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ADHD/ADD

Currently, ADHD/ADD is described by behaviors or symptoms such as acting without thinking, difficulty sitting still or taking turns, work that reflects inattention to details, challenges with organization and planning, and difficulties regulating attention. It has been stated that ADHD is among the most under-diagnosed and over-diagnosed medical disability. Despite research from around the world documenting the neurological basis of ADHD/ADD, there are some in the public who believe the disorder doesn't exist. The strong opinions about ADHD can make it challenging for parents to understand this issue and find appropriate help. In the meantime, children and teen with ADHD behaviors often struggle in school, have challenges at home and may have trouble making and keeping friends.

This packet provides an overview of ADHD including characteristics, diagnostic criteria, possible accommodations and modifications that can be used in the class room and resource information that can provide further guidance. Also included is a sample letter requesting that the school assess your child for special education eligibility.

Matrix also has a resource library in both Novato and Fairfield with many books, videos/DVDs and articles. Please call to make sure that the library is available before coming to the office.

Available Information Packets:

Special Education Assessments
Autism
Behavior Issues and Special Education
Bullying
Emotional Difficulties
Individual Education Plans
Learning Disabilities
Promotion and Retention
Resolving Disagreements
School Discipline
504 Plans

*Matrix Parent Network and Resource Center
Serving Marin, Napa, Solano and Sonoma Counties
Empowering families of children with special needs to understand and access the systems that serve them.*

www.matrixparents.org

94 Galli Drive, Suite C, Novato, CA 94949

1615 West Texas Street, Suite 4, Fairfield, CA 94533

1 (800) 578-2592



Resources on ADD and ADHD

- A.D.D. Warehouse Catalog www.addwarehouse.com 1-800-233-9273
 - CHADD www.chadd.org 1-888-759-9758
 - CA Dept. of Education: Special Education www.cde.ca.gov/sp/se 916-319-0800
 - Families & Advocates Partnership for Education www.fape.org 888-248-0822
 - Great Schools (formerly Schwab Learning) www.greatschools.net
 - Learning Disabilities Association of California www.ldaca.org
 - LD Online www.ldonline.org
 - National Center for Learning Disabilities www.nclld.org 212-545-7510
 - National Info. Center for Children & Youth with Disabilities www.nichcy.org 1-800-695-0285
 - National Resource Center on AD/HD www.help4adhd.org 1-800-233-4050
 - Protection and Advocacy (PAI) www.pai-ca.org 1-800-776-5746
 - Wrights Law www.wrights.law.com
-
- *ADHD & Me: What I Learned from Lighting Fires at the Dinner Table* – Blake Taylor
 - *A New Look at ADHD: Inhibition, Time and Self-Control* (video) - Russell Barkley
 - *Driven to Distraction* - Hallowell
 - *Finding Help When Your Child is Struggling in School: From Kindergarten. to Jr. High* – Greene
 - *Helping Adolescents with ADHD & Learning Disabilities* - Greenbaum
 - *How to Reach and Teach ADD/ADHD Children* - Rief
 - *Identifying and Treating Attention Deficit Hyperactivity Disorder: Resource for School and Home, Ideas that Work* - U.S. Office of Special Education Programs/U.S. Dept. of Education, 2006
 - *Making the System Work for Your Child with ADHD: How to cut through red tape and get what you need from doctors, teachers, schools and health care plans* - Cohen, Matthew
 - *The Myth of Laziness, Ready or Not, Here Life Comes and A Mind at a Time* - Levine
 - *Straight Talk About Psychological Testing for Kids* - Braaten and Felopulos
 - *Taking Charge of ADHD* - Barkley
 - *Teaching Children with Attention Deficit Hyperactivity Disorder: Instructional Strategies and Practices, IDEAS that Work* - U.S. Office of Special Education Programs/U.S. Dept. of Education, 2004.
 - *Teaching the Tiger* - Dornbush

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ADD/ADHD Overview

You are not alone. Each year many families call Matrix seeking information and resources for their child who struggles with issues related to “attention”. Your child may have been diagnosed with ADD (Attention Deficit Disorder) or ADHD (Attention Deficit Hyperactivity Disorder). Questions and concerns center on:

