal setting could be part of the Individualized Program Planning (IPP) process
- consult with other school and jurisdiction staff, including psychologists and behavioural consultants

- provide teacher assistants with directions regarding specific strategies for supporting the student with AD/HD
- monitor responses to various approaches and strategies
- communicate regularly with parents
- offer support and strategies to parents
- observe, document and report areas of strengths and behaviours of concern
- encourage medical investigation but refrain from offering advice or opinions on medical diagnosis or medication.

**Teacher assistants can:**

- provide supportive and complementary services in the classroom to enhance the learning experiences of students
- provide academic and behavioural support by reinforcing appropriate skills and behaviours, consistent with the teacher's expectations and directions.

**Psychologists can:**

- gather information from teachers, parents, students, student records and other school staff such as family liaison workers
- observe the child in the classroom, when possible, to determine teacher's expectations and student's responses
- collaborate with school personnel regarding strategies and programming
- conduct individual assessments to determine how the student approaches tasks or to rule out other disorders or explanations
- make a diagnosis based on all information
- offer findings and recommendations to parents and school staff
- offer information for monitoring of medication trials and evaluation of strategies
- consult on an Individualized Program Plan (IPP), if needed
- provide parents with information about community support including referrals for treating and managing coexisting conditions.

**Physicians can:**

- be part of a diagnostic team in a clinic setting
- gather information from parents and, with parent permission, from school staff
- rule out or take into consideration other medical factors
- make a diagnosis based on all information
- discuss potential approaches, including medications, with parents and child
- recommend resources for further reading
- provide frequent patient contact during early treatment stage and medication trials
- provide contact with school staff during medication trials or while evaluating effectiveness of strategies.

## Home-school partnerships

Recognize that some parents may be uncomfortable meeting with teachers, particularly if this is their first meeting. In challenging or difficult situations, parents' care and concern for their child might show up as tension, anxiety or frustration. It's important to remain nonjudgemental and to avoid making assumptions because the parents' presenting behaviours might not necessarily reflect how they truly feel or how they are actually coping. Keep in mind that most parents do not have a background in education and some have little or no experience in working with schools. There may also be emotional barriers and other issues that get in the way of creating an atmosphere of collaboration. Factors may include:

- parents who struggled at school themselves. They may find it uncomfortable to work in partnership with teachers
- a sense of guilt that they are in some way responsible for their child's difficulties. Some families may still be struggling with feelings of loss and grief as they try to come to terms with their child's AD/HD and the resulting behaviours and learning difficulties
- family situations that make participating in their child's education a challenge, such as shift work, language barriers or families that are dealing with more than one child with attention difficulties
- cultural beliefs that school and home are separate
- trust issues. It takes time to develop a level of trust where parents feel comfortable talking about their child

- a lack of confidence in the school's ability to provide adequate support for students with attention difficulties
- denial. Some parents find it difficult to believe that their child has different needs than other children, particularly those students whose main difficulties are academic. These children may not experience the same degree of difficulty outside of the school environment.

Taking time at the onset to provide information and clarify expectations will foster a sense of openness and partnership with parents. As parents become more comfortable collaborating with their child's teachers, they will more readily share information and perspectives that can be used to enhance their child's learning.

As partners in supporting students with AD/HD, teachers need to collaborate with parents. These students have complex learning needs and a team approach will go a long way to addressing these needs.

### SAMPLE STRATEGIES

#### ■ Take steps to increase parents' comfort levels at meetings

- Arrange meetings at mutually convenient times in a comfortable setting.
- Consider parents' comfort level when determining the number of school staff to attend meetings.
- Provide parents with the topics to be discussed a day or two in advance. This will allow them time to think about the items to be discussed and to collect relevant information and questions to bring to the meeting.
- Ensure parents have opportunities to be meaningfully involved in the problem-solving process, not just receive information.
- Consider what information parents might have that could be of value. Include a list of questions with the meeting notice, such as:
  - Have there been changes at home that you want to share such as a new family member, a change in a parent's work schedule, new after-school activities or daycare arrangements?

- Are there new supports in place for the child such as a tutor or time spent with a mentor or older student?
  - Has there been a change in medication or dosage?
- Encourage parents to create a list of questions they want answered during the meeting.
- Arrange chairs and tables to establish an atmosphere of collaboration.
- Use chart paper and markers to record notes and decisions made during the meeting, and review the decisions at the end of the meeting.
- Value the information that parents share, and allow adequate time within meetings for thoughtful reflection and discussion.

### ■ Shine a light on students' strengths

- Recognize and communicate positives as well as concerns. Discussing the “bright side” of AD/HD (such as high energy, creative talents, powers of observation and sociability) can be helpful especially when parents and their child may be at a low point in coming to terms with this lifelong challenge.
- Ask parents about areas of interests and strengths, particularly activities the child successfully does at home for extended periods of time.
- Acknowledge the strategies that parents have developed to help them be successful, and encourage them to share these strategies with their child.
- Assure parents that strategies can be learned to limit the negative impact of AD/HD. Many students with AD/HD go on to have highly successful and rewarding lives.

### ■ Communicate about children's needs

- Observe, document and describe the behaviours that are having a negative impact on the child's learning and relationships.
- Provide concrete examples, such as: “John has difficulty completing work in class. For example, yesterday during math class he finished only 3 of 10 math questions—he was out of his seat several times to get materials, to sharpen his pencil and to chat with peers.”

- Describe rather than label, for example: “Shane tends to call out answers, sometimes before the question has been asked. He has lots of ideas and tends to interrupt the other children before they have a chance to speak.”
- Be nonjudgemental. The behaviours that you are describing are not “bad,” but they interfere with learning. This is particularly important because many parents of children with AD/HD have characteristics that are similar to those of their children; i.e., they may tend to be forgetful, miss parts of conversations and interrupt when others are speaking.
- Clarify the reasons for your concerns. While a particular behaviour may not seem unusual or problematic outside the school, it may create a difficulty for the student or others within the school setting. This distinction is important in establishing behavioural goals.

#### ■ Monitor changes in behaviour in response to strategies, programming, accommodations or medical interventions

- Describe observed behaviours clearly, monitor changes carefully and adjust interventions as needed.
- Complete daily checklists if required to help in identifying effective management plans.
- Alert parents to any significant changes in their child’s behaviour.

#### ■ Work with parents to create structure

- Encourage parents to focus on structure and routine at home. This approach enhances feelings of safety and security for the student who is challenged in his or her own management of time, materials and tasks. Predictability reduces the need for explanation, negotiation and potential conflict.
- Share information about expectations at school. Consistent expectations among those working with the student will increase the tendency to comply.

- Communicate with parents on a regular basis to keep them informed about their child’s positive and negative behaviour and progress.
- Discuss interventions that work well at school and can be adapted for home such as strategies for deflecting and absorbing “Yes, but ...” arguments. Some techniques can reduce the likelihood of adults becoming engaged in no-win arguments with a child who is resistant. For example:

When a student tries to debate a request such as “It’s time to put away the math blocks,” the adult can resist engaging in an argument by matter-of-factly stating, “Regardless, it is time to put away the math blocks.” Additional protests can be responded to with a firm “Nevertheless, it’s time to put the blocks away.”

- Use strategies in the classroom that parents have found to be successful at home.
- Encourage a consistent approach at home and at school in responding to students’ behaviour.
- Encourage parents to set up an appropriate study space at home and to equip it with essential materials.
- Encourage parents to establish routines for studying, for review of completed homework, and for periodic checks of notebooks and bookbags.

### ■ Communicate respect

- Be sensitive to the challenges of parenting a child or teen with AD/HD and the concerns of the family. Parents of children with AD/HD often feel a range of emotions about their child’s difficulties such as denial, frustration, worry, embarrassment, anger and even despair.
- Provide a positive perspective on individual differences and unique challenges.
- Develop rapport with the student to enhance the student’s willingness to change and develop improved work habits or more appropriate responses to situations.
- Acknowledge the potential for growth and improvement in addition to concerns and problems.

- Be sensitive to the possibility that a parent may have some characteristics of AD/HD and that this may cause some additional stress at home.

### ■ Help parents to develop knowledge about AD/HD

B-2

- Share information about AD/HD. For a list of books for parents, see Appendix B-2.
- Provide information about resources, community services, networks and support groups.
- Provide parents with tips for talking to their child about AD/HD.
- Share ideas for keeping informed about developments in the treatment and management of AD/HD (see Chapter 8 for more ideas).

### ■ Enhance home-school communication

- Early in the school year, set up a meeting with the student, parents and teachers.
- Follow up this face-to-face contact with notes, phone calls and e-mails about progress, problems or success.
- In multi-teacher settings, consider having one teacher take responsibility for tracking the student over the school year; e.g., monitoring homework agendas, resolving problems and celebrating successes.
- Consider daily or weekly use of a communication book signed by parents, the teacher and the student to ensure that parents are aware of issues that arise in class and teachers are aware of issues that arise at home.
- Ensure that positive messages are included frequently to limit discouragement.
- Contact parents regularly through telephone calls or e-mails. Discuss the preferred contact method (e.g., phone call, after-school check-ins, etc.) and the best times to contact one another. If using e-mail, it might also be helpful to discuss expectations for response time to questions or concerns.

**■ Make homework an opportunity for communication**

- Recognize that homework is often an area of family tension and conflict.
- Create assignments that are meaningful and provide independent practice for skills covered in class:
  - consider the difficulty of the work and the time for the child to complete the work (often students with AD/HD take two to three times as long to complete a task compared to their peers)
  - modify as necessary (for example, reduce the number of spelling words to study, assign only even-numbered math problems, allow tape-recorded responses).
- Avoid sending home unfinished class work as homework. If unfinished assignments during the school day are an ongoing issue, this challenge needs to be addressed in class. Parents should not be expected to fix this problem at home, especially because by evening many children will be overtired and/or medication may not be in effect.
- Set up routines and reminders to ensure that students record assignments in a homework agenda and have the materials needed. Provide clear guidelines and timelines.
- Break down large or complex assignments into chunks with timelines for the completion of each part.
- Set up routines and reminders to assist students to hand in homework. Check completed homework and return it with feedback as soon as possible.
- Encourage parents to
  - set a regular time for homework or develop a weekly homework schedule
  - provide a quiet workplace and materials
  - review the recorded assignments with the child
  - assist the child in planning the tasks for the evening
  - schedule breaks or reward completing tasks with a break
  - emphasize the positive by looking for the things the child has done correctly and give positive feedback

- encourage independence. The focus should be first on assisting children to start on homework, and then on being available to provide encouragement. Children also might need help breaking down difficult tasks or clarifying directions. If the child uses accommodations at school, encourage parents to provide them at home (e.g., use of a computer or spellchecker, help with unfamiliar words, etc.)
  - let the teacher know if the homework is too confusing or difficult for the child to do or if it is taking too long (e.g., more than one hour a night at the grades 4–6 level).
- If homework completion becomes an issue, work with students and their parents to come up with alternate solutions.

### ■ Work with parents to generate solutions

- Establish that the child’s best interests and priority needs must be what drive decision making and planning.
- Express your own dedication to resolving the differences for future mutual benefit (e.g., “I appreciate your willingness to ...” or “I’m committed to finding a plan that will work for everyone”).
- Deal specifically with solutions to the identified issues and be prepared to offer alternatives.
- Focus on the issues, and not the emotions and personalities involved.
- Sometimes a disagreement occurs as a direct result of misunderstanding. Always clarify exactly what the issue is before jumping ahead to solutions.
- Give parents opportunities to state their understanding of the situation and then paraphrase what you have heard. Ensure your understanding of their concerns and perspectives is accurate.
- Decide what you can compromise on. Effective resolution usually requires some form of compromise by both parties.
- Be sure that your expectations are realistic and reasonable.
- Explicitly state you are committed to the agreed-upon solutions and encourage parents to also do this.

A-2

See Appendix A-2 for more information on solution-focused meetings, including a sample meeting planner.

### Resources for parents

There are a number of Alberta Education print and online resources that can provide information and ideas parents can use to participate in their child's education. All of these resources are available for purchase from the Learning Resources Centre at

FYI

[www.lrc.education.gov.ab.ca/](http://www.lrc.education.gov.ab.ca/) or telephone (780) 427-2767. The more current resources can also be downloaded at no cost from the Alberta Education Web site.

*The Parent Advantage: Helping Children Become More Successful Learners at Home and School, Grades 1-9* (1998) includes strategies parents can use to help their child improve organizational, reading, writing, spelling, math, test-taking and project skills. Available for purchase from the Learning Resources Centre.

*The Learning Team: A Handbook for Parents of Children with Special Needs* (2003) provides practical information on building a learning team, the IPP process, transition planning, resolving differences and keeping informed. The handbook can be downloaded as a PDF file from Alberta Education's Web site at

FYI

[www.education.gov.ab.ca/educationguide/speced/partners](http://www.education.gov.ab.ca/educationguide/speced/partners).

*The Journey: A Handbook for Parents of Children Who are Gifted and Talented* (2004) offers information and strategies that parents can use to nurture their child's learning and emotional well-being at home, in school and in the community. It includes a section on gifted children with AD/HD. It can be downloaded as a PDF file from Alberta Education's Web site at

FYI

[www.education.gov.ab.ca/K\\_12/curriculum/resources/TheJourney/journey.asp](http://www.education.gov.ab.ca/K_12/curriculum/resources/TheJourney/journey.asp).

# Understanding Approaches to Managing AD/HD

*“Most health professionals who treat AD/HD believe multimodal treatment is the best treatment. Multimodal treatment includes medications, behavioral therapy, school [supports], and education of children and families about the disorder ...”*

– Children and Adults with Attention-Deficit/  
Hyperactivity Disorder (CHADD) 2004, p. 3

There is no way to cure AD/HD, but with an appropriate, comprehensive approach, the symptoms can be effectively managed and individuals with AD/HD can lead successful and satisfying lives. Parents, physicians, psychologists, health-care providers and teachers all have roles to play in supporting students in the management of their AD/HD.

There is no single approach that is best for all people with AD/HD. A comprehensive approach (also known as multimodal treatment) is generally the most effective. A comprehensive approach combines some or all of the following elements, tailored to the specific unique needs of each child and family:

- appropriate diagnosis and family understanding of the disorder
- medical interventions/pharmacological treatment
- behavioural interventions
- psychological interventions
- educational supports.

## MYTH

Medication alone can manage AD/HD.

## FACT

In 1999, a large study compared medication, behaviour therapy and a combination of both. All groups improved but medication, when carefully monitored, was more effective than behaviour therapy alone and its effects were similar to combination therapy. The combined approach, however, allowed lower doses of medication and also improved academic performance and family relationships. In addition, it was more helpful for children who also had oppositional defiant disorder or mood disorders such as depression or anxiety.

When AD/HD is left unidentified or untreated, an individual is at greater risk for difficulties in the future, including:

- impaired learning ability
- dropping out of school
- social problems
- relationship difficulties
- substance abuse
- career difficulties
- legal and financial problems.

Medication and behaviour interventions are evidence-based treatment approaches that have been subjected to rigorous research or trial and their positive effects in treating the symptoms of AD/HD have been validated. Key components of a comprehensive approach are described below, followed by a discussion of alternative treatments for AD/HD. Educational supports and strategies are discussed in Chapters 4 and 5.

## Appropriate diagnosis

A comprehensive treatment plan begins with an accurate medical diagnosis that specifies the type and severity of the AD/HD. A diagnosis also rules out other conditions that have similar characteristics and clearly identifies any coexisting conditions such as learning disabilities or depression. An appropriate diagnosis will contribute to family understanding of the condition and how to better manage it.

## Family understanding of AD/HD

It is important for the family of the child with AD/HD to have accurate information about the diagnosis and treatment of AD/HD. Parent training, counselling and support groups may also help families gain a more accurate and hopeful understanding of AD/HD. Teachers have opportunities to offer informal support to families on a day-to-day basis. A key strategy is empathetic listening to acknowledge the challenges of parenting a child or teen with AD/HD.

## SAMPLE STRATEGIES

### ■ Be a resource for supporting family understanding of AD/HD

- Learn about community resources that provide parent education and share this information with families.
- Investigate the possibility of offering parent education sessions at the school in collaboration with a mental health provider. Consider sharing information that will help families:
  - understand AD/HD
  - establish family rules, structure and routine around academic routines and related behaviours
  - learn to reinforce appropriate behaviours and ignore mild inappropriate behaviours
  - use “when-then” contingencies such as “when you finish picking up your Lego, then you can start your video.” This strategy will help children see the connection between their behaviours and consequences
  - plan ahead, especially for behaviours expected in public places
  - use daily charts and systems with rewards and consequences
  - maintain home-school communication.

## Medical interventions

Medication is one of the most common forms of treatment for individuals with AD/HD. Up-to-date and reliable research supports the effectiveness of medication in treating the symptoms of AD/HD. However, medication should not be used alone and should be part of a multimodal treatment approach. The decision to include medication as part of a treatment plan is made by the family after consultation with medical professionals. The decision is best made following a thorough discussion of various medications, how they work, possible impact and potential side effects along with the risks of not taking medication.

Stimulants are most commonly prescribed. They have been found to be effective for 75 to 80 percent<sup>8</sup> of children with AD/HD. Researchers believe that stimulants affect the production of neurotransmitters in the brain. The neurotransmitters are chemical agents at nerve endings that help electrical impulses travel among nerve cells. Medication stimulates the inefficient or “sluggish” parts of the brain making more neurotransmitters available. This stimulation helps to increase the child’s capacity to pay attention, control impulses and reduce hyperactivity. Medication does not cure AD/HD; rather, medication lessens the symptoms of AD/HD so that the individual can function more effectively. One can think of the stimulants as waking a sleepy brain and helping it to function so that the individual is better able to focus.

There are several stimulant medications currently available for use in Canada. A new nonstimulant medication for the treatment of AD/HD was developed recently. Stimulant medications range from short-acting (three to four hours) to long-acting (six to 12 hours). If individuals do not respond positively to one stimulant medication, they will often respond positively to another stimulant medication or to the new nonstimulant alternative.

### Common questions about stimulant medication

#### How does the physician determine which medication would be most beneficial for an individual?

Some individuals respond better to one medication than to another. If one medication does not lessen an individual’s symptoms, then a different type of medication is tried. Monitoring is essential to determine what works best for an individual. The positive effects that are often seen are improvements in the ability to:

- pay attention and stay focused
- initiate and complete tasks
- sustain mental effort and increase work production
- control impulses and emotions
- inhibit behaviours and regulate activity level.

#### MYTH

Treating AD/HD with stimulant medication leads to substance abuse later in life.

#### FACT

Research indicates that individuals with untreated AD/HD are at greater risk to self-medicate with drugs and alcohol. Appropriate use of stimulant medication reduces this risk.

#### How is the optimal dosage determined?

The specific dose and timing are determined on an individual basis. Dosage is not determined by height, weight or age. A trial phase should be conducted, usually beginning with a low dose that is gradually increased at three- to seven-day intervals. Observations by parents and teachers help to determine the dosage and timing that yield the greatest benefits.

8. Greenhill et al. 2002.

**Are there side effects?**

Common side effects of stimulants are reduction in appetite and difficulty sleeping. Some children experience a “rebound” period when the medication is wearing off. This is characterized by a brief period of negative mood, fatigue or increased activity. The side effects are usually managed by changing the dosage, timing or formulation (i.e., short-acting to long-acting medication).

**Will the medication have negative long-term effects?**

There are no known negative long-term effects. Stimulants have been studied for over 50 years and are considered safe and effective when correctly used and monitored.

**Are there changes in the effectiveness of medication with age?**

Changes are very individual. Some adolescents and adults continue to benefit from the same medication and dosage that worked for them as children while others may need higher or lower dosages. Current research indicates that the majority of children with AD/HD continue to experience symptoms in adolescence and adulthood. Medication treatment can be effective in improving the symptoms in adolescents and adults.

**Should medication be used outside of school hours?**

Families may choose to use medication outside of school to help their children be more successful in social settings, with peers, in extracurricular activities, at home and with homework. Medication may also be helpful with participation in organized sports, music lessons, summer camp, etc. The decision to use medication outside of school hours needs to be a joint decision between a child’s parents and the family physician. Depending on the age of the child, he or she might also participate in this decision.

**What does the child need to know about his or her medication?**

Parents and physicians should be honest with children and provide a clear explanation of the purpose of the medication. Medication should be referred to as a tool to help the child with attention and focus difficulties, not as a “vitamin” or “smart pill.” Consider explaining medications by comparing them to eyeglasses: glasses are a tool to help people see better, medication is a tool to help people focus better. Emphasize that medication will not do the work for the child, but it can help the child be more successful in learning and using skills and strategies.

**Administering medication at school**

School staff may be required to assist in the ongoing administration of medication at school. Check jurisdictional policies for specific regulations and requirements regarding administration and storage of medication.

## Understanding Approaches to Managing AD/HD

Parents need to provide the medication in the original container with the prescription attached and the following information:

- written permission to administer the medication
- dosage
- intended purpose of the medication
- possible side effects
- storage information
- directions for administering.

Be sure that the medication is given on time. The timing is important to ensure that the student has the maximum benefit during school hours. Short-acting stimulants take about half an hour to take effect and the effects wear off in about four hours. Long-acting medications (generally administered at home) take up to one hour to take effect and the effects last for six to 12 hours.

Set up a system for recording when the student takes medication. Monitor the use of medication and notify parents if the student frequently forgets or resists taking the medication on time at school.

Respect the student's privacy. Do not discuss medication in front of other students. Set up discreet reminders for the student to make sure that he or she goes to the designated place to take his or her medication on time. For example:

- Set up a consistent schedule and pair the medication time with a daily activity.
- Assist the student to use a beeper watch or watch alarm.
- Set up your own reminders, such as sticky notes in your schedule or plan book, or a watch reminder.
- Develop a private signal to remind the student.

Monitor the child's response to medication by completing rating forms or checklists as required. Alert parents to changes in the child's behaviour and notify them of any new concerns. Discuss your observations with parents through written notes or meetings so that comprehensive feedback can be provided to the physician. Report possible side effects, such as nausea, loss of appetite, headaches or stomachaches.

Information about present and past behaviour and academic performance can help physicians determine the best dosage, timing and type of medication.

### Respecting families' choices

There will be situations where families choose not to pursue medical treatment for their child who is diagnosed with AD/HD or may opt to discontinue medication after an initial trial. Families may choose not to give their child medication for any number of reasons, including personal experiences and beliefs around the effects of medication. Older children may also have strong feelings about medication and may not be comfortable with the way it makes them feel. These choices can be frustrating for classroom teachers who may believe that medication is the most effective way to manage this child's AD/HD.

In these situations, teachers must respect the decision of the family and concentrate on providing the best level of support possible to the student, regardless of whether or not medication is part of the management plan. AD/HD is a medical condition, not an education condition, so teachers should refrain from offering suggestions about a medical diagnosis or medication. Giving medical advice is beyond the scope of the role of a classroom teacher. The teacher's responsibility is to communicate how a student is learning, share students' strengths and needs in an objective and nonjudgemental manner, and look for ways to provide structure and strategies to support a student's learning in school.

### Behavioural interventions

It is more difficult to manage the behaviours of children with AD/HD compared to other children. However, research has shown that children with AD/HD generally respond to consistent behavioural intervention based on positive reinforcement. The basic approach, often referred to as behaviour modification, involves:

- identifying target behaviours to change
- identifying new skills and/or behaviours to be developed
- changing the antecedents (circumstances that occur before the target behaviours)
- consistently applying consequences (both positive and negative results that happen after the behaviours).

Consistency and positive reinforcement are keys to the success of any behaviour management approach. Parents and teachers need to work together to plan:

- ways to prevent problem behaviours
- strategies for teaching new skills
- responses to challenging behaviours
- meaningful and motivating incentives and rewards.

### SAMPLE STRATEGIES

#### ■ Create consistency between home and school

- Promote consistency in expectations at home and school by sharing classroom expectations with parents.
- Use a common language at home and school. Using the same words helps the child to understand what is expected and increases the consistency of the rules at home and at school (for example, “We use *words* not hitting in this home” and “We use *words* not hitting in this school”).
- Keep parents informed of their child’s progress. Positive movement towards goals can be rewarded at home. Revise plans when difficulties persist or goals are not achieved.
- Provide explicit information and expectations regarding homework so parents can successfully support their children in organizing and completing assignments.

### Psychological interventions

Children with AD/HD frequently experience social and emotional difficulties. Some children will benefit from ongoing contact with a psychologist or therapist for counselling or cognitive-behavioural therapy to develop social skills and self-control. They may benefit from supports that address social skills, self-monitoring skills, self-regulation strategies, anger and stress management, problem-solving strategies, and coping techniques. In addition, their family may benefit from family counselling to improve family relationships. Counselling may also be helpful for children who have co-occurring disorders such as depression or anxiety disorder.

Classroom teachers can support psychological interventions by teaching and reinforcing social skills, and helping students develop strategies for managing stress and anger.

## SAMPLE STRATEGIES

### ■ Help students develop social skills and positive peer relationships

Teach social skills systematically. Focus on behaviours such as waiting for a turn, listening and responding, understanding body language and vocal tones, sharing and cooperating, ignoring teasing, and knowing when to use your internal voice and when to use your external voice.

- To teach a specific social skill, follow these sample steps.

#### Social Skills Sequence

1. Explain the need for the skill.
2. Model and demonstrate the skill.
3. Provide opportunities for practice through role-playing and rehearsal.
4. Provide positive feedback.
5. Ask students to look for and observe the skill in different settings.
6. Encourage generalization to real world situations and provide positive feedback.
7. Coach students to use the skill by providing prompting prior to situations when the skill can be applied.

Teaching social skills is a shared responsibility between home and school.

- Seek out community resources that provide support in social skills development. For example, clinics and specialized summer camps may offer the systematic teaching of social skills. The effectiveness of these supports is greatly increased when parents and school personnel are involved so that they can monitor, prompt and reinforce the same behaviours across settings.
- Explore schoolwide interventions that can increase social functioning and strengthen interpersonal relationships; for example, character and citizenship education, conflict resolution, peer mediation, cooperative learning, effective behaviour supports, and safe and caring school initiatives.

