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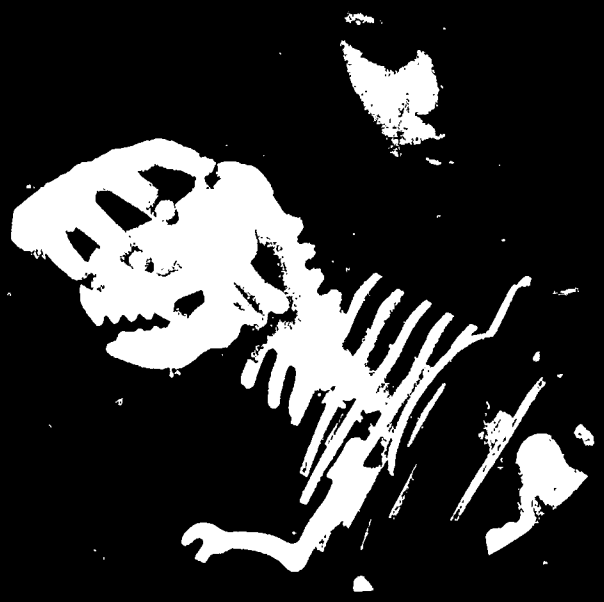
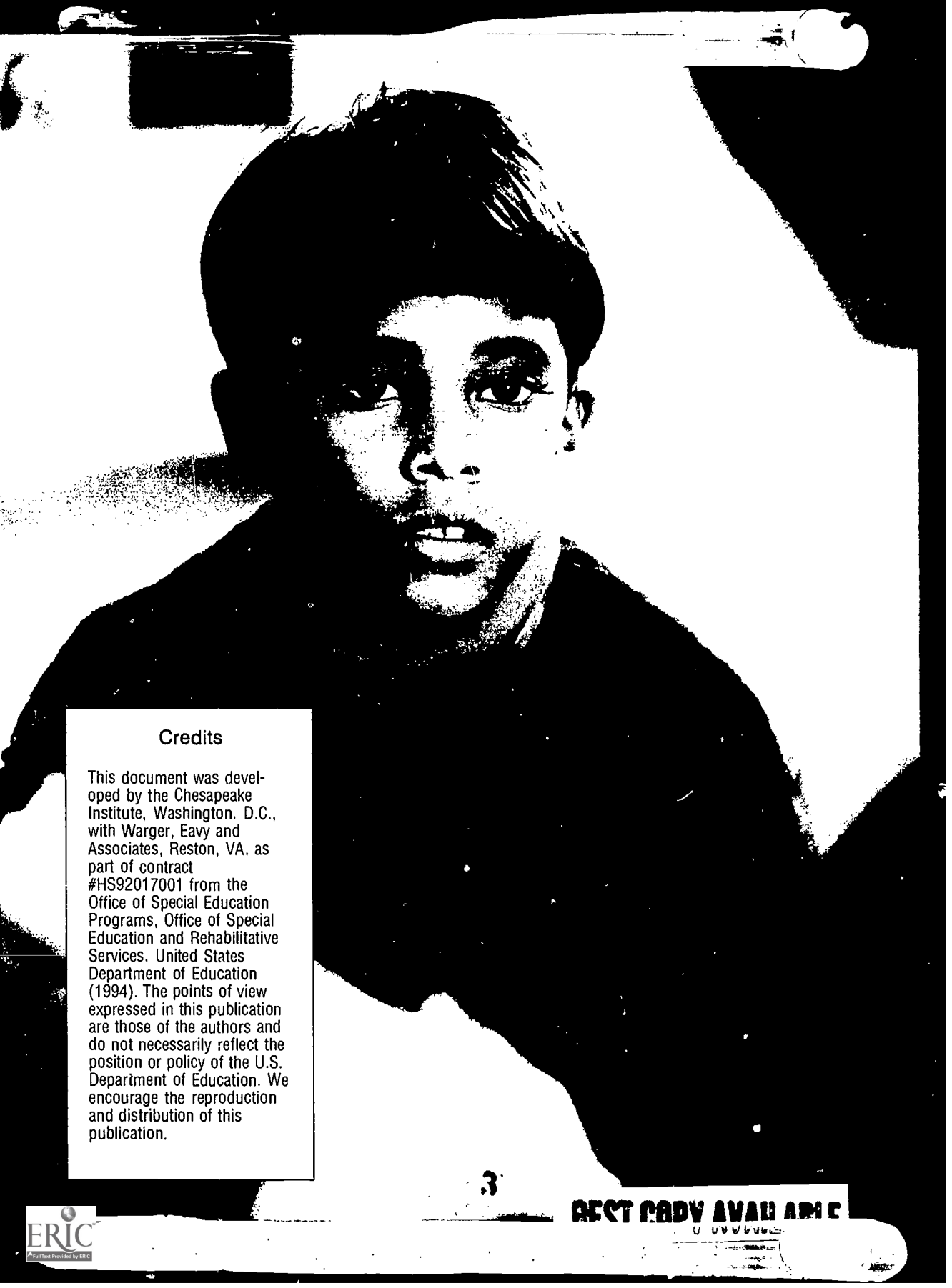
ABSTRACT