- organization and planning
- poor grades reflected by poor performance on tests and not turning/completing work
- impulsive behavior
- regulating attention i.e. allocating too much or not enough attention to a task
- feeling either your child or you are being blamed: “he/she is lazy” or “you need to be more firm about setting limits and getting homework done”
- medication
- working effectively with the school

As you read more about ADD/ADHD, you will learn that this is a **complex** diagnosis. There are many other diagnoses that “look like” or may co-exist along with ADD/ADHD such as anxiety, learning disabilities, speech and language issues such as auditory processing, post-traumatic stress, sleep disorders, bi-polar, lead poisoning, fetal alcohol. Getting a thorough assessment from professionals with in-depth experience and training in this area is critical. Assessments may involve physicians, psychologists, educators and you the parents.

When seeking a diagnosis, besides contacting your physician for a referral, parents should put in writing to the school their request to have the school determine if their child is eligible for either **Special Education** (usually eligible as “Other Health Impaired”) or a **504 Plan**. Not all children with ADD or ADHD will be or are eligible for services as the disability must adversely affect a child’s educational performance and must require special education and services.

If the child is found eligible for services, Individual Education Plans (IEPs) or 504 plans need to address the most pressing needs. This often includes accommodations or direct instruction in:

- executive function skills – See “Executive Function Weaknesses in Students”
- structuring environments to minimize distractions and increase focus on the tasks at hand
- memory strategies (a student may have trouble with certain memory tasks)

In addition to seeking services and support for your child, parents often need support themselves as the task of parenting children with ADD/ADHD can be challenging. While the individual with ADD/ADHD can face difficulties and hurdles, these individuals also have strengths and gifts that need to be nurtured. Find ways to maximize these strengths and help your child build their life around their strengths and not around their weaknesses.

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Attention-Deficit/Hyperactivity Disorder (AD/HD)

◇ Mario's Story ◇

Mario is 10 years old. When he was 7, his family learned he had AD/HD. At the time, he was driving everyone crazy. At school, he couldn't stay in his seat or keep quiet. At home, he didn't finish his homework or his chores. He did scary things, too, like climb out of his window onto the roof and run across the street without looking.

Things are much better now. Mario was tested by a trained professional to find out what he does well and what gives him trouble. His parents and teachers came up with ways to help him at school. Mario has trouble sitting still, so now he does some of his work standing up. He's also the student who tidies up the room and washes the chalkboard. His teachers break down his lessons into several parts. Then they have him do each part one at a time. This helps Mario keep his attention on his work.

At home, things have changed, too. Now his parents know why he's so active. They are careful to praise him when he does something well. They even have a reward program to encourage good behavior. He earns "good job points" that they post on a wall chart. After earning 10 points he gets to choose something fun he'd like to do. Having a child with AD/HD is still a challenge, but things are looking better.

◇ What is AD/HD? ◇

Attention-Deficit/Hyperactivity Disorder (AD/HD) is a condition that can make it hard for a person to sit still, control behavior, and pay attention. These difficulties usually begin before the person is 7 years old. However, these behaviors may not be noticed until the child is older.

Doctors do not know just what causes AD/HD. However, researchers who study the brain are coming closer to understanding what may cause AD/HD. They believe that some people with AD/HD do not have enough of certain chemicals (called *neurotransmitters*) in their brain. These chemicals help the brain control behavior.

Parents and teachers do **not** cause AD/HD. Still, there are many things that both parents and teachers can do to help a child with AD/HD.



NICHCY is the
National Dissemination Center
for Children with Disabilities.

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P.O. Box 1492
Washington, DC 20013
1.800.695.0285 (Voice / TTY)
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✧ How Common is AD/HD? ✧

As many as 5 out of every 100 children in school may have AD/HD. Boys are three times more likely than girls to have AD/HD.

✧ What Are the Signs of AD/HD? ✧

There are three main signs, or symptoms, of AD/HD. These are:

- ♦ problems with paying attention,
- ♦ being very active (called *hyperactivity*), and
- ♦ acting before thinking (called *impulsivity*).

More information about these symptoms is listed in a book called the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), which is published by the American Psychiatric Association (2000). Based on these symptoms, three types of AD/HD have been found:

- ♦ *inattentive* type, where the person can't seem to get focused or stay focused on a task or activity;
- ♦ *hyperactive-impulsive* type, where the person is very active and often acts without thinking; and
- ♦ *combined* type, where the person is inattentive, impulsive, and too active.