**■ Help students manage stress**

- Provide opportunities for students to engage in regular physical activity and exercise.
- Teach students to use various types of relaxation and visualization techniques, such as:

**Progressive Muscle Relaxation**

1. Start either at the head or toes.
2. Tense one group of muscles at a time for three to five seconds.
3. Notice how that feels.
4. Release the tension.
5. Notice how that feels.
6. Concentrate on the difference between the two sensations of tension and relaxation.

**One-minute Vacation Visualization**

1. Imagine a place where you felt relaxed, calm and happy.
  2. Recall all the sensory input.
  3. Imagine yourself there, doing something relaxing.
  4. Return to the present, bringing that warm feeling.
- Teach students a vocabulary for describing feelings and sensations so they are better able to verbalize and less likely to act out physically.
  - Help students develop a Chill Out Plan (COP).<sup>9</sup> This is a plan listing healthy actions students can take if they feel stressed or uncomfortable. Brainstorm a class list and then ask students to check off strategies they will try in different contexts. For example:

9. Adapted with permission from *AD/HD: 102 Practical Strategies for "Reducing the Deficit"* by Kim "Tip" Frank and Susan J. Smith-Rex (2<sup>nd</sup> Edition) (YouthLight, Inc., 2001, 1996, Chapin, SC), p. 84. [www.youthlightbooks.com](http://www.youthlightbooks.com)

### Chill Out Plan

1. Talk to someone you trust.
2. Count to ten (or higher) to calm down.
3. Use positive self-talk such as “I can handle this.”
4. Walk away.
5. Squeeze a ball.
6. Read a book.
7. Listen to music.
8. Go for a walk or run.
9. Take a deep breath.
10. Take a one-minute vacation in your mind. (Imagine going to a favourite place or doing a favourite activity.)
11. Talk with your dog.
12. Draw.
13. Write a letter (even if you don’t send it) or write a journal entry.

### ■ Help students manage anger

- Assist students to recognize early warning signs of anger, such as a pounding heart, feeling hot, clenching their fists or gritting their teeth. To help students identify the intensity of their anger, use visuals such as a thermometer or volcano.
- Help students to recognize the situations that are likely to make them feel angry such as teasing or name calling. Encourage them to prepare for a provocation by mentally rehearsing ways to deal positively with the situation including positive self-talk.
- Encourage students to use anger-control strategies such as deep breathing, counting backwards, counting to ten or creating visual imagery of pleasant situations.

## Alternative treatments

The recommended approach to the treatment of AD/HD is a comprehensive approach that includes appropriate diagnosis, family understanding of the disorder, medical interventions, psychological and behavioural interventions, and educational supports. A healthy lifestyle, including a balanced diet, sufficient sleep and daily physical activity, is beneficial for all children and teens.

Many other treatments for AD/HD are being promoted through advertisements for alternative therapies in magazines, on the Internet and in stores. The advertisements often claim that these alternative treatments are safer or more effective than medication and some even claim to cure AD/HD.

Currently scientific evidence is not available to support the effectiveness of the following for treating AD/HD:

- allergy treatments
- biofeedback
- brain gym
- chiropractic adjustment and bone realignment
- eye training or vision therapy
- herbal remedies such as Omega 3s
- medicine to correct problems of the inner ear
- megavitamins
- restricted diets
- special coloured glasses
- treatment for yeast infection.

**FYI**

For further information about the evidence for alternative treatments, visit the Web site of the National Institute of Mental Health at [www.nimh.nih.gov/publicat/adhd.cfm](http://www.nimh.nih.gov/publicat/adhd.cfm) and the Web site of CHADD (Children and Adults with Attention Deficit/Hyperactivity Disorder) at [www.chadd.org/webpage.cfm?cat\\_id=24](http://www.chadd.org/webpage.cfm?cat_id=24).

The Canadian Paediatric Society offers the following advice about alternative therapies.<sup>10</sup>

Alternative therapies have not had the same kind of scientific review or testing as the medications that physicians prescribe to treat AD/HD.

10. Source: Canadian Paediatric Society, "Alternative Treatments for Attention Deficit Hyperactivity Disorder," *Paediatrics & Child Health* 8, 4 (2003), pp. 243–244. Adapted with permission. For more information on child and youth health, visit [www.cps.ca](http://www.cps.ca).

## Understanding Approaches to Managing AD/HD

So how do medical doctors make decisions about which therapies to recommend? They read and review scientific studies published in medical journals. These studies have to meet certain standards before physicians will use them to make decisions. Many of the claims from producers of alternative therapies do not meet these standards. Despite advertising claims, there is no guarantee alternative treatments are safer than medication.

There is some scientific evidence on alternative therapies and most of it suggests that parents should be careful and well-informed before they try these treatments. Many can cause side effects. Some can be dangerous. Others can be quite expensive or impact the family's daily experience in a negative way.

Here's what we do know about many of the therapies that have been promoted as alternatives to drugs.

**Diet**

Changes in diet may help a small group of children who have allergy symptoms or migraine headaches. However, there is no evidence that a diet without sugar or additives will help the symptoms of AD/HD.

**Vitamin supplements**

If a child lacks a certain vitamin or mineral (such as iron, magnesium or zinc), a supplement may help, but the doses should be determined by the child's physician.

**Fatty acids**

Essential fatty acids such as fish oil and primrose oil, as well as nootropics (also known as "smart drugs") such as deanol, have not been shown to help children with AD/HD.

**Herbs**

Herbs can help calm a person, and they may play a role in memory and thinking. However, because herb products are not regulated, it is essential to check with a pharmacist about the purity (how strong is it?), safety and toxicity (can it cause harm?) of any product. Valerian, which is used to help with sleep problems and anxiety, can cause headaches. Blue-green algae can cause stomach upset, weakness, numbness and tingling. Ginkgo biloba, which is said to help brain function, can cause headaches, dizziness, palpitations, stomach upset and skin rashes. It should not be used in children with clotting problems. In 2002, Health Canada issued a recall on all products containing kava because it can cause liver problems.

## MYTH

Food allergies, refined sugar, food additives and poor diet cause AD/HD.

## FACT

The actual correlation between AD/HD and diet has not been proven. Good nutrition and general health, however, are always important—poor diet and poor health can influence attention and functioning.

**Antioxidants**

Also known as anti-aging remedies, antioxidants protect nerve cells. But there is no direct effect on AD/HD. There is no evidence that pycnogenol is effective, and it should not be used in children with clotting problems. Melatonin can help with sleep problems, but it can cause headaches, fatigue, irritability and sleepiness. It can also trigger convulsions (seizures) and possibly suppress puberty.

**Homeopathy**

Homeopathy uses combinations of plant, animal or mineral extracts. No definitive studies have shown that homeopathy is effective in treating AD/HD.

**Biofeedback**

Biofeedback claims to help people control their responses. It involves a commitment from the entire family. Studies on its effectiveness were conducted with very small groups of children and were inconclusive. It is still considered an experimental treatment.

**Hypnotherapy**

Hypnotherapy may be helpful for certain symptoms of AD/HD, such as sleep problems or tics.

**Vision therapy, oculovestibular treatment, auditory and sound training**

There is no evidence to support these treatments.

A-3

For parents who wish to discuss treatment options, teachers may consider providing a checklist of criteria for spotting unproven remedies. See Appendix A-3 for a sample checklist.

## 4

# Creating Supportive Classroom Environments

*“When you plant lettuce, if it does not grow well, you don’t blame the lettuce. You look into the reasons it is not doing well. It may need fertilizer, or more water, or less sun. You never blame the lettuce. Yet if we have problems with our friends or family, we blame the other person. But if we know how to take care of them, they will grow well, like lettuce.”*

– Thich Nhat Hanh 1991, p. 78

Students with AD/HD need supportive learning environments to succeed in school. Often, students have the knowledge and skills to meet curriculum demands, but their difficulties with attention, impulsivity, activity level, organizing and planning prevent them from performing consistently.

The suggestions provided in this chapter work in conjunction with the strategies offered in other chapters. The needs of students with AD/HD vary widely. No single student will need all of these strategies and supports.

## MYTH

AD/HD results from ineffective teaching and/or poor parenting.

## FACT

AD/HD is primarily biological and genetic in its origins. It is not caused by external influences. However, environmental factors can minimize or intensify the difficulties experienced by an individual with AD/HD.

Many of the strategies and supports suggested in this chapter will also benefit other students in the classroom, not only students with diagnosed attention difficulties.

## Teacher attitude

The key to a supportive classroom environment is a teacher who is willing to establish a caring relationship with each student, learn about a student's individual needs and strengths, and provide the support and encouragement each student needs to be a successful learner. Students with AD/HD will benefit from teachers who are highly organized, plan for challenges ahead, and establish predictable and effective classroom routines. Because students with AD/HD often have difficulty remaining motivated and focused, they need teachers who are enthusiastic and who actively engage students in the learning process. They also need teachers who are flexible and willing to try new ways to teach and assess. Along with flexibility, these students need teachers with high expectations who believe that all students are capable of learning and doing well.

Dr. Ross Greene cites these additional characteristics of teachers as likely indicators of positive learning outcomes for students with AD/HD:<sup>11</sup>

- responsiveness
- warmth
- patience
- humour
- positive attitude toward inclusion
- knowledge of and willingness to work with students with exceptional needs
- knowledge of different types of effective interventions
- willingness to work collaboratively with other teachers (e.g., sharing information, requesting assistance as needed, participating in conferences involving students).

11. Cited in Fowler 1992.

Teachers with these traits provide a positive role model for all students and show how to understand and accept students with AD/HD. Teachers play a key role in helping students with AD/HD have a positive school experience.

## Organize for success

There are a number of proactive strategies teachers can consider when setting up the physical environment of the classroom to reduce distractions and facilitate supervision.

### SAMPLE STRATEGIES

#### ■ Organize the physical environment to reduce distractions

- Seat student with AD/HD near teacher's desk or in the area of the class where the teacher spends most of the time.
- Surround the student with other students who are good role models.
- Avoid distracting stimuli. Try not to place the student near air conditioners, heaters, high traffic areas, doors, windows or pencil sharpeners.
- Provide a stimuli-reduced study area accessible to all students. For example, set up an "office area" using a study carrel or a cardboard screen to provide students with a quiet place for uninterrupted work time. This office area should only be used for specific tasks at specific times or when the student chooses. It should not be viewed as a time-out or a punitive strategy.
- It is sometimes helpful for students to listen to music on a headset to screen out other distractions.

**■ Organize materials so they are easy to identify and easy to store**

- Ensure students have their names prominently displayed on all personal supplies.
- Organize desks or lockers with labels and designated places for certain items.
- Establish a regular time for all students to clean and organize their desks and lockers. For the student with AD/HD, provide a “map” or picture of how the desk or locker should look when it is organized.
- Encourage students to use folders and binders with different colours or labels with pictures to separate subject work or materials for each class.
- Encourage use of pocket folders organized with new work on one side and graded work and class notes on the other side.
- Before leaving one place for another, students use the routine of self-questioning: “Do I have everything I need?”
- Be willing to supply extra copies of misplaced handouts or materials.

**■ Establish routines for writing down and turning in homework**

- Provide several reference points for students to check for details on homework. For example, use the same area of the whiteboard to list assignments, write all homework due dates on a class calendar, post homework assignments on the school Web site and record homework assignments in a class assignment book that students can check.
- Establish consistent routines for turning in assignments and homework. For example, use clearly labelled collection bins and always require homework to be handed in at the start of class. Establish routines for due dates by always assigning homework on a Monday with a due date on a Thursday.

## Take a proactive approach to behaviour

All students, but especially students with AD/HD, benefit from clearly established classroom rules, behavioural expectations and routines. Ongoing use of monitoring strategies will ensure these expectations and routines are in place and reinforced.

### SAMPLE STRATEGIES

#### ■ Establish three to five basic classroom rules

- State rules in positive terms in student-friendly language. Post them and refer to them frequently. For example:

In our classroom, all students will:

- be ready to learn
- treat others with kindness
- keep hands and feet to themselves
- make safe choices.

- Discuss what it “looks like” to follow the rules.
- Provide opportunities for students to role-play positive responses to the rules to help them better understand the expectations.

#### ■ Use monitoring strategies to minimize opportunities for off-task or disruptive behaviour

- Move around the classroom during instructional sessions and quiet work periods.
- Talk to individuals and groups of students to build rapport. Use personal contact to expand understanding of new concepts and skills.
- Provide immediate, specific feedback on positive behaviours.
- Establish eye contact with students with AD/HD prior to giving instructions to the class.

- Move close to the student when verbal reminders are necessary. Use a quiet, firm voice to specifically describe the behaviour that is required.
- Remove nuisance items. Certain objects (such as rubber bands and noisy toys) can divert the attention of students with AD/HD in the classroom. When these items are interfering with learning, make one request to put them away immediately. If the student does not do this, follow up by taking the item away from the student, placing it in a labelled envelope and returning it to the student to take home at the end of the day.

### Give positive feedback

Use specific language to describe positive behaviour demonstrated by students. Also take time to describe specific behaviours that need to be increased. Ensure that you are maintaining a 4:1 ratio: *give at least four positive comments to every one negative comment.*

Be aware of how you are using a student's name throughout the school day. If particular students require constant verbal reminders (particularly if they are delivered in a frustrated or impatient tone of voice), these students may develop negative associations with their names. These feelings may ultimately begin to erode their self-confidence and comfort level in the classroom.

### Structure transition times

Many students with AD/HD have difficulty making transitions from one activity to the next. They may have difficulty remembering the routine and what to do next or they may have difficulty with impulse control during these less structured times.

#### SAMPLE STRATEGIES

##### ■ Develop routines for transitions between activities

- Alert students to changes in routines that will be coming up. Build a preview of the day into the regular classroom routine so that students are aware of any changes and can mentally prepare for them.

## Creating Supportive Classroom Environments

- Use auditory cues, such as bells or egg timers, to provide cues that signal when to take a break or return to work.
- Embed cues in the instructional routine to indicate when there is a shift in activity. For example, when speaking to the class, stop and indicate information that students should write down.
- Some transition times normally involve noise and movement, and may throw some students off task or create too much stimulation for that student. Consider sending a student who may be distracted to do an errand outside the classroom until the transition is complete and the groups are on task.
- Work with individual students to establish specific parameters for common transitions. For example:
  - how they will walk (quietly and at what pace)
  - with whom (by themselves or with an assigned partner, in the middle of the line or at the end of the line)
  - where (on right side of the hall).

Students can practise this routine ahead of time. With consistent and friendly reminders from teachers, this routine can make transitions between activities smoother and incident-free for everyone.

- Provide additional support during transitions to individual students as required. For example, when moving from one location to another, give students a purpose to help them focus on something positive while moving. For example, ask a student to carry the teacher's clipboard to the gym or library books to the library.
- Review the expectations for behaviour when there is a special presentation or guest speaker. Large gatherings and performances can be difficult for students with AD/HD.

## Use low-key cues

Collaborate with individual students to identify a cue that indicates that a specific behaviour is interfering with learning. Cues should be unobtrusive and simple, such as a hand on the desk or on the shoulder. This works for minor behaviours, such as interrupting or talking off topic. A simple unobtrusive gesture can remind the student to get back to task without singling him or her out.

Some students will need explicit instruction using these low-key cues. This cueing should be presented as a friendly reminder, not a reprimand, and delivered in a low-key, positive manner.

### SAMPLE STRATEGIES

#### ■ Establish low-key cueing systems

- Post reminders on students' desks. When possible, encourage students to design and make reminder cards. When needed, simply walk by and point to the reminder. This works for such skills as:
  - asking politely for help
  - focusing on work
  - taking turns.
- Use coloured file cards with key messages, such as “Talk in a low voice” or “Keep working.” If students need reminders, lay the cards on their desks, without comment. After five minutes, if behaviour has improved, quietly remove the card. If the behaviour continues, add a second card.
- Signals can also be used by a student to let the teacher know that he or she needs assistance or clarification of directions. In upper grades, consider using coloured cards (one or two per subject time block) that students can display on their desks to indicate that they need assistance from a teacher or a peer helper.

## Use a problem-solving approach

Engage students in a problem-solving process to increase their understanding of their behaviour and their responsibility for finding appropriate solutions. Consider the following six-step strategy.

### Problem Solving

1. Define the problem. Provide descriptive feedback about the student's academic or social behaviour to increase his or her awareness of what he or she is doing and the impact it has on others.
2. Brainstorm possible solutions. The student may need assistance in coming up with ideas.
3. Evaluate the options. Assist the student to think about the possible outcomes or consequences of each option.
4. Select an option and make a plan.
5. Carry out the plan.
6. Evaluate the outcome. Was it successful? If not, why not? What else could be done? If yes, congratulate and celebrate!

## Help students manage impulsivity

Waiting for help from the teacher can also be challenging for some students with AD/HD and can lead to some impulsive behaviour. Many students with AD/HD also need help channelling excessive physical energy into more acceptable behaviours.

### SAMPLE STRATEGIES

#### ■ Teach strategies for what to do while waiting for help

- Encourage students to continue with easier parts of tasks while waiting for help. For example, they could underline, highlight or rephrase directions before beginning a task.
- Teach strategies for jotting down keywords or questions so students won't forget what they want to say as they wait for their turn. Sticky notes can be great tools for marking the spot in a book or writing down keywords.

- Give students substitute verbal or motor responses to make while waiting. For example, students may sing a song or say a poem quietly to themselves or use worry beads.
- Reward short intervals of waiting and gradually increase the length of the waiting period.

### ■ Create opportunities for movement

- Use active responses as part of instructional activities. For example, students may turn and talk with a partner, stand up to indicate agreement, or move to different parts of the room to use materials. Allow students to work at different stations such as at a large table, the board, an easel or chart paper on a wall.
- Look for nondistracting ways for students to move while working at their desks. For example, replace a student's chair with a large ball. Students may bounce gently at their desks while working. Small inflatable cushions also provide students with an opportunity to move in their seats without distracting others. Some students may find it helpful to stand while working at their desks. Others may work better sitting at a counter or on a stool.
- Provide individual students with fidget toys (e.g., squeeze ball, eraser, wooden beads) to keep in their pockets and use quietly as needed.
- Provide stretch or movement breaks as needed or make them part of the classroom routine. Arrange an area in the classroom where students can move around without distracting others. Give students the option of going to this area when they need a stretch break.
- Space permitting, provide two seats for the student and allow the student to change locations throughout the school day.
- Create opportunities for students to do regular errands in the classroom, such as passing out papers or putting materials away, so they have opportunities to move in the classroom in appropriate, helpful ways.
- If an individual student often needs a break throughout the school day, consider setting up a system whereby students can use printed cards to signal when they need a break from a classroom activity to go to a supervised prearranged area. This strategy requires teamwork and planning to develop a routine such as the following.

## Creating Supportive Classroom Environments

1. Individual students keep file cards at their desks that say “I need a break.”
2. When a student needs a break, the student places a card on his or her desk to signal the teacher.
3. The teacher acknowledges the request, and if it is an appropriate time, the teacher exchanges the request card for a card that says something like, “Lee needs a five-minute break.”
4. The student then carries this card to the office or library and gives the card to an adult such as the school secretary or librarian.
5. The student spends the next five minutes engaging in a prearranged relaxing activity such as working on a puzzle or looking at a favourite book.
6. When the time is up, the supervising adult thanks the student for the visit, comments on positive behaviour, and then gives the student a card to return to the classroom teacher. The card might say something like, “I enjoyed having Lee come to the office for a five-minute break.”

This strategy can also be expanded to help students plan their breaks throughout the day. For example, students could receive a set number of “I need a break” cards at the beginning of the school day and be responsible for planning how they will use them throughout the day. This strategy addresses a student’s need for movement and should not be linked to rewards or punishments.

- Ensure students go out at recess, take breaks or participate in physical activities. They may be more attentive and productive after a break because of the opportunity to run off excess energy and restlessness. If you notice that a certain student has difficulty handling the stimulation of exiting for a break with the larger group of students, you may want to delay his or her exit for a minute or two until the other students have left.

- Help students successfully manage recess or other less-structured activities by taking a few minutes each day before the activity to rehearse a positive experience. For example, just before recess a student could review a series of planning questions with a teacher or a peer, such as:
  1. Who are you going to play with this recess?
  2. What kind of activity are you going to do?
  3. If you have difficulty, what will you do?

## Support positive social interactions

Some students with AD/HD may have social difficulties with peers while other students with AD/HD are highly social and may make friends easily and be well-liked. For those students who need support establishing and maintaining positive social interactions, plan learning activities that depend on mutual cooperation for success. To successfully enhance positive social interactions, the activities need to be structured, well monitored and include specific tasks with clear expectations. Some teaching may need to be in small groups while other activities may benefit the whole class.

Some students need explicit instruction in social skills, and the most effective way to learn, practise and reflect on these skills is within the classroom setting, in real situations. Help students learn alternative behaviours by discussing socially appropriate interactions. Build on typical classroom scenarios and create opportunities for students to “try it again” and “do it a better way.” Use “what if” scenarios for discussing and role-playing acceptable behaviour in challenging situations. Provide helpful feedback so students can improve their performance. Help them begin to explore how their behaviour may be affecting others.

Consider the individual needs and strengths of students and how this will affect their social interactions. For example, some students with AD/HD have difficulty managing all the demands for attention during team sports and will have more success doing individual physical activities such as swimming, gymnastics, karate, biking, skiing or track and field.

When students are working in partners or small groups, use low-key strategies such as moving around the room, quietly redirecting students who may be off-task and suggesting alternative strategies for students who are having difficulty. Ensure students have an opportunity to try all group roles, including observer. Students may benefit from being encouraged to attend to social cues that they might otherwise miss.

## Creating Supportive Classroom Environments

Help students mediate conflicts with a structured approach such as the following five-step approach.

**Resolving Conflicts**

1. Identify each point of view (“So you’re saying that ...”).
2. Frame it as a common problem to reduce defensiveness (“That’s a problem” not “You have a problem”).
3. Involve students in solution (“What are we going to do about it?”).
4. Generate alternatives with adult help.
5. Try to reach a solution that is acceptable to each student and that encourages ownership of the solution.

**Build your support base**

Managing a classroom in which there are diverse student needs can be challenging. Students with AD/HD can present extra challenges. It is important for teachers to build a base of support to draw on.

**SAMPLE STRATEGIES**

- Ask for help when needed. Enlist the support of colleagues and the school administrator.<sup>12</sup>
- Look for a knowledgeable person with whom you can consult when you need advice, such as a behavioural or educational consultant, or a psychologist. Look for professionals who understand AD/HD, have worked with many children with AD/HD and are familiar with the classroom.<sup>12</sup>
- Learn all you can about AD/HD. Read books, attend related professional development workshops, and talk to children and parents about how AD/HD affects learning and school success.

12. Hallowell and Ratey 1994.

## Develop individual behaviour support plans

Some students with AD/HD may require an individualized behaviour support plan to increase specific positive behaviours or reduce specific negative behaviours. A behaviour plan can begin with a functional analysis of behaviour that identifies and describes the behaviours targeted for change. Analyze the A-B-Cs of the behaviour—Antecedents-Behaviour-Consequences. Use classroom observations to gather information about:

- what the student does (i.e., behaviour)
- the events that occur just prior to this behaviour (i.e., antecedents)
- the events that occur just after the behaviour (i.e., consequences).

These observations can provide useful information about the positive and negative influences on an individual student's behaviour. This information can then be used to establish a plan to monitor and reinforce changes in behaviours.

To set goals, clearly describe both the specific behaviours that need to be increased or decreased to achieve success and the new behaviours the student will need to learn to replace the inappropriate behaviours. Prioritize these behaviours. Make a plan to address a manageable number of goals, one at a time.

A home-school daily report is an effective intervention to help identify, monitor and improve a student's classroom behaviour. At the same time it provides a way for parents and teachers to communicate regularly. This approach can be highly motivating to students if parents select the right reinforcement to use at home after the child reaches his or her daily goals. The following steps offer a guide for establishing this kind of behavioural intervention.

Use the following six steps to prepare and implement an individual behaviour support plan with a daily report.

### 1. Select the area for improvement

Involve all school staff who work with the student, as well as the student and his or her parents. Identify the key behaviours that if changed, would improve the student's learning and if left unchanged, would have long-term negative consequences. Areas could include:

- academic work (e.g., task completion and accuracy)
- peer relations (particularly decreasing aggression and other negative interactions)
- independence (e.g., following class routines, working independently, managing transitions)

## Creating Supportive Classroom Environments

- relationships with adults (e.g., cooperating with requests, accepting consequences, disagreeing in an agreeable way, asking for help).

As much as possible, involve students in identifying the areas that they need to work on. Ask them questions such as “What kinds of things would you have to do to have a better day in school?” “What kinds of behaviours get in the way of having a good day?” or “What could you do instead?”

## 2. Define the goals

Identify specific academic or social behaviours that need to be changed to help the student reach the goals. These are called target behaviours. These behaviours must be clearly defined in a way that students, parents and teachers all understand. Target behaviours must be observable and measurable by the teacher and the student. Depending on the age and ability of the student, consider between two and five target behaviours. As much as possible, use student-friendly language and state the goals in positive terms.

Target behaviours include:

- moving from one activity to another cooperatively
- using a polite voice with others
- keeping hands and feet away from other students
- having books and supplies ready
- completing assignments on time
- starting to work right away
- enjoying an incident-free recess.

## 3. Decide on criteria for daily reporting

Consider recent classroom observations and records to determine how often a student is demonstrating the problematic behaviour that is interfering with the student’s learning or relationships. Use this information to determine which behaviours need to be included and to prepare the initial criteria that will be used to determine success.