This booklet presents practices currently in use by teachers of students with attention deficit disorder (ADD) in elementary and middle school. Guidelines for diagnosing ADD and discussing diagnosis with parents are provided, and special considerations for working with students who are taking medication are presented. Teaching strategies to build on students' strengths and work around their weaknesses are described, including strategies for classroom management, lesson modification, and family cooperation. A final chapter presents tips for professional development, collaboration, and administrator support. The booklet concludes with guidelines for locating additional resources. (PB)

Teaching Strategies

Education of Children with Attention Deficit Disorder





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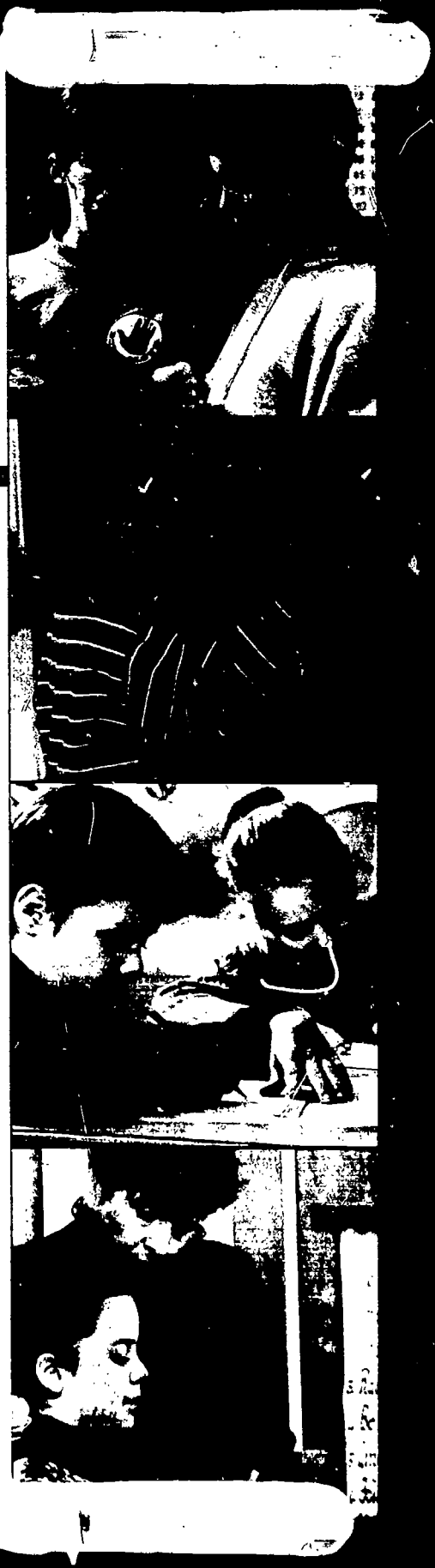

Foreword

For many educators, teaching is an opportunity to "touch the next generation," to make a difference in the lives of children. Their daily efforts in the classroom are affirmed by the achievements that each student reaches for and attains. Often, however, the children who struggle most to achieve their potential are those for whom the skills and commitment of educators are most tested. This is the case for students with attention deficit disorder (ADD), whose efforts are often stymied by their outbursts or distractions. The strategies presented in this booklet have been developed to enable you to help a child with ADD succeed.

From identification to intervention, the information you need is put forward in thoughtful plans tried and tested by other educators. These practices suggest ways to build on students' strengths and work around their weaknesses. There are helpful tips that you can use to adapt classrooms and teaching strategies to increase the odds of success for children with ADD and others who are distractible, or have difficulty concentrating or sitting still.

We were encouraged to find that many of the intervention strategies are simply good education practices. This is especially important as 70% of children with disabilities are taught primarily in the regular classroom. The strategies highlighted in this publication, while based upon the best available research and practices about teaching children with ADD, have potential to benefit other students as well.

We hope that you are able to use this book to enhance your own classroom strategies so that all students and especially those with ADD can learn and flourish regardless of the obstacles they may face.