Inattentive type. Many children with AD/HD have problems paying attention. Children with the inattentive type of AD/HD often:

- ♦ do not pay close attention to details;
- ♦ can't stay focused on play or school work;
- ♦ don't follow through on instructions or finish school work or chores;
- ♦ can't seem to organize tasks and activities;
- ♦ get distracted easily; and
- ♦ lose things such as toys, school work, and books. (APA, 2000, pp. 85-86)

Hyperactive-impulsive type. Being too active is probably the most visible sign of AD/HD. The hyperactive child is "always on the go." (As he or she gets older, the level of activity may go down.) These children also act before thinking (called *impulsivity*). For example, they may run across the road without looking or climb to the top of very tall trees. They may be surprised to find themselves in a dangerous situation. They may have no idea of how to get out of the situation.

Hyperactivity and impulsivity tend to go together. Children with the hyperactive-impulsive type of AD/HD often may:

- ♦ fidget and squirm;
- ♦ get out of their chairs when they're not supposed to;
- ♦ run around or climb constantly;
- ♦ have trouble playing quietly;
- ♦ talk too much;
- ♦ blurt out answers before questions have been completed;
- ♦ have trouble waiting their turn;
- ♦ interrupt others when they're talking; and
- ♦ butt in on the games others are playing. (APA, 2000, p. 86)

Combined type. Children with the combined type of AD/HD have symptoms of both of the types described above. They have problems with paying attention, with hyperactivity, and with controlling their impulses.

Of course, from time to time, all children are inattentive, impulsive, and too active. With children who have AD/HD, *these behaviors are the rule, not the exception.*

These behaviors can cause a child to have real problems at home, at school, and with friends. As a result, many children with AD/HD will feel anxious, unsure of themselves, and depressed. These feelings are not symptoms of AD/HD. They come from having problems again and again at home and in school.

✧ How Do You Know if a Child Has AD/HD? ✧

When a child shows signs of AD/HD, he or she needs to be evaluated by a trained professional. This person may work for the school system or may be a professional in private practice. A complete evaluation is the only way to know for sure if the child has AD/HD. It is also important to:

- ♦ rule out other reasons for the child's behavior, and
- ♦ find out if the child has other disabilities along with AD/HD.

✧ What About Treatment? ✧

There is no quick treatment for AD/HD. However, the symptoms of AD/HD can be managed. It's important that the child's family and teachers:

- ♦ find out more about AD/HD;
- ♦ learn how to help the child manage his or her behavior;

◆ Tips for Parents ◆



- ☐ Learn about AD/HD. The more you know, the more you can help yourself and your child. See the list of resources and organizations at the end of this publication.
- ☐ Praise your child when he or she does well. Build your child's abilities. Talk about and encourage his or her strengths and talents.
- ☐ Be clear, be consistent, be positive. Set clear rules for your child. Tell your child what he or she *should* do, not just what he shouldn't do. Be clear about what will happen if your child does not follow the rules. Have a reward program for good behavior. Praise your child when he or she shows the behaviors you like.
- ☐ Learn about strategies for managing your child's behavior. These include valuable techniques such as: charting, having a reward program, ignoring behaviors, natural consequences, logical consequences, and time-out. Using these strategies will lead to more positive behaviors and cut down on problem behaviors. You can read about these techniques in many books. See "Resources" on page 4 of this publication.
- ☐ Talk with your doctor about whether medication will help your child.
- ☐ Pay attention to your child's mental health (and your own!). Be open to counseling. It can help you deal with the challenges of raising a child with AD/HD. It can help your child deal with frustration, feel better about himself or herself, and learn more about social skills.
- ☐ Talk to other parents whose children have AD/HD. Parents can share practical advice and emotional support. Call NICHCY to find out how to find parent groups near you.
- ☐ Meet with the school and develop an educational plan to address your child's needs. Both you and your child's teachers should get a written copy of this plan.
- ☐ Keep in touch with your child's teacher. Tell the teacher how your child is doing at home. Ask how your child is doing in school. Offer support.