Set reasonable criteria for defining success. A fair criterion is one that students can achieve between 75 percent and 90 percent of the time. To encourage improvement, set initial criteria at a rate slightly better than what the student is doing now. For example, if a student currently interrupts an average of ten times per class, the initial criteria might be “interrupts less than five times per class,” and a few weeks later the target might be more like “will interrupt less than two times per class.” Set criteria to be met for each part of the day, not the overall day. Keep the scoring manageable but within reach of the student’s current ability. Reinforcements can be awarded on a graduated scale.

## Creating Supportive Classroom Environments

Evaluate target behaviours at several intervals throughout the day to provide frequent feedback to the student. Only include targets that are significant to the student's improvement. See the following example of a daily report developed for a student in Grade 2.

## My School Day

Date: \_\_\_\_\_

	Polite voice		Hands and feet to myself		Following teacher's requests	
	Me	My teacher	Me	My teacher	Me	My teacher
9:00 to 10:30						
10:45 to 12:00						
1:00 to 2:15						
2:30 to 3:00						

4—great!

3—okay

2—needs work

1—not acceptable

What went well today

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What we need to work on

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Encouraging words from parents

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A-4

See Appendix A-4 for an alternate sample of a daily report.

#### 4. Discuss the daily report with students and parents

Explain that the daily report will be used to help everyone focus on the targets and that the ultimate goal is for the student to have a happier and more successful school day. If possible, involve the student in setting the goals and developing the criteria. Use language that is meaningful to the student. Consider building in a self-monitoring component so the student evaluates his or her own behaviour before the teacher does. The object is not to match the teacher's response but to encourage students to reflect on their own behaviour and begin to self-monitor. Often students with AD/HD have a limited perception of how their behaviour appears to others; they need structured opportunities to develop this skill.

Sending the report back and forth between home and school daily can be challenging for some students. Look for strategies to make this routine easier on everyone, including parents and teachers. If there are positive comments in the report, the student is more likely to take it home. If the student is having difficulty remembering to take the report home or to school, use alternative strategies, such as the following.

- Designate a special plastic labelled envelope for this purpose and attach it to the student's homework agenda.
- Add the daily report to a list of items that the student checks off before leaving school at the end of each day.
- When possible, fax or e-mail the report directly to the student's home.

#### 5. Establish a reinforcement system

Consult with the parents to ensure they have an effective reward system established at home for positive performance reflected in the daily report. Encourage them to use natural rewards rather than objects or activities that are artificially added. Also look for short-term rewards so students are receiving them the same day or week of the behaviour. For example, a child's access to television or computer games, which was previously "free" or noncontingent, can be made contingent on receiving a positive daily report. Rewards need to be motivating for the child, but not so elaborate or influential that they cause stress for either the child or parent. The focus should not be on the reward, rather it should be on the change in behaviour. Ideally families will establish a menu of rewards and the child may choose which one he or she prefers.

At home a sample menu of reinforcements could include these activities:

- computer games for X minutes
- choosing family television show or video
- television time for X minutes
- video games for X minutes
- listening to music for X minutes
- special snack
- talking on phone to friend or relative
- participating in special activity with a parent (e.g., hot chocolate, conversations, playing a board game, going on a bike ride)
- other rewards suggested by the child.

It may sometimes be necessary to provide school-based rewards when the student is not responding to the home-based system, particularly for younger children who may require more immediate rewards. Such rewards can bridge the gap between meeting the behavioural criteria at school and earning the rewards at home. What is reinforcing to one student may not be reinforcing to another. Teachers need to work with students to make sure the consequences are motivating.

At school the menu of novel rewards, those typically not part of the regular classroom routine, could include these activities:

- free time for X minutes
- talking to friend or relative
- listening to recorded music or stories
- using felt markers or other art supplies
- choosing a book for teacher to read to class
- caring for class pet
- using specific computer software programs
- choosing stickers
- choosing a seat for specified time
- playing cards or board games
- taking digital pictures
- drawing prize from grab bag
- other rewards suggested by the student.

Teachers may need to change the menu of rewards regularly to maintain student interest and motivation.

## 6. Monitor and modify interventions

Always combine the daily feedback on the report with appropriate social reinforcement. When completing the daily report, describe positive behaviour and note improvements and benefits. Respond matter-of-factly to missed targets with an encouraging statement about the next day.

Keep daily records of how often the student meets each target. Gradually increase appropriate behaviour by increasing the criteria once the student consistently meets the target. If the student regularly fails to meet the criteria, make it easier for a week or two. Building on success is easier than building on failure.

Once the student has met the criterion for a target at an acceptable level and you are confident the student is able to consistently demonstrate it, announce that the target behaviour is achieved. Simply tell students that they are now doing so well that they don't need that target anymore. Periodic review may be necessary for some students. If necessary, replace with another target. If the student is doing so well that daily reports are unnecessary, move to a weekly report and reward system. Work with the student to determine what is meaningful and motivating to him or her.

If this intervention is not working, meet with parents and discuss possible new strategies that might support the intervention. It might be necessary to move to a more intensive behavioural intervention.

**FYI**

For more information on using behavioural interventions, including daily reports, see resources from the Center for Children and Families, University at Buffalo, at <http://wings.buffalo.edu/psychology/adhd/>.



# Choosing Instructional Strategies

*"[It is] time to start to implement educational change to help youngsters with AD/HD succeed academically. Educational intervention is required at all levels; preservice and inservice education for teachers to bring them up to date with current understanding of AD/HD; implementation of teaching strategies that can be used in mainstream classes to facilitate academic success in children with AD/HD. These teaching strategies need to take into account both the cognitive and behavioural characteristics associated with AD/HD. Instructional strategies can be used that target specific academic needs (e.g., study strategies, literacy skills) in ways that reduce the cognitive load on children's working memory (e.g., scaffolding, instructional supports, enablers) and promote high levels of cognitive engagement."*

– Tannock, Martinussen and Chaban, April 12, 2005

Many students with AD/HD struggle in the classroom, particularly in consistently meeting grade level curricular outcomes. Specific aspects of reading, writing and mathematics can be especially challenging for students with AD/HD, especially for the 30 to 50 percent of students with AD/HD who also have learning disabilities. These students need appropriate supports in the classroom in order to be successful learners and achieve their fullest potential.

The sample suggestions provided in this chapter work in conjunction with the strategies offered in other chapters. The needs of students with AD/HD vary widely. No single student will need all of the following strategies and supports.

Many of these strategies and supports may be of benefit to other students in the classroom, not only students with diagnosed attention difficulties.

## Structure learning activities

Most students with AD/HD can show surprising capacity to concentrate and put forth effort when schoolwork is personally meaningful and engaging to them. These students respond positively to clarity, structure, predictability and positive reinforcement. They also need clear and concise directions and ongoing monitoring to encourage completion of assignments and activities. Many students will also benefit from explicit instruction in planning skills.

### SAMPLE STRATEGIES

#### ■ Structure activities and assignments to engage students' interest

- Design activities and assignments that are brief, recognizing that these students' attention spans are generally short. Break long tasks into shorter, easier-to-manage steps. For example:
  - cut the assignment pages into small segments and give out one at a time
  - fold under part of the page or cover it partially to block or mask some parts of the assignment. Encourage the student to use a “window” to show one problem or piece of information at a time.
- Show students the general information before working out the specifics. Students with AD/HD need to see the big picture first as all details tend to carry the same degree of importance. They also need explicit instruction in identifying what is the overarching idea and what are the supporting details.
- Design learning activities that require a high response rate from students. For example:
  - provide students with a study guide or partial outline of information and ask them to fill it in as the class proceeds
  - provide students with individual white boards, chalkboards or response cards so they can respond while working in large groups

## Choosing Instructional Strategies

- vary questioning so that it involves whole class, partner and individual responses
  - structure partner activities so that students can read aloud to each other, question together, confirm understanding, and encourage each other to remain on task.
- Incorporate students’ interests into assignments. Create opportunities for student choice in such things as topic activity, order of tasks and materials to be used. Attention is enhanced when information is personally relevant and when it relates to students’ interests.
  - Incorporate attention-getting devices into assignments. For example:
    - vary the texture, shape and colour of materials
    - provide students with a variety of coloured pens, pencils and markers to work with
    - consider turning tasks into activities or games. For example, with older students, turn the review of material for a test into a Jeopardy game.
  - Intersperse less-preferred, repetitive or passive tasks with preferred or active tasks to maintain interest and encourage perseverance.
  - Set short time limits for task completion. A timer, such as an egg timer or stopwatch, may be helpful in motivating students to complete the task at hand. (Be careful, however, because some students may find the timer more stimulating than the task.) When possible, involve students in setting the timeframe to help develop a better sense of the amount of time particular kinds of tasks will likely take.
  - Give feedback about the accuracy of assignments as soon as possible.
  - Create opportunities for students to choose from a variety of ways to demonstrate understanding of learning outcomes. For example, to assess knowledge of factual information, encourage students to choose from oral presentations, audio or videotaped projects, news reports or dramatizations.
- **Give clear and concise directions**
- Before starting a task, ask students to clear desks of all but the needed materials.

- Cue the class that instructions are about to begin and then wait until the class is mostly quiet before giving directions.
- If necessary, move closer to the students to get their attention.
- Give directions clearly, slowly and concisely, point by point.
- Provide both visual and printed instructions. For example, as you give directions orally, reinforce them by writing a few key words, phrases, page numbers or picture cues on the whiteboard or overhead. Use the verbal directions for prompting and the print directions for reference.
- Provide explicit structure and cues to emphasize relevant information such as:
  - colour, circle, underline or rewrite such cues as directions, difficult letters in spelling or mathematics operation signs
  - provide a graphic organizer or other structure to help students organize the task by recording the information and steps required
  - point out the overall structure of texts; e.g., topic sentences, headings, table of contents.
- Model what to do. “Think aloud” the associated thinking process.
- Help students make a plan for the task by breaking it down into smaller steps and identifying where to start and where to end. State the goal clearly. Encourage students to use self-talk to apply problem-solving steps; e.g., “What do I need to do first?”
- Check for understanding with the whole class by asking for specifics. For example:
 

Teacher: “What problems will we do?”  
 Class: “Numbers 1, 3, 5, 7, 9, 11.”  
 Teacher: “Will we do problems 8 and 12?”  
 Class: “No.”  
 Teacher: “Why not?”  
 Class: “We only need to do the odd numbers.”
- Ask individual students to repeat or rephrase directions to check for understanding.

- Erase the whiteboard frequently and completely so that remnants of previous activities are not left to distract and confuse the student as the new lesson begins.

### ■ Monitor for completion

- Provide a sample of what completed work might look like.
- For major assignments provide a clear set of criteria that students can use as a guide for reviewing the quality of their own work.
- Ask students to work through a few questions alone and then check their work together. For example, say “Do the first five and then raise your hand and we’ll check them together to make sure you are on the right track.”
- If only a few individuals need support, put a stop sign after a few questions so that students can let you know when they have completed these questions. Then set another goal to be completed. For the student who frequently seeks help, begin with a few items and gradually increase how much work is expected to be done independently.
- Use a timer to challenge students to complete a set number of questions.
- If the assignment is due the next day or later in the week, ask students to record it on the assignment calendar. Details of the assignment should remain posted until the due date.
- Make a graph for certain tasks, such as vocabulary words, and ask students to record the number of correct answers versus the number of completed answers. This strategy will encourage students to focus on quality more than quantity.
- Monitor frequently. Circulate. Move in closer to individual students who may need cueing to focus. Communicate a supportive attitude.

#### MYTH

Children with AD/HD can never pay attention or complete their work.

#### FACT

Inconsistency is a pervasive characteristic of AD/HD. Sometimes, and under some circumstances, individuals with AD/HD can focus and concentrate, while at other times they experience extreme difficulty. They are often able to focus on stimulating video games or creative activities such as Lego or drawing.

### ■ Teach planning skills

- Involve students in planning different activities. Consider what is needed, how to break tasks into parts, and how to set timelines for completing each part. Provide organizing tools such as flow charts or diagrams.
- Practise estimating the time needed for activities.
- Practise using graphic organizers to create outlines.
- Use a word processor to reorder ideas.
- Explore the use of semantic mapping software to plan and organize information.

## Consider how listening affects learning

Many students with AD/HD will benefit from the development of effective listening strategies.

Because many students with AD/HD tend to be divergent thinkers, they may have difficulty immediately retrieving information from memory when they are asked a direct question about a very specific fact. The difficulties may be compounded by anxiety, which will further impede memory. Students are better able to participate if the teacher waits for a signal from them that they are ready to respond. Also, if the question is worded broadly, students who are divergent thinkers are often more able and willing to offer answers.

### SAMPLE STRATEGIES

### ■ Teach strategies for active listening

- Create guidelines for good listening skills and explicitly teach these steps. Review them frequently. For example:

Show me listening with:

- eyes on speaker
- pencils down

## Choosing Instructional Strategies

- hands on desk
- think along.

- Use students' names to cue them that they are about to be asked a question. For example, "Bobby, this question will be for you ..."
- In class discussions, try to call on students with AD/HD early in the discussion. If they are eager to participate, these students often have difficulty waiting their turn.
- In class discussions, provide waiting strategies to help students remember what they want to say. For example, students may write down the answer or use fingers to recall the number of points to be made.
- Ensure that students feel comfortable asking for repetition of information. Discuss how other people may benefit when one student takes the initiative to ask a question.
- Provide students with appropriate expressions to clarify meaning and to confirm comprehension, such as:
  - "Could you repeat that, please?"
  - "I don't understand."
  - "What does \_\_\_\_ mean?"
  - "Could you say that again, please?"
  - "What do you mean by ...?"
- Analyze how "listener friendly" your teaching is by considering the following teacher checklist from Calgary Learning Centre.

A-5

See Appendix A-5 for a blackline master of the checklist How "Listener Friendly" is My Teaching?<sup>13</sup>

13. This checklist adapted with permission from Calgary Learning Centre (Calgary, Alberta, 1995).

## How “Listener Friendly” is My Teaching?

Review the strategies below and mark the column that *best fits your current practice* for helping students to focus on what’s important in the learning activity.

	<i>I do this</i>	<i>Need improvement</i>
1. I reduce distractions for my students (e.g., close the door, move student near the front and away from windows).	<input type="checkbox"/>	<input type="checkbox"/>
2. I clearly communicate my expectations of the students during the class.	<input type="checkbox"/>	<input type="checkbox"/>
3. I provide students with an advanced organizer, outline or listening guide (e.g., highlight major concepts, provide space for notes) at the beginning of class to alert them to what will be addressed in the learning activities.	<input type="checkbox"/>	<input type="checkbox"/>
4. My instructional plan follows the advanced organizer, outline or listening guide.	<input type="checkbox"/>	<input type="checkbox"/>
5. I consistently review and encourage recall of previously presented information (e.g., summarize, question, provide time to review previous notes and handouts).	<input type="checkbox"/>	<input type="checkbox"/>
6. I use cue words and phrases to signal important information (e.g., “ <i>In summary ...</i> , <i>Note the following ...</i> , <i>Pay attention to ...</i> , <i>Record this important fact ...</i> , <i>This is important ...</i> , <i>Listen carefully</i> ”).	<input type="checkbox"/>	<input type="checkbox"/>
7. I use transitional phrases to cue and signal the organization of information (e.g., “ <i>first, second, third; next; before/after; finally</i> ”).	<input type="checkbox"/>	<input type="checkbox"/>
8. I highlight important information by using bold, italics and different coloured text.	<input type="checkbox"/>	<input type="checkbox"/>
9. I vary my volume, tone of voice and rate of speech to emphasize important ideas and concepts.	<input type="checkbox"/>	<input type="checkbox"/>
10. I present information in many different ways (e.g., demonstration, lecture, discussion, videotapes, small group work, overhead projector, lectures with presentation software).	<input type="checkbox"/>	<input type="checkbox"/>
11. I repeat important ideas and concepts by rephrasing and using multiple examples.	<input type="checkbox"/>	<input type="checkbox"/>
12. I write important ideas, key concepts and vocabulary on the blackboard or overhead transparency.	<input type="checkbox"/>	<input type="checkbox"/>
13. I use visual aids and objects to support the concepts and information that is presented (e.g., pictures, diagrams, maps, manipulatives, graphic organizers, overhead projector).	<input type="checkbox"/>	<input type="checkbox"/>
14. I provide examples and nonexamples of concepts.	<input type="checkbox"/>	<input type="checkbox"/>
15. I “talk comprehension,” demonstrate “thinking aloud” and frequently check for understanding (e.g., ask questions during the class, encourage students to ask questions during and after a presentation, encourage students to relate new information to old).	<input type="checkbox"/>	<input type="checkbox"/>
16. I provide students with opportunities to discuss concepts with a partner or small group.	<input type="checkbox"/>	<input type="checkbox"/>
17. I provide time for reflection at the end of the class (e.g., review important ideas, summarize, ask questions, self-evaluate).	<input type="checkbox"/>	<input type="checkbox"/>
18. I briefly review the important concepts at the end of an activity and preview what will be happening next class.	<input type="checkbox"/>	<input type="checkbox"/>

## Consider how memory affects learning

Many students with AD/HD may experience difficulties with memory including:

- recalling information despite repeated instructions and review
- keeping track of their belongings
- remembering daily routines despite regular exposure
- recalling facts and procedures, such as new vocabulary words, verb conjugations or mathematical procedures.

They will benefit from instructional approaches that support memory difficulties, particularly short-term or working memory difficulties.

### SAMPLE STRATEGIES

#### ■ Use instructional practices that include memory prompts

- Present concepts concretely. Real-life examples add meaning and relevance that aid learning and recall. Concepts presented in familiar or authentic contexts are easier to learn and retain.
- Use language that is familiar to introduce new concepts. Encourage students to connect their previous knowledge to new learning.
- Incorporate hands-on learning experiences and demonstrations. Students learn more effectively when they try out new information and skills in a variety of settings.
- Provide multisensory memory cues. For example, to teach new reading vocabulary, include auditory, visual and kinesthetic cues. Review sound-symbol associations by saying the name of the letter, the sound and a word that starts with that letter while looking at a picture of the word. Trace the letter on the desk, in the air or on your arm.
- Use visual cues to introduce new concepts or review content. For example, use colour-coding, sequences of photos or drawings, charts or videos.

- Use auditory and kinesthetic cues in combination. For example, combine songs with movement and dance patterns. Music and physical routines linked to learning facts can help students memorize faster and act as a cue for retrieving specific information.
- When presenting new information, write down the main points on an overhead or on the board.
- Use verbal rehearsal to practise information to be recalled.
- Provide regularly scheduled reviews of procedures and concepts. For example, start each day by reviewing previously learned skills and ideas. Then present new skills and ideas. Before students leave for home, review the new information.
- Consider using assessments more frequently and on shorter units of work. Use quick, short evaluations rather than formal, longer tests.

### ■ Provide opportunities for students to develop and use memory prompts

- Tape simple cue cards of daily class routines on students' desks.
- Teach students to make lists of reminders regularly, and note dates and assignments on a calendar. Build procedures into the day for recording information in daytimers or homework agendas.
- Provide memory aids for frequently used information. For example, key vocabulary words can be written on a file card and kept in a pocket on the side of desks. Schedules should be posted on the board or on the wall. Students can keep personal copies in their desks or notebooks.
- Teach students strategies for memorizing specific pieces of information such as the fold-over strategy for learning second language vocabulary or spelling words.

### Fold-overs

1. Fold a paper to make four columns.



2. In the first column, copy target vocabulary words in English.
3. In the second column, write the French words for each of the vocabulary words.
4. Check your answers in the text. Correct any answers you got wrong and fill in words you did not know.
5. Fold back the first column so the English words are not visible. Now, practise translating the other way. Look at each of the French words you wrote in the second column and write the English translation in the third column. Check your answers against the original words in the first column.
6. Repeat this process to translate the words back into French in the fourth column. A complete practice page might look like this:

<i>mother</i>	<i>la mère</i> ✓	<i>mother</i> ✓	<i>la mère</i> ✓
<i>father</i>	<i>le père</i> ✓	<i>father</i> ✓	<i>le père</i> ✓
<i>brother</i>	<i>le frère</i>	<i>brother</i> ✓	<i>le frère</i> ✓

#### ■ Teach students how to use mnemonics<sup>14</sup>

A mnemonic is a memory trick that helps create an association or link between something that is difficult to remember (such as a tricky spelling word) and an easy-to-remember word or phrase. There are a number of kinds of memory links including the following.

- Built-in-word links: Many difficult-to-spell words contain easy-to-spell clue words. The mnemonic sentence simply links the more difficult word to its clue word. For example, to remember the double *r*'s in the spelling of the word *interrupt*, think "To **err** is human, so is to **interrupt**."

14. Adapted with permission from Murray Suid, *Demonic Mnemonics: 800 Spelling Tricks for 800 Tricky Words* (Carthage, IL: Fearon Teacher Aids, 1981), pp. 2, 3, 4.

- **Definitional links:** The meaning of a word can sometimes provide a clue to correct spelling. In such cases, the mnemonic takes the form of a definition. For example: “A beach is a land by the sea” and “A beech is a tree.”
- **Story sentence links:** This kind of mnemonic tells a story by stating a rule in a memorable way. For example, “Use both **i**’s (eyes) in **skiing**.”
- **Acronym links:** This kind of mnemonic uses an invented sentence based on each letter of a word or the first letter of a list of words. For example, many beginning music students use the sentence “**Every Good Boy Deserves Fudge**” to remember the musical notes **E, G, B, D, F** on the lines of the treble clef.
- **Pronunciation links:** Learn how to spell certain words by inventing memorable ways of pronouncing—or mispronouncing—they. For example, pronounce *Wednesday* “**Wed-nes-day**.”
- **Etymological links:** This kind of link uses one form of a word to clarify the spelling or meaning of another. For example, because it is silent, the **c** in *muscle* is sometimes forgotten, so a helpful mnemonic links *muscle* to the word *muscular* in which the **c** is pronounced. The phrase “If you have muscles, you’re muscular” could help make this memory link.
- **Descriptive links:** This kind of mnemonic simply describes the problem in a succinct, memorable way. For example, to remember that there are two acceptable ways to spell the word *judgment* (or *judgement*), think “Use your own **judgment**, an **e** or not.”

## Printing and handwriting

Printing and handwriting can be a source of frustration for many students with AD/HD. These students will benefit from direct instruction in letter formation and page organization, and a flexible approach to how assignments can be completed.

### SAMPLE STRATEGIES

- **Choose learning activities that will help students improve the legibility of their written work**
  - Provide models of correct letter formation for posting on each student’s desk.

## Choosing Instructional Strategies

- Encourage students to do finger warm-up exercises. (This can be a fun class activity when set to music.)
- Encourage appropriate posture and positioning when writing.
- Provide extra white space and enlarged space for written work on assignments.
- Provide self-monitoring checklists such as the following:

### Checking My Printing

	Yes	No
1. Are my letters		
– the right size?	<input type="checkbox"/>	<input type="checkbox"/>
– on the lines?	<input type="checkbox"/>	<input type="checkbox"/>
– within the margins?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a one-finger space between words?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did I start all sentences with upper-case letters?	<input type="checkbox"/>	<input type="checkbox"/>

- Display particularly good samples of students' work prominently in the classroom.
- Consider structured handwriting programs that systematically teach letter formation.
- Allow older students to print if they are finding cursive writing difficult.
- Teach keyboarding skills. Frequently schedule short practice sessions.
- Explore the appropriateness of word processing software programs and other assistive technology, such as speech recognition software.

**■ Reduce the amount of written work required**

- Reduce the expectation to recopy drafts. Too often recopying can result in legibility becoming worse instead of better because of fatigue or discouragement.
- Look for ways to reduce the need for handwriting. For example, make arrangements for an individual student to make a copy of a peer's notes or the teacher's notes.

## Generating and organizing ideas for writing

Students with AD/HD often have difficulty with organization, which can cause challenges in generating ideas and completing written work.

### SAMPLE STRATEGIES

**■ Provide rubrics, graphic organizers and strategies for organizing writing**

- Give clear, specific criteria or provide rubrics for written assignments.
- Display examples of finished work and discuss the strengths and/or weaknesses of the examples.
- Model, practise and encourage the use of graphic organizers specific to particular genres (e.g., compare and contrast essays). Use semantic webs, mind maps, story maps and charts.
- Introduce semantic mapping software that assists with the organization of ideas.
- For students who have difficulty starting to write, provide sentence starters or paragraph frames where the first words of each sentence or paragraph are given.
- Outline key steps for working through the writing process. Students may use a checklist or mnemonic to monitor their progress through the process such as POWER: Plan, Order, Write, Edit, Revise.

## Choosing Instructional Strategies

- Teach strategies for planning written assignments. Provide planning frameworks for different types of narrative and expository writing, such as the PENS strategy.<sup>15</sup>

## PENS

- P** review ideas.  
Think about what you want to say.
- E** xplore words.  
Identify the key words you will need in the sentence.
- N** ote words in complete sentence.  
Write out the sentence.  
Be sure to capitalize the first word and punctuate the sentence.
- S** ee if sentence is okay.  
Make sure it makes sense.  
Select verb or verbs.  
Ask yourself who or what is doing verb/verbs.  
Check to see if sentence fits a formula.

- Teach strategies for proofreading and editing written work, such as the COPS strategy. Students can use this simple acronym to remind themselves of what to look for in their own writing.

## COPS

- C** apitalization
- O** verall appearance (e.g., legibility, neatness)
- P** unctuation
- S** pelling

- Develop individual self-monitoring checklists focusing on the student's particular areas of difficulty.
- Teach students how to use the editing features of word processing programs.

15. Reproduced from Donald D. Deshler, Edwin S. Ellis and B. Keith Lenz, *Teaching Adolescents with Learning Disabilities: Strategies and Methods*, 2<sup>nd</sup> ed. (Denver, CO: Love Publishing Company, 1996), p. 170.

## Spelling

Spelling involves memory and an understanding of the sound-letter system. It also involves the ability to self-monitor and attend to details. Many students with AD/HD struggle with inconsistency in spelling. They can often learn a list of spelling words for a test but because of short-term memory difficulties, they may not be able to spell words correctly in different writing contexts.

### SAMPLE STRATEGIES

#### ■ Teach strategies for learning new spelling words

- Reduce the number of spelling words students are required to learn at one time.
- Provide opportunities to practise spelling words through novel and fun activities such as using colour to identify difficult parts of words or making fill-in-the-blank puzzles to practise new words. See page 73 for a sample practice strategy using fold-overs.
- Teach and encourage the use of mnemonics to help students learn and recall the spelling of words. See pages 73–74 for sample types of mnemonics.
- Encourage students to develop personal word lists to refer to when completing written assignments.

#### ■ Help students identify assistive technology that will help them be more accurate spellers

- Teach students how to use the spell checker feature in word processing programs.
- Encourage the use of hand-held electronic spell checkers.

## Reading comprehension

Reading involves a number of complex skills and many students with AD/HD struggle with one or more aspects of the reading process.

### SAMPLE STRATEGIES

#### ■ Teach reading comprehension strategies across the subject areas

- Model and teach prereading strategies that activate prior knowledge, build vocabulary and set a purpose for reading, such as a K–W–L (What I Know, What I Want to Know, What I Learned) chart.

A-6

- Model and teach key reading comprehension strategies of predicting, visualizing, clarifying, questioning and summarizing. See Appendix A-6 for a sample survey for informally assessing students' use of reading strategies.

- Encourage students to monitor their comprehension during reading. Physical supports may be helpful such as using sticky notes to jot down questions, vocabulary and predictions. Students may also mark a segment of text to indicate that it was understood (✓), interesting new information (!) or not understood (?).

A-7

- Teach specific strategies for reading textbooks. See Appendix A-7 for a sample organizer to preview a textbook.
- Encourage students to use information they have read by providing opportunities to:
  - complete charts and graphic organizers based on the reading
  - discuss concepts after reading
  - connect reading to writing activities.
- Provide graphic organizers that encourage active thinking while reading such as a story map, a storyboard for drawing the sequence of events or an outline with missing information. Students can record information as they read, and then review and add information after they've finished reading.

- Teach strategies for reading for different purposes. For example, the reading at WARF speed strategy<sup>16</sup> encourages students to:

### WARF

- W**iden your eye span
  - read more than one word at a time
  - read groups of word (e.g., the + noun).
- A**void skip backs
  - keep reading to try to get meaning from the context.
- R**ead silently.
- F**lex your reading rate
  - read important information slowly
  - read familiar information faster
  - if looking for specific information, read even faster.

### FYI

- Investigate assistive technologies for learning to support reading, such as the text-to-speech software Read & Write Gold™. For more information, see [www.lrc.education.gov.ab.ca/pro/QA/q-and-a.htm?vmod=TH\\_ESO](http://www.lrc.education.gov.ab.ca/pro/QA/q-and-a.htm?vmod=TH_ESO).

## Mathematics

Mathematics can be an area of difficulty for many students with AD/HD. In order for younger students to master key concepts, it is essential that they learn how to organize their work and understand basic patterns. Some students with AD/HD have challenges completing math tasks because of memory difficulties or inability to attend to critical details such as operation signs. It is sometimes helpful for students to say aloud the steps in the math operation before beginning a task. Encourage the use of supports for math facts. For example, use math fact tables and calculators so that difficulty remembering math facts does not limit students' progress in other math areas.

16. Adapted by Rosemary Tannock from Esther Minskoff et al., "WARF," *The Learning Toolbox*, <http://coe.jmu.edu/learningtoolbox/WARF.html> (Accessed July 2006).

## SAMPLE STRATEGIES

■ **Design tasks and materials that consider spatial organization and fine motor difficulties**

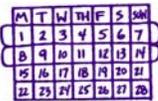
- Reduce the amount of information on a page.
- Provide a “window box” template to view one question at a time.
- Draw boxes around individual questions or tasks to separate them.
- Provide graph paper to align numbers correctly.

		4			7	
	+	3		+	5	
		7		1	2	

- Provide explicit instruction in number formation.
- Use colour to help students focus; for example, highlight +, −, × in different colours to cue the student to attend to the correct operation.
- Reduce the number of tasks to be completed.
- Reduce the amount of copying required.

### ■ Teach strategies to support memory recall

- Provide charts or cue cards to prompt students to use the concept of doubles to remember basic math facts. For example:

Doubles		
Double <sup>17</sup>	Look	Listen
$2 + 2$		The Car Fact 2 front tires, 2 back tires = 4 tires
$3 + 3$		The Bug Fact 3 legs on each side = 6 legs
$4 + 4$		The Spider Fact 4 legs on each side = 8 legs
$5 + 5$		The Fingers Fact 5 fingers on each hand = 10 fingers
$6 + 6$		The Dice Fact 6 dots on each die = 12 dots
$7 + 7$		The Two Weeks Fact 7 days in each week = 14 days
$8 + 8$		The Crayon Fact 8 crayons in each row = 16 crayons
$9 + 9$		The Double-Nine Dominoes Fact 9 dots on each side = 18 dots

#### Doubles Plus One or Two

When adding numbers that are close to a double, such as  $3 + 4$  or  $9 + 7$ , think of doubles that will help.

For example, to add  $3 + 4$ , think of the double 3:  $3 + 3 = 6$ ;  $6 + 1 = 7$

17. Adapted from *The School Survival Guide for Kids with LD (Learning Differences)* (p. 89) by Rhoda Cummings, Ed.D., and Gary Fisher, Ph.D., copyright © 1991. Used with permission of Free Spirit Publishing Inc., Minneapolis, MN; 866-703-7322; www.freespirit.com. All rights reserved.

### ■ Teach strategies that use the commutative property

- Remind students that if they memorize one addition or multiplication fact, this fact will help them remember the related reverse-order fact.

#### Know One, Know the Other

The order of the numbers in addition and multiplication facts does not change the answer; this is also called the commutative property. If you know one fact, such as  $2 + 3 = 5$ , then you also know  $3 + 2 = 5$ .

### ■ Use counting on and counting back to solve equations

- Encourage students to identify the bigger number in an equation and count forward to add or count backward to subtract.

#### Counting On

When adding two numbers less than 20, start at the bigger number and count up to the smaller number.

For example, to add  $7 + 2$ , think “7 is the bigger number, so start counting on at 7. So, 7 (count up two numbers), 8, 9. So,  $7 + 2 = 9$ .”

#### Counting Back

To subtract 1, 2 or 3 from a number, count backwards from the bigger number.

For example, to subtract  $8 - 2$ , think “8 (count back two), 7, 6. So  $8 - 2 = 6$ .”

### ■ Encourage students to use addition facts to help them remember related subtraction and multiplication facts

- Teach strategies for turning around subtraction facts and using doubles and other strategies when multiplying. For example:

#### Think Addition

To find the answers to subtraction facts you do not know, turn the subtraction fact into an addition fact and find the missing part.

For example, turn  $11 - 7$  into an addition fact,  $7 + ? = 11$ . Figure out the missing part. So, because  $7 + 4 = 11$ , then  $11 - 7 = 4$ .

#### Multiplication Facts

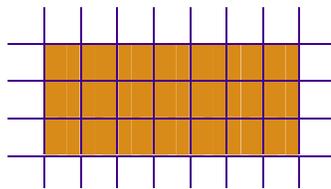
Use the commutative property. If you know  $2 \times 9 = 18$ , then you also know  $9 \times 2 = 18$ .

To multiply by 0 think:	$0 \times \text{any number} = 0$
To multiply by 1 think:	$1 \times \text{any number} = \text{that number}$
To multiply by 2 think:	doubles
To multiply by 3 think:	doubles plus the number ( $3 \times 2$ think: $2 \times 2 = 4$ ; $4 + 2 = 6$ )
To multiply by 4 think:	doubles plus doubles
To multiply by 5 think:	count by 5s
To multiply by 6 think:	count by 5s then add the number ( $6 \times 7$ think: $5 \times 7 = 35$ ; $35 + 7 = 42$ )
To multiply by 7 think:	of the facts you already know — if you know $3 \times 7$ then you know $7 \times 3$ ; memorize $7 \times 7 = 49$ and $7 \times 8 = 56$
To multiply by 8 think:	if you know $4 \times 8 = 32$ , then $8 \times 4 = 32$ memorize $8 \times 8 = 64$
To multiply by 9 think:	add a 0 to the other number and then subtract that number ( $9 \times 2$ think: $20 - 2 = 18$ )
To multiply by 10 think:	add a 0 to the other number; e.g., $10 \times 6 = 60$

### ■ Teach visualization strategies for multiplication and division facts

- Colour an array (display) on graph paper, or build one with stamps, buttons, blocks, etc., and write the matching number sentences below the array. For example:

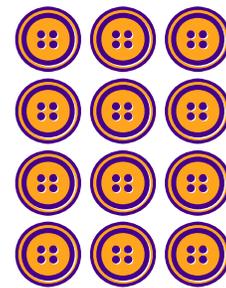
#### Visualizing Multiplication/Division Facts



$$\begin{aligned} 3 \times 7 &= 21 \\ 7 \times 3 &= 21 \\ 21 \div 3 &= 7 \\ 21 \div 7 &= 3 \end{aligned}$$



$$\begin{aligned} 4 \times 2 &= 8 \\ 2 \times 4 &= 8 \\ 8 \div 4 &= 2 \\ 8 \div 2 &= 4 \end{aligned}$$



$$\begin{aligned} 4 \times 3 &= 12 \\ 3 \times 4 &= 12 \\ 12 \div 4 &= 3 \\ 12 \div 3 &= 4 \end{aligned}$$

### ■ Teach strategies for practising math facts that are active and engaging

- Use card games, board games and flash cards to practise facts. For example:

#### Addition Challenge

Two players each have a deck of cards. Remove the face cards. Both players turn over two cards at the same time and call out the sum of their two cards. The player with the largest correct answer gets one point. The game continues until one player reaches a predetermined goal, say 25. This game can also be played with 10- or 12-sided dice.

### Multiplication Race to 1000

Using a deck of playing cards, each player draws two cards and multiplies the two numbers together. Check the answer with a calculator. If the answer is correct, record it on a race card, like the one pictured below. Players take turns, adding their answers up as they go. The first player to reach 1000, wins.

This game can also be played with 10- or 12-sided dice.

#### Race to 1000 Card

0			
			1000

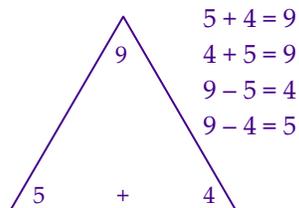
### Flash Cards

Make or buy flash cards. Use them for independent practice, in races or for practice with a partner.

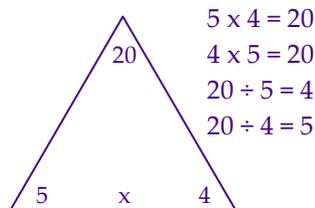
For an added challenge, use triangular flash cards to help students become familiar with the three numbers involved in each math fact. These cards can be used for addition and subtraction or with multiplication and division facts. Use triangles with equal sides approximately 10 cm x 10 cm x 10 cm, so that when held at arm's length, the student can see all three numbers in the pattern.

For example:

Addition



Multiplication



## Cognitive credit cards<sup>18</sup>

Cognitive credit cards (CCC) are a learning strategy that provides students with nonmemory-based, self-mediated cues. These sets of cues prompt students to think about their thought processes as they attempt to solve particular problems or learn particular concepts. A set of cues becomes the strategy.

The process of developing a CCC begins when a teacher or student identifies a particular procedure or concept that the student is having difficulty learning and remembering. Students then begin, with the teacher's guidance, to develop a set of cues that will help them think about their processing of the information. The student and teacher revise the cues until they are in exactly the form that represents the most meaning for the student. The teacher makes sure the cues are cognitive prompts and that they provide little or no subject content and little or no content-specific procedural information. The CCC becomes a cognitive organizer for a specific topic focusing on how the student is to learn and remember, rather than what the student is to learn and remember.

The example below shows a cognitive credit card designed by a Grade 6 student who felt that there were "just too many things to keep in my head at the same time" while she was doing division questions in class or for homework. The CCC questions address her specific difficulties with how to begin the operation, how to manage decimal placements and place values, and what to do with remainders.

### Math: Long division questions

1. Is the question in the right form?
2. Is the smaller number outside and the larger one inside?
3. Can the small number go into the large one evenly?
4. Do I have to borrow?
5. Did I multiply and subtract?
6. Are my numbers in the right place?
7. Do I need to bring down a number?
8. Is there a decimal place in this question?
9. Is there a remainder? What form and units?
10. Did I check my answer? Does it make sense?

18. Adapted from "Cognitive Credit Cards: Acquiring Learning Strategies" by Alan L. Edmunds, *Teaching Exceptional Children*, 31, 1999, pp. 69, 70, 71. Copyright 1999 by The Council for Exceptional Children. Adapted with permission.

## Choosing Instructional Strategies

CCC cards will look different for different students. The content depends on the teacher “talking out” the cues with the student and engaging the student in discovering how he or she would best go about dealing with the topic at hand. Teachers can use questions such as:

- How can you remind yourself what to think about to get started?
- What will you have to think of next?
- How will you ask yourself if you have remembered to think of specific steps in the process?
- How will you check to see if your thinking is working?

Once the student and teacher develop a set of cues for a particular topic, the cues are printed onto a piece of paper the size of a credit card. Next the CCC is laminated and attached to a binder. Whenever students need a reminder, such as during assignments, homework or tests, their personalized cognitive learning strategy is available. This strategy can be used across the subject areas.

### Monitoring academic progress

Create multiple opportunities for students to demonstrate learning. Use a diverse range of information sources to get a clearer picture of students’ learning strengths and challenges. Provide students with the opportunity to suggest alternative ways to demonstrate their learning. For example, students may choose to report what they learned in radio broadcasts, letters to authors, displays, models, dramatic presentations, collages or multimedia products. Such choices allow students to use their strengths to demonstrate their knowledge.

### Error analysis

Conduct an error analysis on completed assignments and tests to determine students’ strengths and difficulties. Encourage students to analyze their performance as well. For example, students may ask themselves these questions:

Are errors related to:

- misreading directions
- mistakes with details or losing track of details
- not understanding concepts
- difficulty applying concepts
- test-taking issues such as anxiety
- difficulty studying?

Are errors in reading words in a passage related to:

- meaningful substitutions
- skipping words or whole lines of texts?

Are errors in math related to:

- poor recall of math facts
- misunderstanding of a concept
- forgetting part of a procedure
- losing track of details?

### Performance assessment

Use performance assessment to help students understand the demands of a task.

- Provide specific criteria to help students set performance goals.
- Use exemplars, modelling and outlines of expectations to provide explicit step-by-step instruction.
- Involve students in self-evaluation and provide specific feedback about their evaluation.
- Provide prompt and specific feedback to allow students to set new goals for improved performances.

### Test formats and procedures

Adjust test formats and procedures to allow students to demonstrate their knowledge. Because students with impulsivity are challenged by multiple-choice tests, consider using short answer or fill-in-the-blank questions instead. When multiple-choice tests are necessary, teach students to read answers quietly to themselves before choosing an answer.

#### SAMPLE STRATEGIES

##### ■ Look for ways to make tests more manageable for students

- Ensure the test format is uncluttered and has adequate white space on the page.

- Consider the benefits of a shortened version of a test or the test divided into several smaller parts and completed in several short writing periods over several days.
- Provide a distraction-free environment.
- Allow more time to complete the test.
- Consider building in a brief break for some movement during lengthier tests. If it is not feasible for students to leave their seats, teach them some techniques to use in their seats, such as chair push-ups.
- Explore how the student might benefit from using a word processor to complete tests.
- If needed, reduce the writing demands and allow a student to complete the test orally.

### Learning portfolios

A collection of student work from the past year gives the receiving teacher a perspective of students' personal growth and a baseline for expectations and assessment. This information can also be shared with parents to help them support their child and the teacher in the learning process.

### Involve students

Whenever possible, involve students in the assessment process. Encourage them to enhance their self-advocacy skills by increasing awareness of their own strengths and needs, and of the supports they require to be successful in the classroom.

### SAMPLE STRATEGIES

A-8

- Discuss individual learning strengths and challenges with students. Discuss the strategies they know and use, and what works best for them. See Appendix A-8 for a sample tool to help students identify and record information about their strengths and challenges.

A-9

- Provide opportunities for students to identify what kinds of things help them learn. See Appendix A-9 for a sample tool “What Works for Me Inventory.”
- Provide ongoing feedback to students about their progress.
- Involve students in developing assessment and assignment rubrics.
- Involve students in goal setting, reflection and self-assessment (e.g., through learning logs, goal sheets, self-reflection captions on portfolio selections and self-assessment rubrics).
- Set up regular check-in times with individual students. Schedule five to fifteen minutes every day or once a week to informally chat with individual students about how things are going.

### Team approach

Many students with AD/HD require support across the school day. Often it takes a schoolwide team approach to ensure these supports are consistently in place for those students who need them. Some students may benefit from a teacher-advisor who acts as their advocate and liaison with other school staff. Share information about specific strategies that work for individual students. For example, regularly schedule time for staff meetings to identify and discuss instructional strategies that will benefit a number of students in the school. This kind of discussion could lead to more in-depth discussions about what kinds of instructional supports might work for individual students and how these types of supports could be implemented or adapted across the subject areas.

A-10

See Appendix A-10 for a sample list of strategies that can be adapted to support students in reading, writing, and completing fine and gross motor tasks.

A-11

See Appendix A-11 for a sample list of learning strategies including ways to develop attention and memory skills.

Identifying potential strategies is just the starting point. It is also essential that the school team review the effectiveness of different strategies so that teachers can make ongoing adjustments to their instruction and tailor their choice of strategies to specific student needs.

A-12

See Appendix A-12 for a sample form for evaluating the effectiveness of a support strategy.

## Choosing Instructional Strategies

Ongoing communication between team members is also crucial to creating effective academic support for students with AD/HD. If a student does not require an IPP, teachers need to develop a plan for sharing information about what supports work for this student. Consider the following example of an individual student support plan that is adapted from one used at Medicine Hat High School. This two-page informal plan identifies strategies that are helpful to an individual student and records essential information needed for instructional planning (such as reading level). Teachers can add information as they identify additional supports.

A-13

See Appendix A-13 for a blackline master of this Individual Student Support Plan.

**Individual Student Support Plan<sup>19</sup>**Student Name: David Student Teacher-Advisor: Ms. MappHomeroom: 10C Grade: 10Current Reading Level: 7 Current Math Level: 10Subject Teachers: J. Earth (science) J.H. Word (language arts)  
P. Numeral (mathematics) W. Mapp (social studies)

The following is a list of strategies and supports that may assist in student learning. Only those checked pertain to this student. Please feel free to add any strategies that you have found to be helpful and to contact the teacher-advisor if you have questions or suggestions.

**A. Seating**

- |   |   |
|---|---|
| <input type="checkbox"/> seat at front of class | <input checked="" type="checkbox"/> seat away from distractions |
| <input type="checkbox"/> seat at back of class  | <input type="checkbox"/> allow student to stand rather than sit |
| <input type="checkbox"/> locate near teacher    | <input type="checkbox"/> provide alternate workspace            |

**B. Instructional Presentation**

- |  |  |
|--|--|
| <input type="checkbox"/> adapt pace of lesson                                    | <input type="checkbox"/> colour code print material                      |
| <input type="checkbox"/> highlight key points of information                     | <input checked="" type="checkbox"/> break information into smaller steps |
| <input checked="" type="checkbox"/> provide examples completed by other students | <input checked="" type="checkbox"/> photocopy notes                      |
|  | <input type="checkbox"/> provide regular review time in class            |

**C. Assignment Completion**

- |  |  |
|--|--|
| <input type="checkbox"/> allow extra time                                      | <input checked="" type="checkbox"/> allow use of calculator              |
| <input type="checkbox"/> cover parts of worksheet                              | <input type="checkbox"/> provide checklist of steps to complete activity |
| <input type="checkbox"/> increase white space for answers                      | <input checked="" type="checkbox"/> use computer to complete assignments |
| <input type="checkbox"/> reduce amount of information/questions on the page    |  |
| <input type="checkbox"/> ensure student records information in homework agenda |  |

**D. Attention Support**

- |   |   |
|---|---|
| <input type="checkbox"/> reduce materials on desk                               | <input type="checkbox"/> provide checklist for organizational tasks             |
| <input checked="" type="checkbox"/> provide buddy to clarify missed information | <input checked="" type="checkbox"/> use nonverbal or verbal sign to cue student |

**E. Behaviour Support**

- |  |  |
|--|--|
| <input type="checkbox"/> provide buddy to model appropriate behaviour  | <input checked="" type="checkbox"/> provide positive reinforcement such as low-key verbal praise |
| <input type="checkbox"/> use agenda to communicate with other teachers |  |

19. This form adapted with permission from the work of January Baugh, Deb Rawlings and Carrie-Anne Bauche, Medicine Hat High School (Medicine Hat, Alberta, 2005).

**F. Reading Support**

- allow extra time
- buddy reading
- use of text-to-speech software

**G. Writing Support**

Reduce writing demands through:

- use of word processor
- allowing point form to replace paragraphs

**H. Assessment and Evaluation Procedures**

- smaller chunks of information or simpler concepts
- use individual criteria to evaluate tasks
- use notes or textbook during tests
- allow extra time on tests
- use word processor
- clarify directions

**Medical Issues**

AD/HD combined Asthma (currently under control but  
Long acting medication (taken at home) does have inhaler in backpack for  
exercise-induced incidents)

- There are no current medical issues relevant to this student's learning.

**Individual Information**

- Encourage David to send e-mail questions from home re: assignments. W. Mapp  
- He's also using e-mail to send himself reminders of assignments/tests (with a cc to dad).  
- Is using his personal music player for listening to novels. J.H. Word

**Teacher Assistant**Does this student receive the support of a Teacher Assistant?  Yes  No

Name of Teacher Assistant \_\_\_\_\_

Check the types of tasks required:

- record class notes
- monitor student understanding of content
- reteach concepts
- monitor progress on assignments
- read and explain text and handouts with student
- report to teacher any important information on student's progress/understanding
- support small group work
- scribe for student
- troubleshoot assistive technology
- monitor student's on-task behaviour
- track assignment (know what is due, when it is due, that student is handing work in)
- monitor binders/materials
- deal with minor discipline issues/report larger issues to teacher
- Teacher assistant availability \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 6

# Building Connections and Creating Hope

*“Creating a connected life takes time, and it requires work to maintain it over a lifetime ... A balanced, connected life leads to a sturdy kind of joy that hard times cannot easily strike down.”*

– Hallowell and Ratey 2005, p. 185

The reality is, AD/HD can create difficult challenges for students, families and teachers. But there is a bright side: these same challenges of AD/HD can actually be character-defining gifts. And for some students, AD/HD can even be a springboard to creativity, innovation and breakthrough thinking. Encouraging students and their parents to see the positive in AD/HD can go a long way in preventing patterns of negative experience. Teachers can contribute to these positive effects by providing opportunities for students and parents to:

- create connectedness
- rethink AD/HD
- build on strengths
- provide a safe and caring environment
- foster areas of interests
- increase students’ understanding of AD/HD.

## Create connectedness

One of the most important ways to create a positive, hopeful outlook is to help students feel a sense of connectedness. Connectedness can mean different things for different students, whether it is having friends in the classroom, belonging to a club, feeling passionate about an activity or caring for a pet. The important thing is that students feel like they are “part of something positive, something larger than [themselves]” (Hallowell and Ratey 2005, p. 183).

### SAMPLE STRATEGIES

#### ■ Show that you believe in students

- Make time to talk to students individually about their strengths, talents, interests, goals and needs. Ask students how they learn best and what will help them be more successful learners and connected in the school environment.
- Support and involve students’ parents and families. Family is the core connection for most children.
- Encourage students to participate in meaningful activities in and out of the classroom. Both group and solitary activities, such as painting or reading, can create a feeling of connectedness if students feel passionate about them.

## Rethink AD/HD

As teachers, our own perspective on AD/HD can make a big difference in how we interact with students and how they feel about themselves. By reframing judgements of the behaviour of students with AD/HD into more compassionate terms, we can build more positive relationships and make better instructional choices. Consider how rethinking AD/HD may be helpful for you and your students.

### Mental shifts about AD/HD<sup>20</sup>

#### From seeing the child as ...

Bad, annoying  
Unwilling  
Lazy, unmotivated

Trying to get attention  
Inappropriate  
Doesn't try

Mean  
Doesn't care  
Refuses to sit still  
Resisting  
Trying to annoy me  
Showing off

#### To understanding the child as ...

Challenged, having a low tolerance for frustration  
Unable  
Tired of failing and feeling helpless, does not know where or how to begin  
Needing contact, support, reassurance  
Unaware  
Can't get started, can't sustain attention, easily confused  
Defensive, hurt, unhappy  
Can't show feelings  
Overstimulated  
Doesn't "get it," frustrated, embarrassed, anxious  
Can't remember  
Having poor judgement, overcompensating, unaware of impact on others

Rethinking AD/HD can shift how teachers see their roles and their relationships with students. It could result in professional shifts such as the examples below.

#### Professional shifts from focusing on:

Stopping behaviours	to	preventing problems, limiting poor choices
Behaviour modification	to	modelling, using visual cues
Changing people	to	changing environments, changing strategies

### Build on strengths

People with AD/HD can achieve great things once they learn to channel their energy in positive ways. They often become creative and resourceful learners out of necessity.

20. Adapted with permission from Diane Malbin, "Paradigm Shifts and FASD" (Portland, OR: Fetal Alcohol Syndrome Consultation, Education and Training Services, Inc., 1997) and from Diane Malbin, *Fetal Alcohol Syndrome and Alcohol-Related Neurodevelopmental Disorders: Trying Differently Rather than Harder* (Portland, OR: Fetal Alcohol Syndrome Consultation, Education and Training Services, Inc., 1999), p. 42.