◆ Tips for Teachers ◆

- ☐ Learn more about AD/HD. The resources and organizations at the end of this publication will help you identify behavior support strategies and effective ways to support the student educationally. We've listed some strategies below.
- ☐ Figure out what specific things are hard for the student. For example, one student with AD/HD may have trouble starting a task, while another may have trouble ending one task and starting the next. Each student needs different help.
- ☐ Post rules, schedules, and assignments. Clear rules and routines will help a student with AD/HD. Have set times for specific tasks. Call attention to changes in the schedule.
- ☐ Show the student how to use an assignment book and a daily schedule. Also teach study skills and learning strategies, and reinforce these regularly.
- ☐ Help the student channel his or her physical activity (e.g., let the student do some work standing up or at the board). Provide regularly scheduled breaks.
- ☐ Make sure directions are given step by step, and that the student is following the directions. Give directions both verbally and in writing. Many students with AD/HD also benefit from doing the steps as separate tasks.
- ☐ Let the student do work on a computer.
- ☐ Work together with the student's parents to create and implement an educational plan tailored to meet the student's needs. Regularly share information about how the student is doing at home and at school.
- ☐ Have high expectations for the student, but be willing to try new ways of doing things. Be patient. Maximize the student's chances for success.



- ♦ create an educational program that fits the child's individual needs; and
- ♦ provide medication, if parents and the doctor feel this would help the child.

✧ What About School? ✧

School can be hard for children with AD/HD. Success in school often means being able to pay attention and control behavior and impulse. These are the areas where children with AD/HD have trouble.

There are many ways the school can help students with AD/HD. Some students may be eligible to receive special education services under the Individuals with Disabilities Education Act (IDEA). Under the newest amendments to IDEA, passed in 1997, AD/HD is specifically mentioned under the category of "Other Health Impairment" (OHI). We've included the IDEA's definition of OHI in the box on this page. Other students will not be eligible for services under IDEA. However, they may be eligible for services under a different law, Section 504 of the Rehabilitation Act of 1973. In both cases, the school and the child's parents need to meet and talk about what special help the student needs.

Most students with AD/HD are helped by supports or changes in the classroom (called *adaptations*). Some common changes that help students with AD/HD are listed in the "Tips for Teachers" box on page 3. More information about helpful strategies can be found in NICHCY's briefing paper called *Attention-Deficit/Hyperactivity Disorder*. The resources listed below will also help families and teachers learn more about ways to help children with AD/HD.

✧ Resources ✧

American Academy of Pediatrics. (2001, October). Clinical practice guideline: Treatment of the school-aged child with attention-deficit/hyperactivity disorder. *Pediatrics*, 108(4), 1033-1044. (Available online at: www.aap.org/policy/s0120.html)

Barkley, R. (2000). *A new look at ADHD: Inhibition, time, and self-control* [video]. New York: Guilford. (Phone: 800.365.7006. Web: www.guilford.com)

Barkley, R. (2000). *Taking charge of AD/HD: The complete authoritative guide for parents* (Rev. ed.). New York: Guilford. (See contact information above.)

Many students with AD/HD may qualify for special education services under the "Other Health Impairment" category within the Individuals with Disabilities Education Act (IDEA). IDEA defines "other health impairment" as...

"...having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia; and adversely affects a child's educational performance."

34 Code of Federal Regulations §300.7(c)(9)

Dendy, C.A.Z. (1999). *Teaching teens with ADD and ADHD: A quick reference guide for teachers and parents*. Bethesda, MD: Woodbine. (Phone: 800.843.7323. Web: www.woodbinehouse.com.)

Fowler, M. (1999). *Maybe you know my kid: A parent's guide to helping your child with attention deficit hyperactivity disorder* (3rd ed.). Kensington, NY: Citadel. (Phone: 877.422.3665. Web: www.kensingtonbooks.com)

Fowler, M. (2002). Attention-deficit/hyperactivity disorder. *NICHCY Briefing Paper*, 1-24. (Phone: 800.695.0285. Also available on the Web site: www.nichcy.org)

National Institutes of Health. (1998). Diagnosis and treatment of attention deficit hyperactivity disorder. *NIH Consensus Statement*, 16(2), 1-37 [On-line]. Available: odp.od.nih.gov/consensus/cons/110/110_statement.htm