Many people with AD/HD also feel that their energetic and creative ways give them unique advantages. People with AD/HD often have traits such as divergent thinking, spontaneity, creativity, inquisitiveness, intuitiveness, resourcefulness and resilience. A good sense of humour and willingness to do things in untraditional ways can also serve them well. These individuals can experience great success by choosing career options that build on these types of unique strengths and abilities. For example, the drive for excitement and stimulation may lead to success in such areas as business, entertainment, sports and public speaking. The ability to think about many things at once can bring success in areas of art and innovation.

### SAMPLE STRATEGIES

#### ■ Appeal to students' individual strengths and interests

- Seek information about students' interests and passions. Provide opportunities based on their interests.
- Provide choices in projects and assignments that encourage students to use and demonstrate their strengths.
- Provide specific feedback about interests and strengths. Show students you notice and value what they are doing.

### Provide a safe environment

Many students with AD/HD are on what Mel Levine calls "a [daily] mission to save face" (2002, p. 286). It is essential that these students have a safe, supportive classroom environment and that teachers protect them from situations where they will feel humiliated or belittled.

### SAMPLE STRATEGIES

#### ■ Create a classroom environment that is welcoming to all students

- Foster an atmosphere in which all students feel that it is safe to make mistakes without fear of ridicule or criticism.

- Provide opportunities for students to voice their feelings, concerns and ideas through journal writing, discussions, class meetings and one-to-one meetings with the teacher.

## Foster areas of interest

Students with AD/HD may be frustrated with many of the activities they have to do in school. It is important that these students find activities that they feel successful about either inside or outside the classroom. Developing areas of interest gives students the opportunity to experience joy, build confidence and feel a sense of connectedness.

### SAMPLE STRATEGIES

#### ■ Recognize and respect students' self-selected areas of interest

- Provide opportunities for students to deepen their knowledge in an area of interest. As students gain knowledge, they may gain passion, motivation and confidence.
- Provide opportunities for students to discover activities that grab their imagination and seem like “play” to them. This exploration can lead to the discovery of areas of talent and strength.
- Celebrate students' expertise. Recognizing their depth of knowledge about a subject contributes to students' intellectual self-confidence or “feeling smart.”
- Provide students with opportunities to participate in school activities that showcase their strengths to peers (e.g., art, music, drama, physical education).
- Encourage students to join groups, teams or organizations that let them pursue their interests at school or in the community. Help them develop the social skills (e.g., taking turns, listening to others) that are essential to being an effective group member.

## Increase students' understanding of AD/HD

An important way to create hope for students is to help them better understand AD/HD, including the positive side.

### SAMPLE STRATEGIES

#### ■ Create opportunities for students to learn about AD/HD

- Describe the student's difficulties in realistic but positive terms. For example, Hallowell describes a hyperactivity/impulsivity type of AD/HD with the following metaphor:

"... your brain is turbocharged. That means it can go really, really fast. The only problem is that sometimes it can't put on the brakes. And sometimes it needs special motor oil so it won't overheat and break down. But with the right motor oil and the right brakes, it wins lots of races" (Hallowell and Ratey 2005, p. 129).

- Encourage students to discuss the impact AD/HD may have on school and in other parts of life. Consider the ideas for putting a positive spin on AD/HD in the following "A Minus May Be A Plus!" chart, developed by Calgary Learning Centre.<sup>21</sup>

#### A Minus May Be A Plus!

- |  |   |
|--|---|
| • Hyperactive and can't sit still      | • Lots of energy and drive                  |
| • Distractible and can't focus         | • Notices everything around them            |
| • Talks too much in class              | • Very social and relates well to people    |
| • Can't keep mind on homework          | • Fascinated by the natural world           |
| • Wastes hours on computer games       | • Can throw themselves into projects        |
| • Stubborn and argumentative           | • Independent; knows own mind               |
| • Never plans ahead; impulsive         | • Thinks on feet and able to react quickly  |
| • Doesn't have the discipline to study | • Learns quickly through watching and doing |
| • Never finishes things                | • Good initiator of new projects            |
| • Is lost in daydreams                 | • Has tons of creative ideas                |

21. Adapted with permission from the Calgary Learning Centre (Calgary, Alberta, 2000).

## Building Connections and Creating Hope

- Tell positive stories about individuals and how their AD/HD affected their lives. For example:

David Neelan has an interesting story. As a result of his AD/HD, David often arrived at the airport only to find he had somehow misplaced his ticket. The experience inspired him to invent the electronic ticket. The result? David is now the CEO of upstart JetBlue Airlines, and the rest of us enjoy the benefits of ticketless travel.

- Encourage students with AD/HD to generate a list of positive qualities associated with AD/HD. Consider the following list Calgary Learning Centre generated in their work with youth affected by AD/HD.<sup>22</sup>

### Ten Good Things about People with AD/HD

- Lots of energy
- Can do several things at one time
- Ask good questions
- Have interesting answers
- Good sense of humour
- See details that other people may miss
- Can think of different ways to do things
- Enthusiastic
- Imaginative and creative
- Sensitive and compassionate

- Provide books on AD/HD that students can read and discuss with their families. For example:

Beal, Eileen. *Everything You Need to Know about ADD/AD/HD*. New York, NY: The Rosen Publishing Group, Inc., 1998.

Galvin, Matthew. *Otto Learns about His Medicine*. 3<sup>rd</sup> ed. Washington, DC: Magination Press, 2001.

Kraus, Jeanne. *Cory Stories: A Kid's Book about Living with ADHD*. Washington, DC: Magination Press, 2005.

Nadeau, Kathleen G. and Ellen B. Dixon. *Learning to Slow Down and Pay Attention: A Book for Kids about AD/HD*. 3<sup>rd</sup> ed. Washington, DC: Magination Press, 2005.

22. Adapted with permission from the Calgary Learning Centre (Calgary, Alberta, 2000).

Quinn, Patricia O. *Putting on the Brakes: Young People's Guide to Understanding Attention Deficit Hyperactivity Disorder*. Washington, DC: Magination Press, 2001.

B-1

See Appendix B-1 for more information on these books for children and young people with AD/HD.

# Moving to Independence

*“Teachers can open doors, but students must enter by themselves.”*

– Ancient Chinese proverb

Students with AD/HD benefit from consistent structure and supports that address their difficulties with attention, hyperactivity and impulsivity. At the same time, their success in school and in life is enhanced by increasing their independence through developing self-monitoring, organizational and self-advocacy skills. Planning for transitions is also important to help students deal with challenges as they move into new settings.

## Organization

Difficulties with attention often interfere with organization and time management. To increase independence, students with AD/HD need to develop strategies to improve organization and time management. As students get older, there is greater need for them to be on time, have a plan, prioritize and manage their belongings—keeping what is important and getting rid of the unimportant. Being organized requires attention and is a major challenge for students with AD/HD.

Previously described strategies involved external structures and routines that assist students with organization, such as “To do” lists, homework agendas, schedules, planning projects, colour-coding materials. It is important to model the use of organizational strategies, to encourage students to try the strategies and to provide specific and meaningful feedback about the outcomes. Becoming independent occurs when the individual finds out what works best and becomes organized “enough” to reduce stress and to meet life’s daily demands.

## Self-monitoring

An important component of attention is self-monitoring. This component involves checking over a task that is in progress, assessing the progress and making adjustments when necessary. It also involves reviewing a task after it has been completed and making sure that it was done correctly. In short, self-monitoring is “watching” ourselves doing something while we are doing it.<sup>23</sup>

The accuracy of self-monitoring is less important than the self-awareness that happens in the process.

### SAMPLE STRATEGIES

#### ■ Create opportunities for students to become more aware of their own behaviour and performance

- Encourage students to collect information about their behaviour. Target a desired behaviour and provide the student with a method for recording the frequency of the behaviour during a specific time frame. For example, students could use sticky notes on their desks to record tally marks for each time they contribute to discussions during a language arts period.
- Provide checklists and criteria to help students evaluate their own work. The following checklist is an example of how a student might assess his or her approach to learning.

23. Thorne and Thomas 2003.

Self-assessment <b>Working on my own</b>			
Today:	Most of the day	Some of the day	Not at all
1. I showed good listening.			
2. I followed teacher's directions.			
3. I asked myself, "What do I need to do?"			
4. I got started right away.			
5. I finished each task.			
6. I checked over my finished work.			
7. I told myself, "Good job."			

- Provide a signal that cues the student to think about what he or she is doing. This signal may be a timer on the student's wristwatch or an intermittent beep played on an audiotape as the student wears headphones. When the signal goes off, it is a cue for the student to ask self-monitoring questions: "Am I doing what I'm supposed to be doing?" "Am I on task?" A card on the desk illustrating on-task behaviour may be helpful. Students may also keep a record of their own on-task behaviour to track their progress over time.

### ■ Teach strategies for self-monitoring

- Show students how to make daily lists of what they need to do and to develop a routine for checking the list. They can use this list to make reminder notes to themselves.
- Work with students to create checklists to guide their behaviour in areas where they experience difficulty, or help them to develop personal checklists. For example, a checklist for "leaving school" can assist in making sure the student has all of the materials he or she needs to take home. (See "Cognitive Credit Cards" on pages 87–88 for more information on using self-mediated cues.)

- Use the Think Aloud process to teach students to ask **themselves** four questions to guide problem solving.<sup>24</sup> This helps them organize their thinking and promotes verbalization as they answer the sequence of questions. The process is most effective if students ask **themselves** the questions rather than respond to the teacher posing the questions.

### Think Aloud

1. Define the problem: What am I supposed to do?
2. Consider alternatives and make a plan: What are some plans?
3. Monitor the plan: How is my plan working?
4. Evaluate the plan: How did I do?

- Identify strategies that students can use when they are stuck, such as the following.<sup>25</sup>

### What to Do When I Am Stuck

1. Read the directions two more times.
2. Highlight key words.
3. Look at an example and talk the steps through in my mind.
4. Copy the sample question and work it through on my own.
5. Give myself a fresh start. Copy the question or try writing my answer on another piece of paper and then work it through by myself.
6. Mark the question with a star, skip it and come back to it later.

Encourage students to try at least three of these strategies on their own before asking for help.

24. Adapted with permission from Bonnie W. Camp and Mary Ann S. Bash, *Think Aloud: Increasing Social and Cognitive Skills – A Problem Solving Program for Children: Classroom Program Grades 1-2* (Champaign, IL: Research Press, 1985), pp. 41, 56.

25. Adapted with permission from Dana Antayá-Moore and Catherine M. Walker, *Smart Learning: Strategies for Parents, Teachers and Kids* (Edmonton, AB: Smart Learning, 1996), p. 5.

## Self-advocacy

Self-advocacy refers to an individual taking action on his or her own behalf. Self-advocacy encourages individuals to consider options and make thoughtful choices for the future.

To advocate effectively for themselves, students with AD/HD need to recognize, accept and understand their attention difficulties and the impact these have on their learning and behaviour. They also need to take responsibility for themselves and learn strategies for problem solving and goal setting. The self-advocacy process needs to begin in the early grades and be practised actively in junior and senior high school.

Students with AD/HD may not self-advocate effectively for a number of reasons, including the following. They may:

- be unable to clearly identify and describe their abilities, needs and preferred conditions for learning. These difficulties may occur because of language difficulties, poor social skills, lack of practice or lack of knowledge about themselves as learners
- not have been directly taught self-advocacy skills and/or do not have someone to coach them through situations where they might need to self-advocate
- have limited confidence in their abilities and as a result, be reluctant to ask questions in class or request extra assistance
- fear being thought of as stupid or as a troublemaker
- be passive in their approach to their own learning, feeling that their future is beyond their control—this includes overrelying on their parents and teachers to advocate on their behalf
- not know who to contact for help, what to ask for or how to best use supports
- be discouraged because they have encountered people who do not understand AD/HD or do not believe that accommodations and assistance are appropriate.

Given these barriers, students with AD/HD need support to learn and practise self-advocacy.

### SAMPLE STRATEGIES

#### ■ Create opportunities for students to grow in their knowledge and understanding of their own AD/HD

- “Demystify” the disorder. Use analogies to assist students in understanding how AD/HD affects individuals. For example,

- your brain is like a turbo-charged race car, but your brakes don't work well
- having AD/HD is like driving a car with the windshield wipers going.

- Include information about the challenges and “bright side” of AD/HD.
- Provide additional resources on AD/HD such as videos, books and reliable Web sites.
- Provide older students with opportunities to do projects and research about AD/HD.

### ■ Create opportunities for students to identify and explore their own strengths and needs

- A-14 • Engage students in structured activities to explore their learning preferences, strengths and challenges. See Appendices A-14 and A-15 for two sample tools students can use: “Know Your Own Strengths Inventory” and “Uncover Your Learning Challenges Inventory.”
- A-15 • Encourage students to talk aloud about their thinking. Help them rephrase their ideas in positive terms to highlight their learning strengths and needs.
- Explain assessment results so that students understand their abilities, their needs, and the implications for their schooling and future lives.
- Provide specific feedback to help students understand their strengths and needs, and how AD/HD affects them personally.
- Involve students in identifying, trying out and reflecting upon different strategies and supports so they gain a better understanding of what strategies match their own strengths and needs.

### ■ Teach strategies for enhancing communication skills

- A-16 • Help students explain their AD/HD to others. Encourage the use of graphic organizers such as a K–W–L+ chart to record questions and answers about their AD/HD. See Appendix A-16 for a sample K–W–L+ chart.

- A-17** • Self-advocates need to be informed and organized in order to be effective. Help students to prepare for meetings, conversations with subject teachers and other situations in which they may be involved in planning their educational future. Model and role-play appropriate interactions and problem-solving approaches. See Appendix A-17 for a sample tip sheet for students “Be Your Own Self-advocate.”

- A-18** • Provide students with alternative ways for asking for assistance such as an “Asking for Help” form below.<sup>26</sup> A blackline master of this form is provided in Appendix A-18.

### Asking for Help

Date: \_\_\_\_\_

Dear \_\_\_\_\_  
(teacher’s name)

These are the things that I am having difficulty with:

- understanding my textbook
- knowing what my homework is
- getting my homework done
- listening in class
- taking notes
- passing tests
- completing assignments
- other \_\_\_\_\_

Could we please meet to discuss possible strategies?

Two meeting times that work for me:

\_\_\_\_\_  
\_\_\_\_\_

Student signature: \_\_\_\_\_

26. This form adapted with permission from Mary Cole and Anne Price, *TNT: Tips ‘N Tricks for Dynamite Learning!!* (Calgary, AB: Calgary Learning Centre, 1999), p. ii (Black Line Masters).

### ■ Provide opportunities for planning and problem solving

- Help students to advocate for themselves before problems begin.
- Involve students in problem solving and developing plans to address their particular difficulties. Students' input and involvement should increase as they proceed through school.

A-19

- Help students to set appropriate and realistic goals for their learning. One strategy is to make goals **SMART**: **S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**imely. See Appendix A-19 for a sample goal-setting organizer.
- Use performance evaluations and portfolio assessment. Provide models, practice and feedback in self-monitoring in order to actively involve students in evaluating their performance and increase personal responsibility for learning.
- Follow up with students to review their success in achieving their goals. Self-monitoring and evaluation are important for developing realistic goal setting.
- Facilitate relationships between students and academic counsellors or mentors.

## Planning for transitions

As students progress through school, they will face many transitions. All students can benefit from transition planning, but for students with AD/HD, this is especially important.

Planning for transitions involves helping students explore options, build skills, identify resources, and develop knowledge to deal effectively with the changes they will encounter throughout their school years and in later life.

Successful transitions involve planning, collaboration and comprehensiveness.

## SAMPLE STRATEGIES

### ■ Make planning for transitions an ongoing activity

- Start well in advance of the actual transition.
- Base decisions on an understanding of individual student needs, strengths, interests and preferences.
- Be open to new ideas and possibilities since transition goals and plans will likely change over time.
- Keep a written record of the planning for transition process, including goals and commitments by individuals involved in the planning.

### ■ Make planning for transitions a collaborative process

- Involve parents and students in the planning and decision-making process. Students should gradually take on more responsibility for the planning.
- Build on student preferences and interests, and ensure that all individuals involved agree that the planning is student-centred.
- Respect parents' and students' cultural and linguistic backgrounds.
- Involve community partners, such as post-secondary advisors or employment counsellors, whenever appropriate.

### ■ Ensure that planning for transitions has a comprehensive scope

- Consider the social, vocational and personal needs of students, in addition to their academic needs.
- Help students become aware of their individual strengths, interests and areas of need, and encourage them to use these as a starting point for decision making and problem solving.

## Moving to Independence

- Provide opportunities for students to develop problem-solving skills, to monitor and regulate their own performance, and to interact appropriately with peers, teachers and other adults.
- Help students and their parents learn about available supports and accommodations to help them deal with their attention difficulties.

Transition planning is an ongoing process of helping students prepare for the future. It begins the first day of school and continues throughout life. Whenever students are faced with a significant change in their routines, environments or experiences, they will benefit from preparation and support that considers their personal needs and strengths. As students with AD/HD get closer to leaving the secondary school system, the need for transition planning becomes even more critical.

### During the elementary school years

During elementary school, transition issues often centre around changes in classroom or school placement and related changes to routines, such as using different transportation (e.g., riding the school bus for the first time, using public transport independently) or managing longer unstructured time periods such as lunch hours.

### SAMPLE STRATEGIES

#### ■ Support students and their parents as they prepare for upcoming transitions

- Identify skills needed in the next environment and provide opportunities to develop these skills.
- Listen to students' concerns about transitions and engage in frequent discussions about transitions.
- Highlight the positive aspects of a new environment.
- Help students understand the differences between the current environment and the new environment, including changes in routines, expectations or rules.

- Encourage independence by helping students establish consistent homework and study routines.
- Arrange for students to visit new classrooms or schools and meet with new teachers.
- Encourage parents to become advocates for their children.

### During the junior high/middle school years

The junior high/middle school years are often the time when students and their parents begin to think about the types of things a student may experience after he or she leaves high school.

#### SAMPLE STRATEGIES

#### ■ Begin formal planning for transitions in junior high/middle school

- Encourage students to learn about their personal strengths and needs.
- Actively involve students in planning for transitions and goal setting.
- Create opportunities for students to monitor their progress toward goals and develop plans for sharing this information with teachers and parents.
- Teach students how to explain their needs to others and to become effective self-advocates.
- Teach effective study strategies, such as time management, note taking, study skills and test-taking strategies.
- Explore assistive technology for learning supports.
- Encourage students to begin exploring career interests.

## MYTH

AD/HD is only a childhood disorder.

## FACT

AD/HD occurs in both children and adults. Most children with AD/HD continue to show significant signs of restlessness and distractibility into adolescence and adulthood, although often the characteristics change as an individual grows up. For instance, hyperactivity and impulsivity may decrease, and the ability to attend may increase. As well, many adolescents and adults learn strategies to help them compensate for their challenges with attention and appear to have “overcome” or “outgrown” their AD/HD. Adults may experience other symptoms, such as emotional issues (e.g., mood swings, stress intolerance) because of their attention issues.

### During the senior high school years

Planning for transitions during the senior high school years generally focuses on the move to post-secondary education and/or employment and independent living. Students need to begin to narrow choices and select post-secondary and career alternatives based on their interests, preferences, needs, strengths and abilities.

## FYI

For more information on helping students make transitions to post-secondary studies, visit the Alberta Learning Information Service (ALIS) Web site at [www.alis.gov.ab.ca/main.asp](http://www.alis.gov.ab.ca/main.asp) and download copies of the *Planning for Post-Secondary Studies* workbooks for students and parents.

## SAMPLE STRATEGIES

### ■ Support the planning for transitions process during senior high school years

- Assess students’ academic preparation, self-advocacy skills, technical skills, social skills and independent living skills.
- Help students and their families explore and think about the differences and similarities between high school, post-secondary and workplace settings.
- Help students and their families match career interests with post-secondary training.
- Encourage students to research entrance requirements for post-secondary institutions.

- Encourage students to research the types of supports, accommodations and assistive technologies available to students with AD/HD in post-secondary institutions.
- Provide students and their families with information about agencies or community-based programs that support young adults with AD/HD, such as Alberta Human Resources and Employment and local chapters of Children and Adults with Attention Deficit Disorder (CHADD).
- Discuss the benefits of volunteer experiences and paid employment in helping students explore career interests and develop marketable skills.

FYI

The Alberta Education resource *Building on Success: Helping Students Make Transitions from Year to Year* contains practical information and sample tools for creating a student profile to share information about an individual student's strengths, abilities and learning needs. To download the resource at no cost, visit [www.education.gov.ab.ca/k\\_12/specialneeds/resource.asp](http://www.education.gov.ab.ca/k_12/specialneeds/resource.asp).



# Keeping Informed

*“If you do not ask the right questions, you do not get the right answers. A question asked in the right way often points to its own answer.”*

– Edward Hodnett

Information about AD/HD is constantly changing. Research publications, popular press and Web sites present new information every day. The more information classroom teachers have about the nature, effects and treatments of AD/HD, the more able they will be to have a positive impact on students. In order to get the most out of the information, teachers need to know what questions to ask, where to look for answers, who to contact and how to assess the reliability of information sources.

## Choosing issues to research

Seek information on a diversity of topics, from instructional strategies to alternative treatments. Try brainstorming a list of possible issues. For example, what are key signs of AD/HD? How does AD/HD affect learning and behaviour? What are the controversial issues? Are some treatments more credible than others? Write down questions and use them as a starting point for research.

Narrow the question by first making a list of general issues or questions and then paring down the issues to the most important ones. Try to specify exactly what the key question is. For example:

- How do AD/HD characteristics affect the choice of instructional strategies?
- How might this student benefit from assistive technology for learning?
- What are some ways to support this student's reading and writing skills?
- What is the relationship between the student's learning disability and his or her AD/HD symptoms?

## Finding information

- People can be excellent resources. People to consider include colleagues, community agencies, professionals in the field and librarians.
- Print resources can provide a variety of information. Newspapers, magazines and periodicals are accessible and current sources for general information. Your local library's copy of the *Reader's Guide to Periodical Literature* or the *Canadian Periodical Index* will provide the names of relevant publications. Other printed material—such as books, pamphlets, annual reports and newsletters from relevant organizations—can provide information of a general nature that may help to direct your inquiry. For a list of books for teachers, see Appendix B-3 and the bibliography on pages 165–170.
- Television, video and other digital resources provide information on both general and specific topics and issues related to AD/HD.

B-3

## Using the Internet

The Internet has a huge amount of information about almost every topic imaginable. The cautionary note to any user of the Internet is that you must check the reliability of the source. Online resources are often linked through a library's home page to other virtual online resources; going from the library's Web site out into the Internet can save time and ensure more reliability.

Internet services include the World Wide Web, chat rooms, live events using video and audio, mailing lists, newsgroups, Web forums and e-mail to write to your contacts.

A search engine is an index of information on the Internet. Search engines conduct searches using keywords. The best way to choose the word or words to use is to select the rarest word in the phrase. For example, instead of typing “types of AD/HD medication,” you would simply use “AD/HD medication” for the search.

The following is a list of commonly-used search engines.

- [www.google.com](http://www.google.com)
- [www.ask.com](http://www.ask.com)
- [www.altavista.com](http://www.altavista.com)
- [www.excite.com](http://www.excite.com)
- [www.beaucoup.com](http://www.beaucoup.com)
- [www.yahoo.com](http://www.yahoo.com)
- [www.journalismnet.com](http://www.journalismnet.com)
- [www.dogpile.com](http://www.dogpile.com) (presents information taken from a number of search engines)

Different search engines access different areas of the Web, so use three or four different ones.

Consider accessing media sites, such as [www.cbc.ca](http://www.cbc.ca), [www.bbc.co.uk](http://www.bbc.co.uk) and [www.cnn.com](http://www.cnn.com).

## Evaluating Internet information

Anyone can set up a Web site and offer information. Because of the range of material available on the Internet, from fiction to opinion to fact, it is up to the user to evaluate the source of information. It is essential to assess the author’s credentials and the quality of the publication or Web site, determine if the material has been reviewed before publication, and consider the comprehensiveness and the tone of the material.

## Checking reliability of sources

Use the 4Ws + H to evaluate the source of information. Consider the following questions.

- **Who** is the author? Where does the author work? At a recognized institution or government? Have other people mentioned the author? For Web sites, is the author or organization clearly stated?

- **What** is the purpose of the source? Who is the audience? Is the information factual or propaganda—does the author use facts or emotions to get the point across? Is the purpose of the Web site to sell or promote a product or service?
- **When** was the material created? For print material, check the publication date and whether this is a first edition or a revision of the material. For a Web site, check whether links still work and look at the last time the site was updated. Older material may present information and statistics that are out-of-date.
- **Where** was the source published or created? Is the publisher or journal reputable? Is the journal reviewed? Books or periodicals that are self-published may have a hidden agenda. For Web sites, certain domain names may indicate a greater reliability. For example, the ending “.edu” signifies an American university and “.gov” is reserved for the Canadian government, both of which are reliable sources.
- **How** can I tell if the source is accurate? Double-check sources by comparing the facts and ideas presented in them to those presented in other sources. Consider whether the source might be biased or uninformed. Authors or Web sites might be speaking about something that is beyond their level of expertise. They may have used unreliable sources in the first place and passed this information on to you. Or they may have hidden agendas; for example, they may be trying to sell you a product. If the material is a book, look for a review of the book to determine how others have assessed it.

### Comparing sources

The more information you have on a topic, the better your understanding of the issue will be. As a general guideline, try to gather information from at least three sources. Some of the information may be contradictory or not provide support. With controversial issues where people have taken sides, it is up to you to determine if the research is reliable and if it supports research conclusions.

### Evaluating medical information<sup>27</sup>

It is important to approach media reports of medical advances with some healthy scepticism. The following questions will assist in evaluating reports of health care options.

- What is the source of the information?
- Who is the authority?

27. Adapted from Children and Adults with Attention Deficit/Hyperactivity Disorder, “Complementary and Alternative Treatments,” What We Know Information Sheet #6, *National Resource Centre on AD/HD*, October 2003, [www.help4adhd.org/documents/WWK6.pdf](http://www.help4adhd.org/documents/WWK6.pdf) (Accessed May 2006).

- Who funded the research?
- Is the finding preliminary or confirmed?

In addition, ask the following questions about AD/HD treatments that are reported in the media or elsewhere.

- Have clinical trials (scientific tests of the effectiveness and safety of a treatment using consenting human subjects) been conducted regarding the approach? What are the results?
- Can the public obtain information about the approach from the National Institute of Mental Health's National Center for Complementary and Alternative Medicine (NCCAM) (<http://nccam.nih.gov>)?
- Is there a national organization of practitioners? Are there licensing and accreditation requirements for practitioners of this treatment?
- Is the treatment reimbursed by health insurance?

## Contacting community agencies and associations

Associations and community agencies can be a good source of information and resources. Make contact by phone, e-mail or letter to find out more about their services or ask for specific information. Some agencies to contact include:

- CHADD—Children and Adults with Attention Deficit Disorder (national and local chapters)
- Learning Disabilities Association (national, provincial and local chapters)
- Calgary Learning Centre.

## Ongoing search

Teaching, like learning, is a journey that does not end. This resource provides current information classroom teachers can use to support students with AD/HD, but it is just a starting point. Ensuring students with AD/HD are successful learners requires that teachers continually increase their knowledge, share their expertise and build collaborative relationships with students, parents and professionals working with these students.



# Appendices

## Appendix A: Sample Tools

1. Sample Individualized Program Plan (IPP)
2. Solution-focused Meetings and Sample Planner
3. Checklist for Spotting Unproven Remedies
4. Daily Report
5. How “Listener Friendly” is My Teaching?
6. Reading Strategies Survey
7. Preview Your Textbook
8. Knowing My Strengths and Challenges
9. What Works for Me Inventory
10. Strategies to Support Reading and Writing
11. Strategies to Support Attention and Memory Difficulties
12. Reviewing the Effectiveness of a Support Strategy
13. Individual Student Support Plan
14. Know Your Own Strengths Inventory
15. Uncover Your Learning Challenges Inventory
16. K–W–L+ About AD/HD
17. Be Your Own Self-advocate
18. Asking for Help Ticket
19. Goal-setting Organizer

## Appendix B: Recommended Books from Calgary Learning Centre

1. Recommended Books for Children and Youth about AD/HD
2. Recommended Books for Parents about AD/HD
3. Recommended Books for Teachers about AD/HD



## Sample Individualized Program Plan

Individualized Program Plan	
<b>Student Information</b>	
<b>Student:</b> Lee Anystudent	<b>Age as of Sept. 1/OX:</b> 10 years, 4 months
<b>Date of Birth:</b> April 22, 199X	<b>Date I.P.P. Created:</b> September 200X
<b>Parents:</b> Joe and Joan Anystudent	<b>Phone #:</b>
<b>Grade:</b> 5	<b>Eligibility:</b> Mild/moderate learning disability
<b>Background Information: Classroom context</b>	
<b>School:</b> Anyschool Elementary	
<b>I.P.P. Coordinator and Classroom Teacher:</b> Mrs. Anyteacher	
<b>Additional IPP Team Members:</b> Ms. Anyresource, Special Education Coordinator	
Lee is in a Grade 5 program in his neighbourhood school. There are currently 22 students in his grade 4/5 classroom; three have been identified as having special education needs. A special education coordinator in the school provides consultation to the classroom teacher, on an as-needed basis.	
<b>Background Information: Parental input and involvement</b>	
<p>October 8 – Parents met with Mrs. Anyteacher to talk about Lee’s goals for the year. His parents agreed to use paired reading at home and the team decided to concentrate on increasing quality and quantity of writing during class time. Lee demonstrated his new electronic spell check. Parents expressed concerns that in previous years Lee often had 2–3 hours of incomplete classroom work to do as homework and this put a great deal of stress on the family. The team agreed to work on a goal for completing in-class assignments and responding to teacher’s cues.</p> <p>November 12 – At a student-led conference, Lee showed his portfolio collection of planning tools for writing and he read a self-selected passage from a science reference book he is using for a current research project. Parents congratulated him on his progress and discussed additional study strategies they can try next term. The low-key cueing is working and, by responding to teachers’ prompts to return to tasks, Lee has increased percentage of assignments successfully completed.</p> <p>March 12 – Parents reviewed writing samples and are pleased Lee is writing more and is using descriptive sentences and more precise vocabulary. They report that Lee is still enjoying the paired reading four nights a week and their family is learning a lot about exotic animals through the reading.</p> <p>June 12 – Had a telephone conference with mom to review final reading scores and progress in writing. She committed to having Lee join the Public Library’s summer reading club. She also commented that the family is feeling confident about Lee’s move to middle school. She and Lee will be meeting with new teachers in late August to discuss strategies around teacher cueing and completing in-class assignments.</p>	

## Sample IPP - Lee

(continued) page 2/7

Strengths		
<ul style="list-style-type: none"> <li>– Enjoys working and socializing with other students, has many friends</li> <li>– Likes to build things, especially in science</li> <li>– Comfortable with the computer, can find all kinds of interesting sites on the Internet</li> <li>– Excels in sports—swimming and mountain-biking</li> <li>– Enjoys soccer at recess but occasionally loses his cool with other players</li> </ul>		
Areas of Need		
<ul style="list-style-type: none"> <li>– Strategies to improve reading comprehension across the subject areas, but especially for social studies</li> <li>– Planning, writing and proofreading strategies to increase quality and quantity of written expression</li> <li>– Support to return to task and complete in-class assignments (using low-key teacher cueing)</li> <li>– Lee’s accommodations need to be in place across the school day and with all teachers, including substitute teachers</li> </ul>		
Medical Conditions that Impact Schooling		
<p>Lee was diagnosed with AD/HD (combined type) at Anywhere Clinic in November 200X. He is currently on slow-release stimulant medication (taken at home in the a.m.)</p>		
Assessment Data (Specialized Assessment Results)		
Date	Test	Results
May 200X University of Anywhere Clinic Dr. Anyone, psychologist	WISC-IV	Full score: average (slightly below average on working memory index)
May 200X University of Anywhere Clinic Dr. Anyone, psychologist	WIAT-II	Reading: borderline Mathematics: average Written language: borderline Oral language: average  Moderate learning disability in the areas of reading and written expression

**Sample IPP - Lee**  
(continued) page 3/7

Current Level of Performance and Achievement	Year-end Summary
<p><b>September</b></p> <ul style="list-style-type: none"> <li>• Grade 4 report card indicates Lee is working at grade level in math and science</li> <li>• Burns and Roe Informal Reading Inventory indicates he is reading independently with Grade 3 level text</li> <li>• Reading level affects social studies and Lee needs support to complete grade-level assignments</li> <li>• Writing sample indicates low output (e.g., less than 20 words in 30-minute September writing sample), no evidence of planning, writing vocabulary tends to be general and he lacks detail in his writing, about 60% spelling accuracy</li> <li>• Grade 4 teacher indicated that Lee completed less than 30% of in-class assignments and often had to take home incomplete assignments for homework</li> </ul>	<p><b>June</b></p> <ul style="list-style-type: none"> <li>• Continues to work at grade level in math and science, with minimal support.</li> <li>• Although Lee’s reading fluency is still below grade level, his comprehension has improved and he is using self-questioning strategies, especially when reading high-interest scientific information. He will need additional strategies for more complex narrative material in Grade 6.</li> <li>• Using his new reading strategies have helped Lee maintain a C average in social studies. He is receiving occasional support with note taking, test taking and completing written longer assignments.</li> <li>• Although longer writing assignments remain a challenge for Lee, output has increased (e.g., June’s sample was 80 words in 30 minutes), he’s using planning tools when prompted, writing vocabulary is more specific and he’s attempting to provide more detail, and spelling accuracy has increased to about 70%. Now that several other students in the class are using a spell check, he is more willing to use his.</li> <li>• With systematic teacher prompting, Lee is returning to task and completing 75% of in-class assignments.</li> </ul>
<p><b>Coordinated Support Services</b></p>	
<ul style="list-style-type: none"> <li>– Lee, supported by his parents, attended six-part series on managing AD/HD at Anywhere Community Services (November 200X).</li> <li>– Lee is in good health at this time and does not require additional coordinated health services.</li> </ul>	

**Sample IPP - Lee**  
(continued) page 4/7

<b>Goal #1</b>		
<b>Long-term Goal:</b> Lee will independently read and demonstrate understanding of selected Grade 4 level reading passages.		
<b>Short-term Objectives</b>	<b>Assessment Procedures</b>	<b>Progress Review</b>
By November 15 Lee will read and understand selected mid-Grade 3 level reading passages.	Two selected reading passages at mid-Grade 3 level and five comprehension questions	November 10 <i>Achieved.</i> Lee is independently reading material at the mid-Grade 3 level.
By March 15 Lee will read and understand selected end-of-Grade 3 level reading passages.	Two selected reading passages at end-of-Grade 3 level and five comprehension questions	March 12 <i>Achieved.</i> Lee is doing even better than his objective; he is independently reading material at the early-Grade 4 level, especially factual material.
By June 30 Lee will read and understand selected early-Grade 4 level reading passages.	Burns and Roe Informal Reading Inventory (Form B)	June 15 <i>Achieved.</i> Lee is reading independently at the early-Grade 4 level (and even higher if the material is especially interesting to him).
<p><b>To assess progress toward long-term goal</b> Burns and Roe Informal Reading Inventory Form A (September), Form B (June)</p> <p><b>Accommodations and strategies to support objectives</b> Teach strategies for using textbook features, visualization skills and self-questioning to improve comprehension and encourage at-home paired reading, 20 minutes/4 evenings a week</p>		

**Sample IPP - Lee**  
(continued) page 5/7

<b>Goal #2</b>		
<b>Long-term Goal:</b> Lee will generate at least 20 sentences at Grade 5-level expectations within allotted time for written assignments.		
<b>Short-term Objectives</b>	<b>Assessment Procedures</b>	<b>Progress Review</b>
<p>By November 15</p> <p>Lee will complete a Splashdown or list of key words of at least 15 items as a plan for at least two monthly writing samples.</p>	<p>Collect three monthly writing samples and evaluate with grade-level rubric.</p>	<p>November 12</p> <p><i>Achieved.</i> Lee prefers to use key words and he completed plans for monthly writing samples.</p>
<p>By March 15</p> <p>Lee will use a planning tool to generate at least 15 ideas and use these ideas to write at least 12 sentences within allotted class time for at least three monthly writing samples.</p>	<p>Collect three monthly writing samples and evaluate with grade-level rubric.</p>	<p>March 10</p> <p><i>Progressing.</i> Completed writing samples indicate that Lee prefers working with facts and information, and has more difficulties working with opinions and personal responses.</p>
<p>By June 30</p> <p>Lee will independently generate at least 15 ideas and use these ideas to write at least 20 sentences within allotted class time for at least three monthly writing samples.</p>	<p>Collect three monthly writing samples and evaluate with grade-level rubric.</p>	<p>June 15</p> <p><i>Achieved.</i> Monthly writing samples are at least 20 sentences long and completed within allotted time.</p>
<p><b>To assess progress toward long-term goal</b></p> <p>Monthly writing sample with grade-level rubric, word count and spelling accuracy percentage</p>		
<p><b>Accommodations and strategies to support objectives</b></p> <p>Customize graphic organizers for planning writing. Encourage use of electronic spell check in all major written assignments.</p>		

### Sample IPP - Lee (continued) page 6/7

Goal #3		
Long-term Goal: Lee will complete 80% of in-class assignments by responding quickly and positively to teacher prompts to return to task.		
Short-term Objectives	Assessment Procedures	Progress Review
<p>By November 15</p> <p>Lee will return to task 80% of the time within one minute when cued by teacher using:</p> <ul style="list-style-type: none"> <li>• sentence</li> <li>• gesture; e.g., hand on head</li> <li>• proximity; e.g., near Lee's desk</li> <li>• plus one verbal reminder (if needed).</li> </ul> <p>This increase in on-task behaviour will result in him completing 60% of in-class assignments.</p>	<ul style="list-style-type: none"> <li>• Use checklist on desk to track successful "return to task." Teacher will prompt Lee "Give yourself a check"</li> <li>• Criteria: 3 consecutive days of 80% of returning to task within one minute</li> <li>• Teacher to record and share data with Lee and parents on % of weekly in-class assignments completed</li> </ul>	<p>November 12</p> <p><i>Achieved.</i> Lee is returning to task approximately 90% of prompts. Is completing approximately 70% of in-class assignments.</p>
<p>By March 15</p> <p>Lee will return to task 80% of the time within one minute when cued by teacher using:</p> <ul style="list-style-type: none"> <li>• gesture</li> <li>• proximity.</li> </ul> <p>This increase in on-task behaviour will result in him completing 70% of in-class assignments.</p>		<p>March 10</p> <p><i>Achieved.</i> Lee is returning to task approximately 90% of prompts. Is completing approximately 70% of in-class assignments.</p>
<p>By June 15</p> <p>Lee will return to task 80% of the time within one minute when cued by teacher using low-key gesture. This increase in on-task behaviour will result in him completing 80% of in-class assignments.</p>		<p>June 15</p> <p><i>Achieved.</i> Lee is returning to task almost 100% of the time, with minimal prompting. In-class assignment completion is about 75%.</p>
<p><b>To assess progress toward long-term goal</b></p> <ul style="list-style-type: none"> <li>• Daily checklists of responses to teacher prompts (recorded by student)</li> <li>• % of weekly assignments completed (recorded by teacher)</li> </ul> <p><b>Accommodations and strategies to support objectives</b></p> <ul style="list-style-type: none"> <li>• Lee and teachers agree on cues</li> <li>• Cues and reminders phrased in friendly language designed to encourage and engage Lee in task</li> <li>• Look for ways to reduce writing for in-class assignments</li> </ul>		

## Sample IPP - Lee

(continued) page 7/7

### Planning for Transition

Lee will be moving to a middle school next year and he will need to be ready for:

- longer and more complex written assignments
- increased expectations for note taking during class
- longer and more complex unit tests
- increased reading demands including managing varied formats and types of material
- increased responsibility for organizing and managing materials and information.

These skills will be part of regular classroom instruction throughout the year and we will also look for additional strategies to help Lee manage these new demands.

Lee's mother also reports that Lee tends to have difficulties when substitute teachers replace the regular classroom teacher. Mrs. A. will look at some possible social scripts that might help Lee manage these situations more positively.

Lee and his parents will meet with new teachers in late August to discuss strategies for completing assignments.

### Signatures

I understand and agree with the information contained in this Individualized Program Plan.

\_\_\_\_\_

Parents

\_\_\_\_\_

Date

\_\_\_\_\_

IPP Coordinator/Teacher

\_\_\_\_\_

Date

\_\_\_\_\_

Principal

\_\_\_\_\_

Date

For a blank template of this IPP form, see  
[www.education.gov.ab.ca/k\\_12/specialneeds/ipp/ipp1bword.asp](http://www.education.gov.ab.ca/k_12/specialneeds/ipp/ipp1bword.asp).

## Solution-focused Meetings

Solution-focused meetings can be an effective way to resolve particularly difficult situations, or when it is important to promote communication among all learning team members. Ensuring input from all members of the learning team in an open, honest and respectful manner will contribute to increased commitment to the IPP process by teaching staff, parents and the student.

A solution-focused meeting uses a process such as the following.

1. One member of the learning team agrees to act as the facilitator for the meeting. This individual needs to be positive, attentive, task-oriented, and have the ability to clarify issues and summarize. It is also important that the facilitator help each team member stay on topic and work toward appropriate, practical solutions.
2. The facilitator begins the meeting by inviting the learning team member who initiated the meeting to state clearly and concisely what the concern is. It is important to find out specifically what the team member wants to happen as a result of this meeting.
3. The team members ask questions to clear up any uncertainties they may have as to exactly what the issue is or what the related circumstances are. The facilitator may need to encourage team members to look for factors that appear to trigger or contribute to the problem, and to identify and analyze conditions that seem to alleviate the problem. As part of this analysis, team members may also identify the strengths of the student and available resources.
4. Once the problem or issue is clearly defined, the learning team uses a round table brainstorming session to generate suggestions for how the problem may be solved. All ideas are recorded on chart paper. It is important at this stage of the process to let ideas flow freely and not to comment directly on any one idea.
5. The facilitator and the referring teacher review the strategies together and then rate each suggestion by assigning a number value to it.

For example:

- 1 = an idea or strategy that the teacher and/or parent wants to try
  - 2 = an idea or strategy that has merit, but is not a priority
  - 3 = an idea or strategy that has already been tried and didn't seem to resolve the issue
  - 4 = an idea or strategy not immediately practical at this time.
6. The learning team develops an action plan for each strategy selected, including materials and resources required, persons responsible, and dates for follow-up and review.
  7. The facilitator closes the meeting by thanking everyone and asking for feedback on the process. The team generally agrees to meet for a progress review in four to six weeks.

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Adapted with permission from Gordon L. Porter et al., "Problem Solving Teams: A Thirty-Minute Peer-Helping Model," in Gordon L. Porter and Diane Richler (eds.), *Changing Canadian Schools: Perspectives on Disability and Inclusion* (North York, ON: The Roeher Institute, 1991), pp. 224, 225, 226, 227, 228.

(Solution-focused Meetings continued)

## Sample Planner for Solution-focused Meeting

Date \_\_\_\_\_

Referring learning team member \_\_\_\_\_

Learning team members participating in meeting

_____	_____
_____	_____
_____	_____

Student name \_\_\_\_\_

A. Key concern

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. What we would like to see happen/change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Description of student's strengths and priority areas of need

Strengths	Areas of need	Other resources

D. Potential strategies

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

What can make this happen?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. Follow-up meeting

## Checklist for Spotting Unproven Remedies

### Consider what it claims to do.

Suspect an unproven remedy if it:

- claims to work for everyone with AD/HD and other health problems. No treatment works for everyone
- uses only case histories or testimonials as proof. It is essential that promising reports from individuals using a treatment be confirmed with systematic, controlled research
- cites only one study as proof. One can have far more confidence in a treatment when positive results have been obtained in multiple studies
- cites a study without a control (comparison) group. Testing a treatment without a control group is a necessary first step in investigating a new treatment, but subsequent studies with appropriate control groups are needed to clearly establish the effectiveness of the intervention.

### Consider how safe it might be.

Suspect an unproven remedy if it:

- comes without directions for proper use
- does not list contents
- has no information or warnings about side effects
- is described as harmless or natural.

Remember, most medication is developed from “natural” sources, and that “natural” does not necessarily mean harmless.

### Consider how it is promoted.

Suspect an unproven remedy if it:

- claims to be based on a secret formula
- claims to work immediately and permanently for everyone with AD/HD
- is described as “astonishing,” “miraculous” or an “amazing breakthrough”
- claims to cure AD/HD
- is available from only one source
- is promoted only through infomercials, self-promoting books or by mail order
- claims that the particular treatment is being suppressed or unfairly attacked by the medical community.

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Adapted from Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD), “Complementary and Alternative Treatments,” What We Know Information Sheet #6, *National Resource Center on AD/HD*, October 2003, [www.help4adhd.org/documents/WWK6.pdf](http://www.help4adhd.org/documents/WWK6.pdf) (Accessed April 2006).

## Daily Report

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Circle the numbers that best describe how the student demonstrates this behaviour today.

	Wonderful!	Satisfactory	Needs improvement
Brings all needed supplies and books to class	3	2	1
Follows directions	3	2	1
Starts to work with minimal prompting	3	2	1
Interacts positively with peers	3	2	1
Responds positively to teacher requests	3	2	1
Student signature: _____			
Teacher signature: _____			
Parent signature: _____			
Comments:			
<p>Today's in-class performance:</p> <input type="checkbox"/> was wonderful! <input type="checkbox"/> was satisfactory <input type="checkbox"/> needs improvement			

## How “Listener Friendly” is My Teaching?

Review the strategies below and mark the column that *best fits your current practice* for helping students to focus on what’s important in the learning activity.

	<i>I do this</i>	<i>Need improvement</i>
1. I reduce distractions for my students (e.g., close the door, move student near the front and away from windows).	<input type="checkbox"/>	<input type="checkbox"/>
2. I clearly communicate my expectations of the students during the class.	<input type="checkbox"/>	<input type="checkbox"/>
3. I provide students with an advanced organizer, outline or listening guide (e.g., highlight major concepts, provide space for notes) at the beginning of class to alert them to what will be addressed in the learning activities.	<input type="checkbox"/>	<input type="checkbox"/>
4. My instructional plan follows the advanced organizer, outline or listening guide.	<input type="checkbox"/>	<input type="checkbox"/>
5. I consistently review and encourage recall of previously presented information (e.g., summarize, question, provide time to review previous notes and handouts).	<input type="checkbox"/>	<input type="checkbox"/>
6. I use cue words and phrases to signal important information (e.g., “ <i>In summary ...</i> , <i>Note the following ...</i> , <i>Pay attention to ...</i> , <i>Record this important fact ...</i> , <i>This is important ...</i> , <i>Listen carefully</i> ”).	<input type="checkbox"/>	<input type="checkbox"/>
7. I use transitional phrases to cue and signal the organization of information (e.g., “ <i>first, second, third; next; before/after; finally</i> ”).	<input type="checkbox"/>	<input type="checkbox"/>
8. I highlight important information by using bold, italics and different coloured text.	<input type="checkbox"/>	<input type="checkbox"/>
9. I vary my volume, tone of voice and rate of speech to emphasize important ideas and concepts.	<input type="checkbox"/>	<input type="checkbox"/>

This appendix adapted with permission from Calgary Learning Centre (Calgary, Alberta, 1995).

## How “Listener Friendly” is My Teaching?

(continued) page 2/2

	<i>I do this</i>	<i>Need improvement</i>
10. I present information in many different ways (e.g., demonstration, lecture, discussion, videotapes, small group work, overhead projector, lectures with presentation software).	<input type="checkbox"/>	<input type="checkbox"/>
11. I repeat important ideas and concepts by rephrasing and using multiple examples.	<input type="checkbox"/>	<input type="checkbox"/>
12. I write important ideas, key concepts and vocabulary on the blackboard or overhead transparency.	<input type="checkbox"/>	<input type="checkbox"/>
13. I use visual aids and objects to support the concepts and information that is presented (e.g., pictures, diagrams, maps, manipulatives, graphic organizers, overhead projector).	<input type="checkbox"/>	<input type="checkbox"/>
14. I provide examples and nonexamples of concepts.	<input type="checkbox"/>	<input type="checkbox"/>
15. I “talk comprehension,” demonstrate “thinking aloud” and frequently check for understanding (e.g., ask questions during the class, encourage students to ask questions during and after a presentation, encourage students to relate new information to old).	<input type="checkbox"/>	<input type="checkbox"/>
16. I provide students with opportunities to discuss concepts with a partner or small group.	<input type="checkbox"/>	<input type="checkbox"/>
17. I provide time for reflection at the end of the class (e.g., review important ideas, summarize, ask questions, self-evaluate).	<input type="checkbox"/>	<input type="checkbox"/>
18. I briefly review the important concepts at the end of an activity and preview what will be happening next class.	<input type="checkbox"/>	<input type="checkbox"/>

## Reading Strategies Survey

Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Usually	Sometimes	Never
1. I study the title and pictures or photographs, and try to predict what the selection is about.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I try to predict what is going to happen next in the selection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I break new words into familiar chunks in order to pronounce words properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I think about movies, TV shows or books that might be similar in some way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I study the illustrations, photographs or diagrams for information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I reread when I don't understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I imagine myself right in the story.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I conference with others to clear up confusing parts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I think about how the story is like something I have experienced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I try to figure out the main idea of the selection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I try retelling the story in my head.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I look up new words in the dictionary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I self-correct when I mispronounce a word.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I ask questions about what I read.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I change my reading rate to adjust for the task or text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This appendix reproduced with permission from Edmonton Public Schools, "AISI Middle Literacy Project" (Edmonton, Alberta, 2001).

**Reading Strategies Survey**

(continued) page 2/2

16. How has your reading changed this year?

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17. What strategy helps you the most when reading?

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18. What do you need to continue to work on?

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## Preview Your Textbook

Student Name: \_\_\_\_\_

Title: \_\_\_\_\_

Publishing Date: \_\_\_\_\_

### How is the book organized?

	Yes	No
Chapter introduction	<input type="checkbox"/>	<input type="checkbox"/>
Chapter summaries	<input type="checkbox"/>	<input type="checkbox"/>
Case studies	<input type="checkbox"/>	<input type="checkbox"/>
Sidebars	<input type="checkbox"/>	<input type="checkbox"/>
Words in bold print or colour	<input type="checkbox"/>	<input type="checkbox"/>
Italics	<input type="checkbox"/>	<input type="checkbox"/>
Discussion questions	<input type="checkbox"/>	<input type="checkbox"/>
Web links	<input type="checkbox"/>	<input type="checkbox"/>
Glossary	<input type="checkbox"/>	<input type="checkbox"/>
Index	<input type="checkbox"/>	<input type="checkbox"/>

### What kinds of visuals does the author use?

	Yes	No
Illustrations	<input type="checkbox"/>	<input type="checkbox"/>
Photos	<input type="checkbox"/>	<input type="checkbox"/>
Diagrams	<input type="checkbox"/>	<input type="checkbox"/>
Maps	<input type="checkbox"/>	<input type="checkbox"/>
Graphs	<input type="checkbox"/>	<input type="checkbox"/>
Charts	<input type="checkbox"/>	<input type="checkbox"/>
Tables	<input type="checkbox"/>	<input type="checkbox"/>
Bulleted lists	<input type="checkbox"/>	<input type="checkbox"/>
Icons	<input type="checkbox"/>	<input type="checkbox"/>
Web link icons	<input type="checkbox"/>	<input type="checkbox"/>

Other special features the author uses to aid understanding:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Look over the table of contents and write six questions that this book will explore.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Adapted with permission from Edmonton Public Schools, *Think Again: Thinking Tools for Grades 6–10* (Edmonton, AB: Resource Development Services, Edmonton Public Schools, 2003), p. 168.