✧ Organizations ✧

Attention Deficit Disorder Association
P.O. Box 543
Pottstown, PA 19464
484.945.2101
E-mail: mail@add.org
Web: www.add.org

CH.A.D.D. (Children and Adults with Attention-Deficit/Hyperactivity Disorder)
8181 Professional Place, Suite 150
Landover, MD 20785
301.306.7070
800.233.4050
Web: www.chadd.org

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School Accommodations and Modifications

Some students with disabilities need accommodations or modifications to their educational program in order to participate in the general curriculum and to be successful in school. While the Individuals with Disabilities Education Act (IDEA) and its regulations do not define accommodations or modifications, there is some agreement as to what they mean. An *accommodation* as used in this document allows a student to complete the same assignment or test as other students, but with a change in the timing, formatting, setting, scheduling, response and/or presentation. This accommodation does not alter in any significant way what the test or assignment measures. Examples of accommodations include a student who is blind taking a Braille version of a test or a student taking a test alone in a quiet room.

A *modification* as used in this document is an adjustment to an assignment or a test that changes the standard or what the test or assignment is supposed to measure. Examples of possible modifications include a student completing work on *part* of a standard or a student completing an alternate assignment that is more easily achievable than the standard assignment.

Needed modifications and accommodations should be written into a student's Individualized Education Program (IEP) or Section 504 Plan. These changes should be chosen to fit the student's individual needs. It's important to include the student, if appropriate, when discussing needed accommodations and modifications. Asking the student what would be helpful is a good first step.

Here are some ideas for changes in textbooks and curriculum, the classroom environment, instruction and assignments, and possible behavior expectations that may be helpful when educating students with disabilities.

When reviewing these ideas, keep in mind that any accommodations or modifications an IEP team chooses must be based on the individual needs of students, and the changes must be provided if included in the child's IEP.

Textbooks and Curriculum

Books

- Provide alternative books with similar concepts, but at an easier reading level.
- Provide audiotapes of textbooks and have the student follow the text while listening.
- Provide summaries of chapters.
- Provide interesting reading material at or slightly above the student's comfortable reading level.
- Use peer readers.
- Use marker to highlight important textbook sections.
- Use word-for-word sentence fill-ins.
- Provide two sets of textbooks, one for home and one for school.
- Use index cards to record major themes.
- Provide the student with a list of discussion questions before reading the material.
- Give page numbers to help the student find answers.
- Provide books and other written materials in alternative formats such as Braille or large print.

Curriculum

- Shorten assignments to focus on mastery of key concepts.
- Shorten spelling tests to focus on mastering the most functional words.
- Substitute alternatives for written assignments (clay models, posters, panoramas, collections, etc.).

- Specify and list exactly what the student will need to learn to pass. Review this frequently.
- Modify expectations based on student needs (e.g., “When you have read this chapter, you should be able to list three reasons for the Civil War.”).
- Give alternatives to long written reports (e.g., write several short reports, preview new audiovisual materials and write a short review, give an oral report on an assigned topic).

Classroom Environment

- Develop individualized rules for the student.
- Evaluate the classroom structure against the student’s needs (flexible structure, firm limits, etc.).
- Keep workspaces clear of unrelated materials.
- Keep the classroom quiet during intense learning times.
- Reduce visual distractions in the classroom (mobiles, etc.).
- Provide a computer for written work.
- Seat the student close to the teacher or a positive role model.
- Use a study carrel. (Provide extras so that the student is not singled out.)
- Seat the student away from windows or doorways.
- Provide an unobstructed view of the chalkboard, teacher, movie screen, etc.
- Keep extra supplies of classroom materials (pencils, books) on hand.
- Use alternatives to crossword puzzles or word finds.
- Maintain adequate space between desks.

Instruction and Assignments

Directions

- Use both oral and printed directions.
- Give directions in small steps and in as few words as possible.
- Number and sequence the steps in a task.
- Have student repeat the directions for a task.
- Provide visual aids.

- Show a model of the end product of directions (e.g., a completed math problem or finished quiz).
- Stand near the student when giving directions or presenting a lesson.

Time/transitions

- Alert student several minutes before a transition from one activity to another is planned; give several reminders.
- Provide additional time to complete a task.
- Allow extra time to turn in homework without penalty.
- Provide assistance when moving about the building.