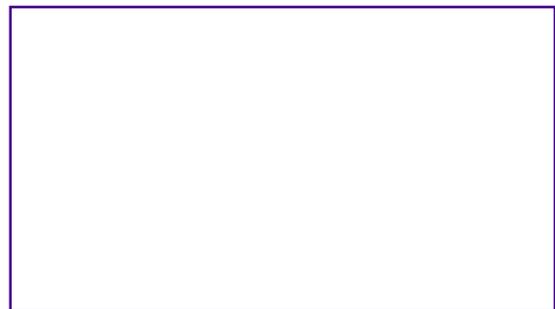
## Knowing My Strengths and Challenges

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Learning Strengths	Learning Challenges

List five things you are good at doing outside of school and draw a picture in the box of one of these strengths.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



## What Works for Me Inventory

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### A. How I look after myself

- How much sleep do I need? \_\_\_\_\_
- What kind of food makes me feel the most alert? \_\_\_\_\_
- What snacks are good energy sources? \_\_\_\_\_
- What times of the day do I need to eat? \_\_\_\_\_
- What time of the day do I have the most energy? \_\_\_\_\_
- What time of the day do I have the least energy? \_\_\_\_\_
- What type of exercise makes me feel energized? \_\_\_\_\_
- What kinds of activities help me relax? \_\_\_\_\_

### B. Tools that help me learn

- What writing tool works best for me (type of pen, pencil, colour of ink)? \_\_\_\_\_
- What kind of paper helps me keep organized (wide-ruled, unlined, wide margins, prepunched)? \_\_\_\_\_
- What colour paper do I find the easiest to read? \_\_\_\_\_
- What binder system works for me? \_\_\_\_\_
- What other supplies help me keep organized; e.g., white-out, sticky notes, ruler?  
\_\_\_\_\_
- What calculator works best for me; e.g., size, features? \_\_\_\_\_
- What spell checker works best for me? \_\_\_\_\_
- What is my favourite dictionary? \_\_\_\_\_
- What other reference books help me learn? \_\_\_\_\_
- What computer programs are helpful to my learning? \_\_\_\_\_

### C. In the classroom

- What seat in the classroom works best for me? \_\_\_\_\_
- What do I read best from?  
\_\_\_ chalkboard \_\_\_ overhead \_\_\_ projector \_\_\_ chart paper \_\_\_ my own copy
- Does the colour of ink (or chalk) make a difference? \_\_\_\_\_
- Does the type of printing (printed, handwritten or typed) make a difference?  
\_\_\_\_\_
- Does the size and spacing of print make a difference? \_\_\_\_\_

This appendix adapted from Alberta Learning, *Make School Work for You: A Resource for Junior and Senior High Students Who Want to be More Successful Learners* (Edmonton, AB: Alberta Learning, 2001), pp. 85–86.

## What Works for Me Inventory

(continued) page 2/2

D. Rank in order from 1 to 12 the most effective directions for you:

- teacher explains aloud
- teacher writes directions on the board
- teacher does example on the board
- teacher asks another student to demonstrate
- teacher asks all students to try a sample at their desks
- I read the directions while the teacher reads them
- I read the directions on my own
- teacher shows me at my desk
- another student explains a second time and answers my questions
- I watch what another student does
- I try it on my own and then check with the teacher
- I try it on my own and then compare with another student

E. Tricks I use to keep myself organized:

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F. Tricks I use to keep myself focused and on task in class:

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G. Special things that teachers can do to help me learn:

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## Strategies to Support Reading and Writing

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Completed by \_\_\_\_\_

Reading Comprehension Strategies	Written Expression Strategies	Print and Handwriting Strategies
<ul style="list-style-type: none"> <li><input type="checkbox"/> Use less difficult/alternative reading material</li> <li><input type="checkbox"/> Identify/define words prior to reading</li> <li><input type="checkbox"/> Reduce amount of reading required</li> <li><input type="checkbox"/> Set time limits for specific task completion</li> <li><input type="checkbox"/> Enlarge text of worksheets, reading material and tests</li> <li><input type="checkbox"/> Limit words on a page</li> <li><input type="checkbox"/> Extend time to complete assignments</li> <li><input type="checkbox"/> Read directions several times at start of assignments and tests</li> <li><input type="checkbox"/> Provide additional repetition and guided practice of directions, skills and concepts</li> <li><input type="checkbox"/> Use assistive technology for learning such as text-to-speech software</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Reduce volume or requirements for written work; e.g., by accepting an outline or point-form notes</li> <li><input type="checkbox"/> Break long-term assignments into manageable tasks</li> <li><input type="checkbox"/> Extend timelines for completing assignments</li> <li><input type="checkbox"/> Offer alternative assignments</li> <li><input type="checkbox"/> Allow student to work on homework at school</li> <li><input type="checkbox"/> Use word processor to complete writing assignments</li> <li><input type="checkbox"/> Waive spelling, punctuation and paragraphing requirements</li> <li><input type="checkbox"/> Use assistive technology for learning such as electronic spell checkers, speech-to-text software</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Use assistive and adaptive devices to display written material such as:               <ul style="list-style-type: none"> <li>– pencil or pen adapted in size or grip diameter</li> <li>– alternative keyboard</li> <li>– portable word processor</li> <li>– slant boards and desktop easels</li> </ul> </li> <li><input type="checkbox"/> Set realistic and mutually agreed-upon expectations for neatness and organization</li> <li><input type="checkbox"/> Reduce or eliminate the need to copy from a text or board by:               <ul style="list-style-type: none"> <li>– providing copies of notes</li> <li>– permitting students to photocopy a peer's notes</li> <li>– providing carbon/NCR paper to a peer to make duplicate copy of notes</li> </ul> </li> <li><input type="checkbox"/> Extend time to complete assignments</li> <li><input type="checkbox"/> Alter the size, shape or location of the space provided for answers</li> <li><input type="checkbox"/> Accept keyword responses instead of complete sentences</li> <li><input type="checkbox"/> Allow student to type answers or to answer orally instead of in writing</li> </ul>

Adapted with permission from Calgary Learning Centre (Calgary, Alberta, 2002).

## Strategies to Support Attention and Memory Difficulties

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Completed by \_\_\_\_\_

Strategies to Support Attention Difficulties	Strategies to Support Memory Difficulties
<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide alternative seating               <ul style="list-style-type: none"> <li>– near teacher</li> <li>– facing teacher</li> <li>– at front of class, between well-focused students, away from distractions</li> </ul> </li> <li><input type="checkbox"/> Provide additional or personal work space (quiet area for study, extra seat or table, “time-out” spot, study carrel)</li> <li><input type="checkbox"/> Permit movement during class activities and testing sessions</li> <li><input type="checkbox"/> Provide directions in written form               <ul style="list-style-type: none"> <li>– on board</li> <li>– on worksheets</li> </ul> </li> <li><input type="checkbox"/> Set time limits for specific task completion</li> <li><input type="checkbox"/> Extend time to complete tests and assignments</li> <li><input type="checkbox"/> Use multiple testing sessions for longer tests</li> <li><input type="checkbox"/> Use place markers, special paper, graph paper or writing templates to help student maintain attention on task</li> <li><input type="checkbox"/> Provide cues (arrows, stop signs) on worksheets and tests</li> <li><input type="checkbox"/> Provide a quiet, distraction-free area for completing assignments and tests</li> <li><input type="checkbox"/> Allow student to wear noise buffer device such as headphones to screen out distracting sounds</li> <li><input type="checkbox"/> Provide checklists for longer, detailed assignments</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide a written outline</li> <li><input type="checkbox"/> Provide directions in written form               <ul style="list-style-type: none"> <li>– on board</li> <li>– on worksheets</li> </ul> </li> <li><input type="checkbox"/> Establish a specific routine for turning in completed assignments</li> <li><input type="checkbox"/> Provide checklists for longer, detailed assignments</li> <li><input type="checkbox"/> Read and discuss directions several times at start of exam</li> <li><input type="checkbox"/> Provide cues (arrows, stop signs) on worksheets and tests</li> <li><input type="checkbox"/> Allow student to use reference aids such as dictionaries, word processors or vocabulary cue cards</li> </ul>

Adapted with permission from Calgary Learning Centre (Calgary, Alberta, 2002).

## Reviewing the Effectiveness of a Support Strategy

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Completed by \_\_\_\_\_

**Type of support strategy** \_\_\_\_\_

1. Does the student want to use the strategy? \_\_\_\_\_
2. Does the student have easy access to all that is needed to use the strategy independently?  
\_\_\_\_\_
3. How often does the student access the strategy? \_\_\_\_\_
4. Can the student use the strategy independently? \_\_\_\_\_
5. Does the student require monitoring while using the strategy? \_\_\_\_\_
6. Does the strategy seem to be facilitating independence? How? \_\_\_\_\_  
\_\_\_\_\_
7. Is the strategy transferable to other classes/grades? \_\_\_\_\_
8. Is it improving the student's quality of learning? \_\_\_\_\_
9. Are there barriers to the use of the strategy? Specify. \_\_\_\_\_  
\_\_\_\_\_
10. What can be done to address the barriers? \_\_\_\_\_  
\_\_\_\_\_

Student's comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher's comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Individual Student Support Plan

Student Name: \_\_\_\_\_ Teacher-Advisor: \_\_\_\_\_

Homeroom: \_\_\_\_\_ Grade: \_\_\_\_\_

Current Reading Level: \_\_\_\_\_ Current Math Level: \_\_\_\_\_

Subject Teachers: \_\_\_\_\_  
 \_\_\_\_\_

The following is a list of strategies and supports that may assist in student learning. Only those checked pertain to this student. Please feel free to add any strategies that you have found to be helpful and to contact the teacher-advisor if you have questions or suggestions.

### A. Seating

- |   |   |
|---|---|
| <input type="checkbox"/> seat at front of class | <input type="checkbox"/> seat away from distractions            |
| <input type="checkbox"/> seat at back of class  | <input type="checkbox"/> allow student to stand rather than sit |
| <input type="checkbox"/> locate near teacher    | <input type="checkbox"/> provide alternate workspace            |

### B. Instructional Presentation

- |   |   |
|---|---|
| <input type="checkbox"/> adapt pace of lesson                         | <input type="checkbox"/> colour code print material           |
| <input type="checkbox"/> highlight key points of information          | <input type="checkbox"/> break information into smaller steps |
| <input type="checkbox"/> provide examples completed by other students | <input type="checkbox"/> photocopy notes                      |
| <input type="checkbox"/> provide regular review time in class         |   |

### C. Assignment Completion

- |  |  |
|--|--|
| <input type="checkbox"/> allow extra time                                      | <input type="checkbox"/> allow use of calculator                         |
| <input type="checkbox"/> cover parts of worksheet                              | <input type="checkbox"/> provide checklist of steps to complete activity |
| <input type="checkbox"/> increase white space for answers                      | <input type="checkbox"/> use computer to complete assignments            |
| <input type="checkbox"/> reduce amount of information/questions on the page    |  |
| <input type="checkbox"/> ensure student records information in homework agenda |  |

### D. Attention Support

- |  |  |
|--|--|
| <input type="checkbox"/> reduce materials on desk                    | <input type="checkbox"/> provide checklist for organizational tasks  |
| <input type="checkbox"/> provide buddy to clarify missed information | <input type="checkbox"/> use nonverbal or verbal sign to cue student |

### E. Behaviour Support

- |  |
|--|
| <input type="checkbox"/> provide buddy to model appropriate behaviour  |
| <input type="checkbox"/> use agenda to communicate with other teachers |
| <input type="checkbox"/> provide positive reinforcement such as _____  |

This appendix adapted with permission from the work of January Baugh, Deb Rawlings and Carrie-Anne Bauche, Medicine Hat High School (Medicine Hat, Alberta, 2005).

## Individual Student Support Plan (continued) page 2/2

### F. Reading Support

- allow extra time
- buddy reading
- use of text-to-speech software

### G. Writing Support

Reduce writing demands through:

- use of word processor
- allowing point form to replace paragraphs

### H. Assessment and Evaluation Procedures

- smaller chunks of information or simpler concepts
- use individual criteria to evaluate tasks
- use notes or textbook during tests
- allow extra time on tests
- use word processor
- clarify directions

### Medical Issues

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- There are no current medical issues relevant to this student's learning.

### Individual Information

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### Teacher Assistant

Does this student receive the support of a Teacher Assistant?

Yes

No

Name of Teacher Assistant \_\_\_\_\_

Check the types of tasks required:

- |  |   |
|--|---|
| <input type="checkbox"/> record class notes  | <input type="checkbox"/> troubleshoot assistive technology  |
| <input type="checkbox"/> monitor student understanding of content  | <input type="checkbox"/> monitor student's on-task behaviour  |
| <input type="checkbox"/> reteach concepts  | <input type="checkbox"/> track assignment (know what is due, when it is due, that student is handing work in) |
| <input type="checkbox"/> monitor progress on assignments   | <input type="checkbox"/> monitor binders/materials  |
| <input type="checkbox"/> read and explain text and handouts with student                                 | <input type="checkbox"/> deal with minor discipline issues/report larger issues to teacher                    |
| <input type="checkbox"/> report to teacher any important information on student's progress/understanding |   |
| <input type="checkbox"/> support small group work  |   |
| <input type="checkbox"/> scribe for student  | <input type="checkbox"/> Teacher assistant availability _____   |

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## Know Your Own Strengths Inventory

Name: \_\_\_\_\_ Date: \_\_\_\_\_

A. List four successful experiences you have had in the last 12 months:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

B. List four everyday things you do well:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

C. List two things you could teach someone else:

- \_\_\_\_\_
- \_\_\_\_\_

D. List 10 positive words to describe yourself:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

E. List two things that really matter to you:

- \_\_\_\_\_
- \_\_\_\_\_

F. List two things you can do for yourself that will always make you feel good:

- \_\_\_\_\_
- \_\_\_\_\_

G. List two people who you can count on for help and support:

- \_\_\_\_\_
- \_\_\_\_\_

Adapted from Alberta Learning, *Make School Work for You: A Resource for Junior and Senior High Students Who Want to be More Successful Learners* (Edmonton, AB: Alberta Learning, 2001), p. 84.

## Uncover Your Learning Challenges Inventory

Name: \_\_\_\_\_

Date: \_\_\_\_\_

	Always	Usually	Sometimes	Not yet
1. I come to school every day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I come to class on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I come to class with the materials I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I come to class prepared; e.g., textbook read, assignments complete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I leave my worries outside the classroom door.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can follow written directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can follow spoken directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I understand the new ideas the teacher presents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I can focus my attention in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I contribute to class discussions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I take accurate and detailed notes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My notebooks are organized and complete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I am clear and concise when writing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My written work is accurate, legible and organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I finish assignments within time limits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I know when and who to ask for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I can sit still for long periods of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I do not distract or chat with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I remain calm and focused during tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I do well on tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This appendix adapted from Alberta Learning, *Make School Work for You: A Resource for Junior and Senior High Students Who Want to be More Successful Learners* (Edmonton, AB: Alberta Learning, 2001), pp. 82–83.



## K-W-L+ About AD/HD

Name: \_\_\_\_\_

Date: \_\_\_\_\_

K What I <u>K</u> now about my AD/HD	W What I <u>W</u> ant to know about my AD/HD	L What I <u>L</u> earned about my AD/HD
<p style="text-align: center;">+</p> <p>Why is it important to find out more about my AD/HD? How can I use this information?</p>		

## Be Your Own Self-advocate

Being a self-advocate means that there are times when you need to ask for things, such as an alternate assignment, an extension on a deadline or notes from a class you missed. No matter what you're asking for, let the person know that you have thought about the situation and are prepared to contribute to the solution.

By approaching people with a solution, you let them know that you are taking responsibility for your situation and that you don't expect them to solve the problem for you. Be flexible. You may need to negotiate a solution that is acceptable to everyone involved.



When you need something changed in the classroom, it's your responsibility to bring it to the attention of your teacher. Plan and practise what you want to say. Always go with a solution and a positive attitude.

1. State the problem and give an example.
2. Let people know you are working on this problem (so they don't think you're trying to avoid work or are not trying hard enough).
3. Briefly explain your solution to the problem.
4. Ask for their cooperation or permission for this accommodation (solution).

*"I am working hard to improve my reading skills but I often misread exam questions. My understanding greatly improves when someone else reads the questions to me. One of the peer tutors would be willing to tape the test questions for me. Would you be willing to give this a try?"*



*"I work really hard to spell correctly but I need to use an electronic spell checker. I always have one with me in class. Is it okay for me to use it on tests?"*



*"I need extra time to show all that I know on a test. If I could have an extra half-hour to finish the social studies test, it would be a better reflection of what I know. I'd be willing to stay through the lunch hour to do this."*



Adapted from Alberta Learning, *Make School Work for You: A Resource for Junior and Senior High Students Who Want to be More Successful Learners* (Edmonton, AB: Alberta Learning, 2001), pp. 5, 70.

## Asking for Help Ticket



Date: \_\_\_\_\_

Dear \_\_\_\_\_  
(teacher's name)

These are the things that I am having difficulty with:

- understanding my textbook
- knowing what my homework is
- getting my homework done
- listening in class
- taking notes
- passing tests
- completing assignments
- other \_\_\_\_\_

Could we please meet to discuss possible strategies?

Two meeting times that work for me:

\_\_\_\_\_  
\_\_\_\_\_

Student signature: \_\_\_\_\_

Adapted with permission from Mary Cole and Anne Price, *T'NT: Tips 'n Tricks for Dynamite Learning!!* (Calgary, AB: Calgary Learning Centre, 1999), p. ii (Black Line Masters).

## Goal-setting Organizer

Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Goal</b>	My goal is to ...	<b>Is your goal SMART?</b> <input type="checkbox"/> Specific? <input type="checkbox"/> Measurable? <input type="checkbox"/> Achievable? <input type="checkbox"/> Realistic? <input type="checkbox"/> Time-based?
<b>Rationale</b>	I chose this goal because ...	
<b>Action plan</b>	To reach this goal I will ...	
<b>Measurement</b>	How will I know if I am successful?	
<b>Evaluation</b>	What would I do differently in the future?	

Adapted from Alberta Learning, *Make School Work for You: A Resource for Junior and Senior High Students Who Want to be More Successful Learners* (Edmonton, AB: Alberta Learning, 2001), p. 87.





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## Recommended Books for Children and Youth about AD/HD

Beal, Eileen. *Everything You Need to Know about ADD/AD/HD*. New York, NY: The Rosen Publishing Group, Inc., 1998.

Interest level: Grades 7–12  
Reading level: Grades 5–7

Written for teenagers, this book explains major aspects of ADD/AD/HD through easy-to-read text, anecdotes and photographic illustrations. Eileen Beal begins with a brief explanation of ADD/AD/HD, how it is diagnosed and what a diagnosis means. Advocating a multimodal approach to treatment, she discusses medication, counselling and behaviour modification. Sensible strategies are offered for improving organizational skills, getting along with others and managing homework. Also included are tips for building self-confidence, recognizing personal strengths and asking for accommodations. A final chapter discusses career choices and the importance of further education. Additional reading, online resources and support groups are recommended. Teens should be cautioned that information on laws in the United States is included, but it does not apply in Canada.

Galvin, Matthew. *Otto Learns about His Medicine*. 3<sup>rd</sup> ed. Washington, DC: Magination Press, 2001.

Interest level: Preschool to Grade 4  
Reading level: Grades 3–4

This lively picture book tells the story of a family learning to understand young Otto's AD/HD. Set in a place where cars are like people, the story is an allegory that provides an engaging way to describe symptoms of and treatments for AD/HD. Although the title and key parts of the book focus on medication, the main approach is a combination of counselling, school interventions, effective parenting and medication. An informative note to parents provides information on the major types of medication and side effects, along with some cautions about alternative medicines. The book provides a comfortable arena for parents and their children to discuss AD/HD and its treatment. Although best for ages 3–9, older children may enjoy the allegory as well.

Kraus, Jeanne. *Cory Stories: A Kid's Book about Living with AD/HD*. Washington, DC: Magination Press, 2005.

Interest level: Grades 1–6  
Reading level: Grade 4

In this illustrated book for elementary school-aged children, Cory, a child with AD/HD, talks about what it is like to live with AD/HD. In language that children can relate to, he describes his symptoms and his experiences with medication and doctors. He sums up with a statement of acceptance of himself, a focus upon his strengths, and an optimistic outlook on life. The book also includes an informative note to parents describing symptoms and offering specific suggestions about parenting, developing social skills, managing schoolwork and addressing attention span difficulties.

Nadeau, Kathleen G. and Ellen B. Dixon. *Learning to Slow Down and Pay Attention: A Book for Kids about AD/HD*. 3<sup>rd</sup> ed. Washington DC: Magination Press, 2005.

Interest level: Grades 1–6  
Reading level: Grades 3–4

This informative book provides elementary school-aged children with a realistic and constructive way to understand AD/HD. It includes a self-assessment checklist, what others can do to help, what a child can do for himself or herself, and special projects for children and parents. The authors suggest that the book be read together by parents and children, reading one section at a time and then taking time for discussion and reflection. Also included is a section addressed to parents with information about rewards, the importance of special time together, and a list of Web sites and books for further reading.

Quinn, Patricia O. *Putting on the Brakes: Young People's Guide to Understanding Attention Deficit Hyperactivity Disorder*. Washington, DC: Magination Press, 2001.

Interest level: Grades 3–8  
Reading level: Grade 6

This book is an informative and reassuring guide to AD/HD for older children. The authors compare having AD/HD to driving a powerful and fast sports car that lacks braking power. The book has two sections: understanding AD/HD and strategies for gaining control. The book explains the types of AD/HD, medical terminology and typical symptoms, and discusses prevalence, diagnosis and medication. Also included is a basic explanation of AD/HD and brain activity. The book discusses possible negative feelings associated with AD/HD, as well as highlights the importance of positive feelings and identification of strengths.

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## Recommended Books for Parents about AD/HD

Hallowell, Edward and John Ratey. *Delivered from Distraction: Getting the Most Out of Life with Attention Deficit Disorder*. New York, NY: Ballantine Books, 2005.

Eminent experts in the field, Drs. Hallowell and Ratey are both adults with AD/HD whose personal experiences complement the presentation of the scientific side of AD/HD. Along with stories about real-life experiences with AD/HD, the reader-friendly book presents information on physiology, diagnostic issues and alternative treatments. This book has been criticized for not making a clear distinction between alternative treatments and more established evidence-based treatments. The effectiveness of medication-based and psychosocial interventions has been demonstrated empirically; however, nutritional supplements and experimental neurological interventions have not yet been supported by research. With this caution in mind, this book is comprehensive and engaging, and provides excellent information about the many ways that AD/HD can affect the lives of individuals.

Jones, Clare (ed.), Russell Searight (co-ed.) and Magda Urban (co-ed.). *Parent Articles About AD/HD*. San Antonio, TX: Communication Skill Builders, 1999.

This book contains over 60 articles directed towards parents of children with attention difficulties. Written by experts in the field, the articles cover medical information, family and school issues, and associated disorders. Some articles deal specifically with attention difficulties in young children, teens and adults. Each article is two to three pages in length; sample titles include “Encouraging your child’s written language development,” “Study tools” and “Practical strategies for enhancing social skills.” Articles may be photocopied to share with families, teachers and others for instructional purposes.

Levine, Mel. *A Mind at a Time*. New York, NY: Simon & Schuster, 2002.

Although Levine’s book goes beyond AD/HD issues, it is a valuable reference for both parents and teachers in understanding attentional difficulties. Levine encourages readers to understand the ways in which young minds differ, to respect this amazing diversity and to commit to helping those minds develop to their fullest. Different brains, Levine believes, are wired differently. He explains that eight fundamental “neurodevelopmental systems” influence learning and one of these systems deals especially with attention. Levine dedicates a chapter to this “attentional control system,” explaining that it includes three types of controls: mental energy controls, intake controls and output controls. Each system is explained in detail. Levine makes a strong case for developing self-understanding about one’s own kind of mind and offers strategies to strengthen children’s abilities to learn and live well.

McCluskey, Ken and Andrea McCluskey. *Understanding AD/HD: Our Personal Journey*. Winnipeg, MB: Portage & Main Press, 2001. (Formerly published as *Butterfly Kisses*)

In this warm and engaging book, the McCluskeys share their personal account as parents of a daughter with AD/HD. Vivid details from everyday life create a vibrant picture of what it means to parent and teach a child with AD/HD. The McCluskeys recount their daughter’s struggles to fit in with expectations of peers and teachers. Embedded in their stories are practical tips and strategies, such as the use of “logical consequences,” “choice within limits” and “reflective listening.” Because these tips are set within stories, a reader can see how they play out in daily life. References are provided for more information. The McCluskeys published an earlier version of this book, entitled *Butterfly Kisses*. This new edition continues the story of their daughter into her early adulthood.

Moghadam, H. *Attention Deficit-Hyperactivity Disorder*. Calgary, AB: Detselig Enterprises Ltd., 2006.

Written by practitioners from Calgary, Alberta, this practical resource provides a Canadian perspective and draws upon the expertise of a range of professions—medicine, psychiatry, psychology, education and social work. The multidisciplinary approach is helpful in addressing the complex nature of AD/HD, and addresses concerns and questions frequently raised by parents of children with AD/HD. Topics include a brief historical review, prevalence, causes, diagnosis, management (drug therapy, behaviour management, classroom management, other approaches), parenting and family life, and AD/HD in adolescents. The writers tackle controversial topics head-on and provide information based upon currently available evidence in a way that is accessible to a lay audience and provides parents with a basic understanding of key issues.

Morris, Janet. *A Survival Guide for Parents of Children with Attention-Deficit/Hyperactivity Disorder*. Champaign, IL: Research Press, 1998.

In a straightforward manner, Morris discusses concerns of parents of children with AD/HD and provides a sensible discussion of diagnosis and treatment. Aware of how AD/HD contributes to stress in the family, she offers strategies for minimizing difficulties, including suggestions for home organization. Her chapter on managing misbehaviour examines the underlying causes and provides a practical explanation of behaviour management. Her strategies include conflict management and techniques for avoiding power struggles, such as giving “a voice and a choice.” She also addresses school-related concerns by offering tips for building relationships with teachers and managing homework. This is an accessible, well-organized book that is thorough without being overwhelming. It maintains a positive, compassionate approach to AD/HD without minimizing the seriousness of its impact.

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## Recommended Books for Teachers about AD/HD

Brown, Molly Lyle. *The AD/HD Companion: Attention Deficit Hyperactivity Disorder*. East Moline, IL: LinguiSystems, Inc., 2002.

Twenty years of classroom experience informs this practical, easy-to-use book for teachers of students with AD/HD. Because students with AD/HD require ongoing adjustments to the learning environment and instruction, the format of this book is set up for ongoing consultation. Information is organized into four sections: classroom environment, specific skills, academic needs and parent support. The sections include specific strategies for concerns about classroom routines, attention skills, work completion skills, communication with parents, curricular areas and specific needs. The layout is accessible, and visuals and diagrams enhance the text.

McConnell, Kathleen, Gail Ryser and Judith Higgins. *Practical Ideas that Really Work for Students with AD/HD*. Austin, TX: Pro-Ed, 2000.

This book helps teachers match students' difficulties with attention, impulsivity and/or hyperactivity to research-based classroom interventions. Although intended for Kindergarten to Grade 12, much of the information is more appropriate for grades 1–6. Before selecting from the 40 strategies offered, teachers are directed to use a four-point scale based on the DSM-IV criteria to rate the student's AD/HD symptoms. Based on these ratings, teachers are next directed to select three behaviours for intervention. By using the matrix provided, teachers can then match the targeted behaviours with appropriate interventions. The book is accessible and provides practical interventions useful for even less-experienced teachers.

Rief, Sandra. *The AD/HD Book of Lists: Practical Guide for Helping Children and Teens with Attention Deficit Disorders*. San Francisco, CA: Jossey-Bass, 2003.

In this easy-to-read book directed at teachers and parents, Rief offers accessible, current and reliable information on AD/HD. The author discusses understanding and diagnosis of AD/HD and promotes use of collaborative care and multimodal approaches for treatment. In addition to offering strategies for preventing and managing behaviour problems, she addresses common academic difficulties and offers practical study skills, learning strategies, organizational skills and homework tips. The final section addresses general topics such as improving outcomes for students, do's and don'ts for teachers, tips on communicating with parents, and AD/HD across the life span. Teachers will appreciate the collection of reproducible charts and forms for managing classroom routines, rating behaviour, self-monitoring and using contracts. Teachers and parents are cautioned that information included on laws in the United States does not apply to Canada.

Ziegler Dendy, Chris A. *Teaching Teens with ADD and AD/HD: A Quick Reference Guide for Teachers and Parents*. Bethesda, MD: Woodbine House, 2000.

This book provides 75 summaries of key issues related to school success for teens. The summaries discuss symptoms of AD/HD and their impact upon students' school performance and behaviour. Based on classroom experience and research, the discussions present specific interventions to manage symptoms and enhance success. Topics include diagnostic criteria, myths about AD/HD, learning issues, executive functions, organizational skills, medication issues, classroom management, challenging behaviours and what it means to go the extra mile for students. Appendices include blank forms and additional information. The book's overall tone is positive and encouraging, and its sensible and practical approach will appeal to teachers. Readers are cautioned that information included on laws in the United States does not apply to Canada.

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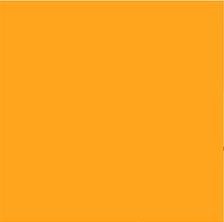
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# Index

## A

### **A-B-Cs (Antecedent-Behaviour-Consequence)**

in behaviour supports, 56

### **active listening skills**

instructional strategies for, 68–70, 136–137

### **AD/HD**

causes of, 3, 44

coexisting conditions with, 11

gender differences, 4

incidence of, 4, 11, 114

positive aspects of, 1, 22, 96–98, 100–101

symptoms of, 2–6, 67, 114

types of, 10–11

*See also* diagnosis of AD/HD; researching AD/HD issues; treatments for AD/HD

*AD/HD Book of Lists: Practical Guide for Helping Children and Teens with Attention Deficit Disorders, The (Rief), 163*

*AD/HD Companion: Attention Deficit Hyperactivity Disorder, The (Brown), 162*

### **adolescents with AD/HD**

symptoms in, 8, 11, 114

transition planning for, 113–115

*See also* students with AD/HD; transition planning

### **adults with AD/HD**

symptoms in, 8, 114

treatment of, 33

undiagnosed and untreated AD/HD in, 30, 32

### **Alberta Education**

special education requirements, 14

**alcohol abuse.** *See* substance abuse

### **allergy treatments**

as treatment for AD/HD, 40

### **alternative treatments for AD/HD**

about alternative treatments, 40–42

how to evaluate information on, 40–42, 119–121, 134

*See also* treatments for AD/HD

### **anger management**

psychological interventions for, 36

strategies for, 38–39

**antioxidants**

as alternative treatment for AD/HD, 42

**anxiety disorders**

as coexisting condition, 4, 8, 11, 114

treatment of, 30, 36

**arithmetic skills.** *See* math skills

**asking for help ticket**

for self-advocacy, 109, 154

**assessment of AD/HD.** *See* diagnosis of AD/HD

**assessment of learning**

in individual student support plan, 94

in IPP sample, 126–130

strategies for, 88–91

**assignment completion**

goals and objectives in IPP sample, 130

monitoring for, 67

**Attention Deficit/Hyperactivity Disorder.** *See* AD/HD

**Attention Deficit/Hyperactivity Disorder (Moghadam),** 161

**attention difficulties**

impact of AD/HD on, 4–6

self-assessment of, 142–143

self-monitoring strategies for, 104–106

strategies to support, 145

*See also* behaviour supports and interventions; instructional strategies; self-assessment inventories for students

**auditory and sound training**

as alternative treatment for AD/HD, 42

**B**

**Beal, Eileen,** 157

**behaviour supports and interventions**

about supports and interventions, 35–36

at school, 35–36, 47–55

in comprehensive treatment approach, 29–31

home-school consistency, 23–24, 31, 35–36

individual behavioural support plans, 56–61, 135

low-key cues as, 49–50

monitoring and review of, 23, 146

positive feedback in, 48

self-monitoring strategies as, 104–106

*See also* transition planning

**behavioural disorders**

- as coexisting conditions, 8, 11
- psychological intervention for, 36

**biofeedback**

- as alternative treatment for AD/HD, 40, 42

**bipolar disorder**

- as coexisting condition, 11
- psychological intervention for, 36

**blue-green algae**

- as alternative treatment for AD/HD, 41

**brain gym**

- as alternative treatment for AD/HD, 40

**Brown, Molly Lyle, 162**

*Building on Success: Helping Students Make Transitions from Year to Year (Alberta Education)*, 115

**C**

**CADDRA.** *See* Canadian Attention Deficit Hyperactivity Disorder Resource Alliance *Canadian ADHD Practice Guidelines (2006) (CADDRA)*

- for physicians, 11

**Canadian Attention Deficit Hyperactivity Disorder Resource Alliance (CADDRA)**

- on diagnosis of AD/HD, 7, 11

**Canadian Paediatric Society**

- on alternative treatments, 40–42

**CCCs (cognitive credit cards)**

- as math strategy, 87–88

**Chaban, Peter, 63**

**CHADD.** *See* Children and Adults with Attention Deficit/Hyperactivity Disorder

**character and citizenship education**

- as schoolwide interventions, 37

**Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD)**

- on comprehensive treatment approach, 29
- Web site for evaluation of alternative treatments, 40

**children with AD/HD.** *See* students with AD/HD

**Chill Out Plan (COP)**

- for stress management, 38–39

**chiropractic adjustments**

- as alternative treatment for AD/HD, 40

**classroom environment**

- basic rules in, 47
- reduction of distractions in, 45–46
- reward systems in, 59–60

## Index

safe and caring atmosphere in, 37, 98–99  
self-assessment by student of, 142–143  
*See also* behaviour supports and interventions

### **coexisting conditions**

as complex type of AD/HD, 11

### **cognitive credit cards (CCC)**

as math strategy, 87–88

### **combined type of AD/HD**

criteria for diagnosis of, 10–11

### **communication skills**

strategies for, 108–109

*See also* social skills

### **complex and simple AD/HD**

differences between, 11

### **conduct disorders**

as coexisting condition, 11

psychological interventions for, 36

### **conflict management**

as schoolwide intervention, 37

strategies for, 55

### **connectedness**

creating with students, 95–99

### **COP (Chill Out Plan)**

for stress management, 38–39

### **COPS**

for editing writing, 77

*Cory Stories: A Kid's Book about Living with AD/HD (Kraus)*, 158

### **cues**

strategies for low-key cues, 49–50

*See also* attention difficulties; memory difficulties

## **D**

### **daily reports**

for home-school communication, 56–61, 135

### **deanol**

as alternative treatment for AD/HD, 41

*Delivered from Distraction: Getting the Most Out of Life with Attention Deficit Disorder (Hallowell and Ratey)*, 159

### **depression**

as coexisting condition, 4, 8, 11

psychological intervention for, 36

treatment of, 30

**diagnosis of AD/HD**

procedures for, 6–11, 30

what to do for students with undiagnosed AD/HD, 12–13

***Diagnostic and Statistical Manual for Mental Disorders (DSM-IV)***

criteria for diagnosis of AD/HD, 10–11

**diet**

as alternative treatment for AD/HD, 40–42

**directions for assignments**

student self-assessment of preferred methods, 142–143

teacher strategies for giving directions, 65–67

**Dixon, Ellen B.**, 158

**drug abuse.** *See* substance abuse

**DSM-IV.** *See Diagnostic and Statistical Manual for Mental Disorders (DSM-IV)*

**E****ear conditions**

infections as coexisting condition, 8

inner ear treatments as alternative treatments, 40

**elementary students with AD/HD**

symptoms in, 8

transition planning for, 112–113

*See also* students with AD/HD; transition planning

**epilepsy**

as coexisting condition, 8

**error analysis**

for assessment of learning, 88–89

***Everything You Need to Know about ADD/AD/HD (Beal)***, 157

**executive functions**

impairment as AD/HD symptom, 6

**eye training and eyeglasses**

as alternative treatments for AD/HD, 40

**F**

**families.** *See* parents of children with AD/HD; students with AD/HD

**fatty acids**

as alternative treatment for AD/HD, 41

**fetal alcohol spectrum disorder**

as coexisting condition, 11

**fine motor skills**

strategies in math, 81

*See also* handwriting and printing skills

## Index

### **fish oil**

as alternative treatment for AD/HD, 41

**focusing skills.** *See* attention difficulties

### **food and nutrition**

as alternative treatment for AD/HD, 40–42

## **G**

**Galvin, Matthew**, 157

### **gender differences**

in symptoms of AD/HD, 4

### **ginkgo biloba**

as alternative treatment for AD/HD, 41

### **goal setting**

goals and objectives in sample IPP, 128–130

for individual behaviour supports, 57

in organizer for planning, 110, 155

in transition planning, 110–115

**Greene, Ross**, 44

## **H**

**Hallowell, Edward**, 1, 95, 96, 100, 159

### **handwriting and printing skills**

instructional strategies for, 74–76, 144

### **herbs**

as alternative treatment for AD/HD, 40–42

### **heredity**

causes of AD/HD and, 3

**Higgins, Judith**, 162

**high school students with AD/HD.** *See* senior high students with AD/HD

### **homeopathy**

as alternative treatment for AD/HD, 42

### **home-school partnerships**

about strategies for, 20–28

for behaviour support plans, 47–52

for daily reports on behaviour, 56–61, 135

for homework routines, 26–27, 46

for reward systems, 59–60

*See also* parents of children with AD/HD; teachers of students with AD/HD

### **homework**

routines for, 26–27, 46

**hyperactive-impulsive type of AD/HD**

- criteria for diagnosis of, 10–11
- metaphors for, 100, 107–108
- strategies to manage, 50–54
- symptoms of hyperactivity and impulsivity, 5, 114
- testing-taking skills and, 89

**hypnotherapy**

- as alternative treatment for AD/HD, 42

**impulsivity.** *See* hyperactive-impulsive type of AD/HD

**inattentive type of AD/HD**

- criteria for diagnosis, 10–11
- symptoms of inattention, 5

**inconsistency**

- as symptom of AD/HD, 67

**Individualized Program Plan (IPP)**

- required for students with special education needs, 13–14
- sample IPP, 125–131

**information on AD/HD issues.** *See* researching AD/HD issues

**instructional strategies, 63–94**

- appealing to student interests, 64–65, 98–99
- error analysis, 88–89
- giving directions, 65–67
- individual instructional support plans, 93–94, 147–148
- listening skills, 68–70, 136–137
- memory prompts, 71–74
- monitoring and review of strategies, 23, 146
- monitoring for assignment completion, 67, 130
- self-assessment of effectiveness of, 142–143
- self-monitoring strategies, 104–106
- team approach, 55, 91–92
- See also* assessment of learning; *and specific subjects*

**Internet**

- how to research issues on, 118–121

**interviews**

- for assessment of AD/HD, 9

**J**

**Jones, Clare,** 159

*The Journey: A Handbook for Parents of Children Who are Gifted and Talented (Alberta Education),* 28

**junior high/middle school students with AD/HD**

- symptoms in, 8, 11, 114
- transition planning for, 113
- See also* students with AD/HD; transition planning

**K**

**kava**

- as alternative treatment for AD/HD, 41

**Kraus, Jeanne, 158**

**K-W-L+ (chart)**

- for researching issues, 152

**L**

**language arts.** *See* printing and handwriting skills; reading skills; spelling skills; writing skills

**learning disabilities**

- association for, 121
- as coexisting condition, 2, 8, 11

*Learning Team: A Handbook for Parents of Children with Special Needs, The (Alberta Education), 28*

*Learning to Slow Down and Pay Attention: A Book for Kids about AD/HD (Nadeau and Dixon), 158*

**Levine, Mel, 160**

**listening skills**

- strategies for teaching, 68–70, 136–137

**M**

**Martinussen, Rhonda, 63**

**math skills**

- impact of AD/HD on, 2, 80
- instructional strategies for, 80–88

**McCluskey, Ken and Andrea, 160**

**McConnell, Kathleen, 162**

**medication for AD/HD**

- about stimulant medications, 31–35
- administration to student at school, 33–35
- in comprehensive treatment approach, 29–31
- evaluation of treatments, 40–42, 120–121, 134
- substance abuse and, 32
- talking with parents about, 13, 35–36, 159–161
- talking with students about, 33, 101–102, 157–158
- See also* researching AD/HD issues

- meetings, parent and teacher**
    - sample planner for, 132–133
    - strategies for, 21–22, 35
    - See also* parents of children with AD/HD; teachers of students with AD/HD
  - melatonin**
    - as alternative treatment for AD/HD, 42
  - memory difficulties**
    - strategies for math facts, 80–86
    - strategies to support, 71–74, 145
  - mental illnesses**
    - as coexisting condition, 11
    - psychological intervention for, 36
  - metaphors for AD/HD**
    - use of, 100, 107–108
  - middle school students with AD/HD.** *See* junior high/middle school students with AD/HD
  - Mind at a Time, A (Levine),*** 160
  - mineral supplements**
    - as alternative treatment for AD/HD, 41
  - mnemonics**
    - for memory difficulties, 73–74
  - Moghadam, H.,** 161
  - monitoring academic progress.** *See* assessment of learning
  - monitoring behaviour**
    - daily reports for, 56–61, 135
    - strategies for, 56–61
  - monitoring medication effects**
    - strategies for, 34
  - mood disorders.** *See* anxiety disorders; depression
  - Morris, Janet,** 161
  - motor skills.** *See* fine motor skills
  - movement needs**
    - strategies for, 52–54
  - multimodal treatments**
    - as comprehensive treatment approach, 29–31
    - See also* behaviour supports and interventions; medication for AD/HD
  - muscle relaxation**
    - for stress management, 38
- N**
- Nadeau, Kathleen G.,** 158
  - National Institute of Mental Health**
    - evaluation of alternative treatments, 40, 121

## Index

**Neelan, David**, 101

**Nhat Hanh, Thich**, 43

### **nootropics**

as alternative treatments for AD/HD, 41

### **nutrition**

as alternative treatment for AD/HD, 40–42

poor nutrition as coexisting condition, 9

## **O**

### **observations**

for assessment of AD/HD, 9

### **oculovestibular treatment**

as alternative treatment for AD/HD, 42

### **oppositional defiant disorders**

as coexisting condition, 4, 11

psychological interventions for, 36

treatment of, 30

### **organizational skills**

impact of AD/HD on executive functions, 6

self-assessment of, 142–143

strategies for organizing materials, 46

for transitions, 103–104, 110–115

### **organizations, AD/HD**

as resources, 11, 121

*Otto Learns about his Medicine (Galvin)*, 157

## **P**

*Parent Advantage: Helping Children Become More Successful Learners at Home and School, Grades 1–9, The (Alberta Education)*, 28

*Parent Articles about AD/HD (Jones)*, 159

### **parents of children with AD/HD**

causes of AD/HD and, 3, 44

daily reports to, 56–61, 135

home-school communication, 25–26

home-school partnerships, 20–28

homework strategies, 26–27, 46

meetings with teachers, 21–25, 35, 132–133

parent education initiatives, 25, 30–31

reframing and rethinking AD/HD, 1, 96–98

reward systems for children, 59–60

roles for, 17–18

what to do for children with undiagnosed AD/HD, 12–13

*See also* resources for parents

- peer mediation programs**
  - as schoolwide interventions, 37
- PENS**
  - strategy for planning writing, 77
- physical education**
  - support for social skills during, 54
- physicians**
  - prescribing medications for AD/HD, 32–35
  - resources for, 11
  - roles for, 17, 20
- planning skills**
  - impact of AD/HD on executive functions, 6
  - strategies for teaching, 68
  - See also* transition planning
- portfolios**
  - for assessment, 90
- Practical Ideas that Really Work for Students with AD/HD*, 162
- preschool children**
  - AD/HD symptoms in, 7
- primrose oil**
  - as alternative treatment for AD/HD, 41
- printing and handwriting skills**
  - instructional strategies for, 74–76, 144
- problem-solving approaches**
  - goal-setting organizer for, 110, 155
  - impact of AD/HD on executive functions, 6
  - planning skills in, 68
  - self-monitoring strategies as, 104–106
  - six-step plan, 51
  - See also* transition planning
- progressive muscle relaxation**
  - for stress management, 38
- psychological interventions**
  - in comprehensive treatment approach, 29–31, 36
- psychologists**
  - roles for, 17, 19, 36
- Putting on the Brakes: Young People’s Guide to Understanding Attention Deficit Hyperactivity Disorder (Quinn)*, 158
- pycnogenol**
  - as alternative treatment for AD/HD, 42

**Q**

**Quinn, Patricia O.**, 158

**R**

**Ratey, John**, 1, 95, 96, 100, 159

**rating scales**

for assessment of AD/HD, 9

**reading skills**

error analysis, 88–89

impact of AD/HD on, 2

individual student support plan for, 94, 147–148

instructional strategies for, 79–80, 138–139, 144

IPP sample goals and objectives for, 128

self-assessment by student of, 138–139

textbook preview checklist, 79, 140

**reframing and rethinking AD/HD**

for parents and teachers, 1, 96–98, 100–101

**relaxation exercises**

for stress management, 38–39

**researching AD/HD issues**

about research strategies, 117–121

evaluation of alternative treatments, 40, 119–121, 134

K-W-L+ (chart), 152

**resources for parents**

organizations, 11, 121

print materials, 25, 28, 101–102, 159–161

role of school in provision of, 25

on transitions, 115

**resources for students**

print materials, 101–102, 157–158

**resources for teachers**

organizations, 11, 121

print materials, 115, 162–163

*See also* Web sites

**reward systems**

in support plans, 59–60

**Rief, Sandra**, 163

**Ryser, Gail**, 162

**S****school environment**

- safe and caring atmosphere in, 37, 98–99
- schoolwide interventions, 37
- See also* classroom environment

**Searight, Russell**, 159**second languages**

- strategies for learning vocabulary, 73

**self-advocacy skills**

- asking for help ticket, 109, 154
- strategies for, 107–109, 153–154

**self-assessment inventories for students**

- of general strategies, 142–143, 145
- of reading and writing strategies, 138–139, 144
- of strengths and challenges, 141, 149–151

**self-assessment inventories for teachers**

- of listener friendly strategies, 123

**self-monitoring skills**

- impact of AD/HD on executive functions, 6
- strategies for, 104–106

**senior high students with AD/HD**

- symptoms in, 8, 11, 114
- transition planning for, 114–115
- See also* students with AD/HD; transition planning

**simple and complex AD/HD**

- differences between, 11

**sleep difficulties**

- as coexisting condition, 8

**smart drugs**

- as alternative treatment for AD/HD, 41

**social skills**

- anger management, 38–39
- communication skills, 108–109
- conflict management, 55
- how to teach a specific social skill, 37
- impact of AD/HD on, 5
- psychological interventions to teach, 36
- self-advocacy skills, 107–109, 153–154
- self-monitoring skills, 104–106
- strategies for improving, 37–39, 55

**sound training**

- as alternative treatment for AD/HD, 42

**special needs, students with**

- sample IPP for, 125–131
- students with AD/HD as potential, 13–14
- Web site for coding criteria, 14

**speed reading skills (WARF), 80**

**spelling skills**

- instructional strategies for, 73–74, 78

**stimulant medications.** *See* medication for AD/HD

**strengths of students with AD/HD**

- about strengths, 1, 22, 96–98, 100–101
- inventories, 108, 149

**stress management**

- strategies for, 38–39

**students with AD/HD**

- creating connectedness with, 95–96
- discussing medication with, 33, 101–102, 157–158
- gender differences in students with AD/HD, 4
- instructional support plan, 93–94, 147–148
- learning about AD/HD, 33, 96–98, 100–102, 107–108, 157–158
- positive side of AD/HD in, 1, 22, 96–98, 100–101
- safe and caring environment for, 37, 98–99
- self-advocacy skills, 107–109, 153–154
- self-assessment of strategies used by, 142–143
- self-assessment of strengths and needs, 108, 141, 149–151
- self-monitoring by, 104–106
- transition planning strategies for, 48–49, 110–115
- undiagnosed and untreated AD/HD in, 30, 32
- See also* assessment of learning; instructional strategies; treatments for AD/HD

**substance abuse**

- as coexisting condition, 9
- medication for AD/HD and, 32
- undiagnosed and untreated AD/HD and, 30, 32

**supplements, dietary**

- as alternative treatment for AD/HD, 40–42

*Survival Guide for Parents of Children with Attention-Deficit/Hyperactivity Disorder, A (Morris), 161*

**T**

**Tannock, Rosemary, 63**

**teachers of students with AD/HD**

- administering medication at school, 33–34
- home-school partnerships, 20–28
- listener friendly instruction (checklist), 68–70

meetings with parents, 21–25, 35, 132–133  
 qualities of effective teachers, 44–45  
 reframing AD/HD for positives, 1, 22, 96–98, 100–101  
 roles for teachers, 17–19, 96–98  
 roles for teacher advisors, 91  
 safe and caring atmosphere, 37, 98–99  
 strategies for connectedness with students, 95–98  
 support for learning about AD/HD, 100–102, 107–108  
 team approaches, 55, 91–92  
 what to do for students with undiagnosed AD/HD, 12–13  
*See also* behaviour supports and interventions; home-school partnerships;  
 instructional strategies; resources for teachers

**teacher assistants**

roles for, 19, 94, 148  
 team approaches, 55, 91–92

*Teaching Teens with ADD and AD/HD: A Quick Reference Guide for Teachers and Parents (Dendy)*, 163

**teens with AD/HD.** *See* adolescents with AD/HD

**Ten Good Things about People with AD/HD**, 101

**test-taking skills**

strategies for, 89  
*See also* assessment of learning

**textbook preview**

checklist for, 79, 140

**Tourette's syndrome**

as coexisting condition, 11  
 psychological interventions for, 36

**transition planning**

IPP sample plan, 131  
 resources for, 115  
 strategies for, 48–49, 110–115

**treatments for AD/HD**

in comprehensive approach, 29–31  
*See also* alternative treatments for AD/HD; behaviour supports and interventions;  
 medication for AD/HD

**types of AD/HD**, 10–11

*See also* hyperactive-impulsive type of AD/HD; inattentive type of AD/HD

## U

*Understanding AD/HD: Our Personal Journey (McCluskey)*, 160

**undiagnosed and untreated AD/HD, students with**

difficulties from, 30, 32

what to do for, 12–13

*See also* diagnosis of AD/HD

**Urban, Magda**, 159

## V

**valerian**

as alternative treatment for AD/HD, 41

**vision therapy**

as alternative treatment for AD/HD, 40

**visualizations**

for stress management, 38

**vitamin supplements**

as alternative treatment for AD/HD, 40–41

## W

**WARF speed reading skills**, 80

**Web sites**

for assistive technologies for reading, 80

on behavioural interventions, 61

on evaluating alternative treatments, 41

using search engines for, 118–119

**writing skills**

impact of AD/HD on, 2

in individual support plan, 94

IPP sample goals and objectives for, 129

printing and handwriting skills, 74–76, 144

spelling, 73–74, 78

strategies for improving, 76–77, 144

## Y

**yeast infections**

treatments as alternative treatments for AD/HD, 40

**youth with AD/HD**. *See* adolescents with AD/HD

## Z

**Zeigler Dendy, Chris A.**, 163