Handwriting

- Use worksheets that require minimal writing.
- Use fill-in questions with space for a brief response rather than a short essay.
- Provide a “designated notetaker” or photocopy of other student or teacher notes. (Do not require a poor notetaker or a student with no friends to arrange with another student for notes.)
- Provide a print outline with videotapes and filmstrips.
- Provide a print copy of any assignments or directions written on the blackboard.
- Omit assignments that require copying, or let the student use a tape recorder to dictate answers.

Grading

- Provide a partial grade based on individual progress or effort.
- Use daily or frequent grading averaged into a grade for the quarter.
- Weight daily work higher than tests for a student who performs poorly on tests.
- Mark the correct answers rather than the incorrect ones.
- Permit a student to rework missed problems for a better grade.
- Average grades out when assignments are reworked, or grade on corrected work.
- Use a pass-fail or an alternative grading system when the student is assessed on his or her own growth.

Tests

- Go over directions orally.
- Teach the student how to take tests (e.g., how to review, to plan time for each section).
- Provide a vocabulary list with definitions.
- Permit as much time as needed to finish tests.
- Allow tests to be taken in a room with few distractions (e.g., the library).
- Have test materials read to the student, and allow oral responses.
- Divide tests into small sections of similar questions or problems.
- Use recognition tests (true-false, multiple choice, or matching) instead of essays.
- Allow the student to complete an independent project as an alternative test.
- Give progress reports instead of grades.
- Grade spelling separately from content.
- Provide typed test materials, not tests written in cursive.
- Allow take-home or open-book tests.
- Provide possible answers for fill-in-the blank sections.
- Provide the first letter of the missing word.

Math

- Allow the student to use a calculator without penalty.
- Group similar problems together (e.g., all addition in one section).
- Provide fewer problems on a worksheet (e.g., 4 to 6 problems on a page, rather than 20 or 30).
- Require fewer problems to attain passing grades.
- Use enlarged graph paper to write problems to help the student keep numbers in columns.
- Provide a table of math facts for reference.
- Tape a number line to the student's desk.
- Read and explain story problems, or break problems into smaller steps.
- Use pictures or graphics.

Other

- Use Post-it notes to mark assignments in textbooks.
- Check progress and provide feedback often in the first few minutes of each assignment.
- Place a ruler under sentences being read for better tracking.
- Introduce an overview of long-term assignments so the student knows what is expected and when it is due.
- Break long-term assignments into small, sequential steps, with daily monitoring and frequent grading.
- Have the student practice presenting in a small group before presenting to the class.
- Hand out worksheets one at a time.
- Sequence work, with the easiest part first.
- Use blackline copies, not dittos.
- Provide study guides and study questions that directly relate to tests.
- Reinforce student for recording assignments and due dates in a notebook.
- Draw arrows on worksheets, chalkboard, or overheads to show how ideas are related, or use other graphic organizers such as flow charts.

Behavior

- Arrange a "check-in" time to organize the day.
- Pair the student with a student who is a good behavior model for class projects.
- Modify school rules that may discriminate against the student.
- Use nonverbal cues to remind the student of rule violations.
- Amend consequences for rule violations (e.g., reward a forgetful student for remembering to bring pencils to class, rather than punishing the failure to remember).
- Minimize the use of punishment; provide positive as well as negative consequences.
- Develop an individualized behavior intervention plan that is positive and consistent with the student's ability and skills.
- Increase the frequency and immediacy of reinforcement.

- Arrange for the student to leave the classroom voluntarily and go to a designated “safe place” when under high stress.
- Develop a system or a code word to let the student know when behavior is not appropriate.
- Ignore behaviors that are not seriously disruptive.
- Develop interventions for behaviors that are annoying but not deliberate (e.g., provide a small piece of foam rubber for the desk of a student who continually taps a pencil on the desktop).
- Be aware of behavior changes that relate to medication or the length of the school day; modify expectations if appropriate.

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Executive Function Weakness in Students Overview and Implications

Executive Function Abilities:

- are located in the pre-frontal lobe of the brain (behind the forehead)
- are impacted to varying degrees in children and adults with ADHD, Non-Verbal Learning Disabilities, Asperger's Syndrome, Anxiety, Traumatic Brain Injury, Obsessive/Compulsive Disorder and Tourette's Syndrome
- include several areas that are affected differently in each individual (some people have deficits in only a few areas while others may be impacted across all areas)
- are separate and distinct from intelligence
- are evaluated through a neuro-psychological assessment
- are better predictors of GPA/school success than college entrance scores

Executive Processing Areas:

- Concept Formation (identifying common features in categories of objects, ideas or events)
- Planning, Strategizing and Organizing
- Working Memory (holding information in memory while working with it)
- Initiation (being able to start or initiate)
- Inhibition (being able to stop or not start something)
- Cognitive Flexibility (being flexible in one's thinking, flexible to change viewpoints)
- Self-Monitoring (monitoring what one is doing and how well it is going)

Some Implications for Education:

- Certain executive skills result in "time blindness" (misinterpreted as "laziness" or "willful behavior"):
 - **teach time management strategies to meet deadlines** instead of extending deadlines, which gives a student who already manages time poorly MORE time to use ineffectively
 - **teach how to estimate the time a task should take compared to the actual time** to increase self-monitoring and awareness of time, as students often significantly underestimate how long something should take, and do not allocate enough time to complete the work
 - **require, teach and monitor use of daily and long term planning calendars**
 - **break long term projects into smaller tasks with required interim due dates**
 - **give feedback specific** to time management skills or other strategies that are blocking the work and **avoid general statements** like "try harder," "be more focused," "be more careful" or "plan ahead."

- While the student is working on school assignments, **talk with the student about the strategies and the reason for their use** (role model: “I am using this memory strategy because...,” guide with questioning: “**what strategy will you use...?**”). This increases awareness of these skills (meta-cognition). Repetition, rehearsal, repetition, rehearsal is needed.
- **Set goals with students around strategies** - students weak in self-monitoring are weak in evaluating their performance and using that information to guide the future.
- **Monitor the student’s use of strategies** (close to the point of performance), **give feedback to the student and hold them accountable**, as self-monitoring is one of the deficits.
- **Be persistent and patient.** With weak cognitive flexibility skills, students need more time and coaching to adjust and change their thinking.
- **Provide direction with decreasing prompts** until the student demonstrates use of the strategies.
- **Coordinate home/school strategies** for consistency and reinforcement.

SOURCES/RESOURCES

- Barkeley, Russell, *Taking Charge of ADHD*, 2002
- Bratten, Ph.D. and Felopulos, Ph.D., *Straight Talk about Psychological Testing for Kids*, 2004
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- Levine, M.D., *The Myth of Laziness*, 2003
- Serepca, Ph.D., Ruth, “Executive Processing: Relationship to Learning and Social Functioning,” Presentation to the Northern Calif. Dyslexia Assoc., 2002
- Wood, Woloshyn and Willoughby, *Cognitive Strategy Instruction for Middle and High Schools*, 1995

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1 (800) 578-2592

**Sample Letter
Request for an Initial Assessment
for Special Education Eligibility**

Parent/Guardian's name
Address
City, State, Zip Code
Daytime Telephone

Date

_____(Principal or Special Education Director)
Local School District
Address
City, State, Zip Code

Dear _____:

I am the parent of _____ who is in the ____ grade at _____(school). I am requesting a comprehensive assessment in all areas related to suspected disability to determine whether _____ is eligible for special education and/or related services either under the Individuals with Disabilities Education Act (including the Other Health Impairment category) or Section 504 of the Rehabilitation Act of 1973. **[NOTE: If your child has a health impairment such as ADHD, Tourettes, or sleep apnea, eligibility under the Other Health Impairment category needs to be considered.]**

I am requesting this assessment because _____(be specific). The following interventions and accommodations have already been tried. (list interventions such as seating assignments, quiet area to take tests, etc.) However, my student continues to struggle in school with _____. *If applicable add:* _____ has been diagnosed with _____ by _____(professional).

It is my understanding that I will hear back from you in writing within 15 days of this request.

I look forward to hearing from you and working with you and your staff.

Sincerely,

Your name

cc: include others who you think might need to know about your request

NOTE:

If the district agrees to conduct an assessment, when you give your written permission to the assessment plan, it is VERY important to put in writing that you would like copies of all written reports one week prior to the meeting where these reports will be discussed.