Ellen Schiller
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Office of Special Education Programs
U.S. Department of Education

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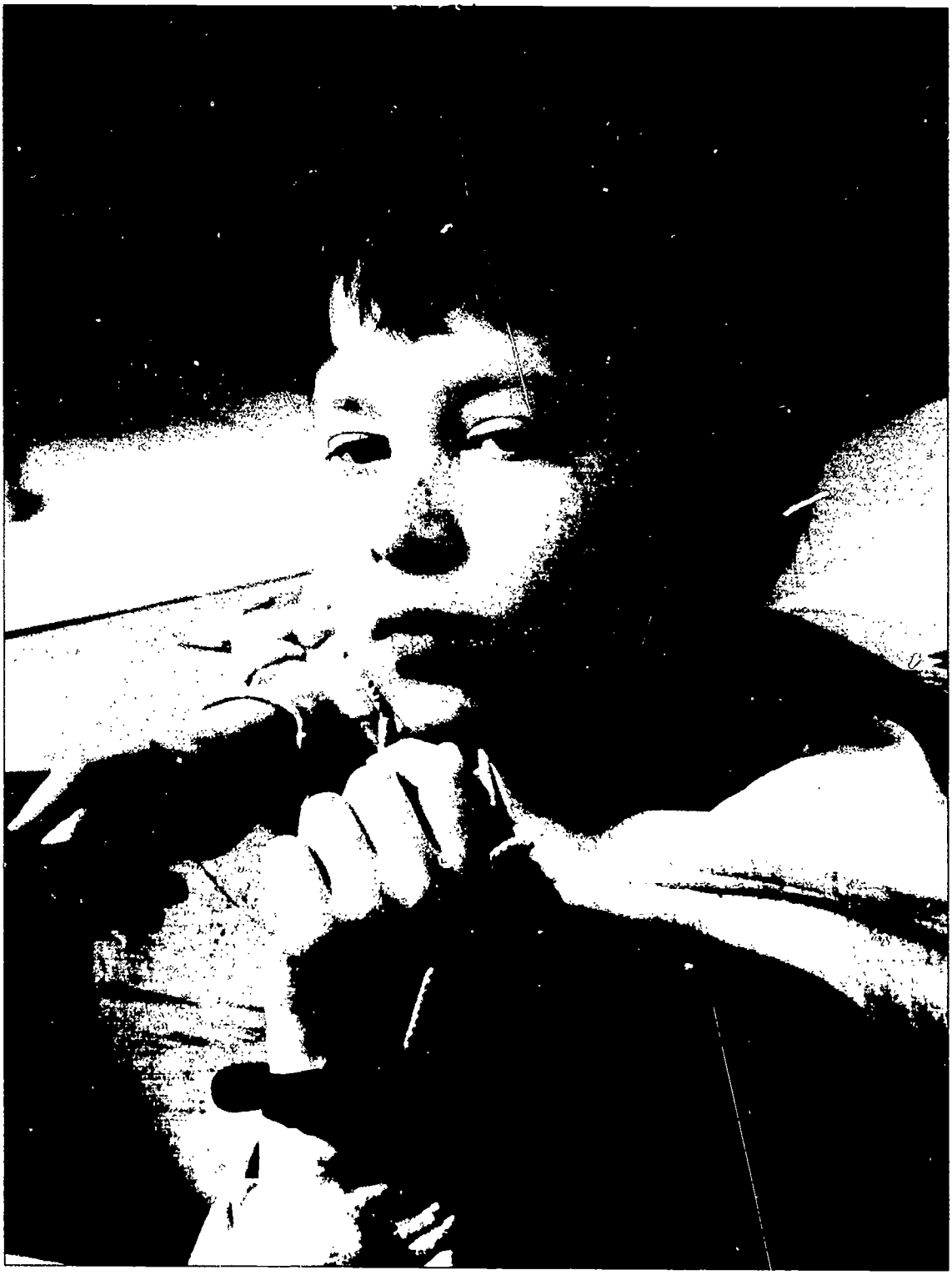

Understanding Attention Deficit Disorder

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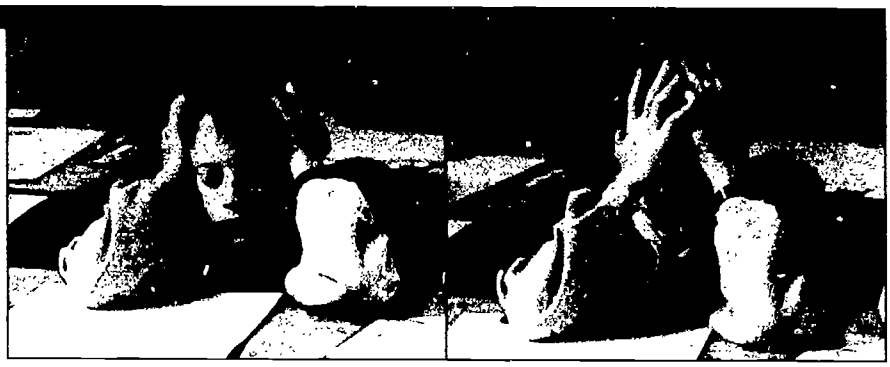

Although Angel's teacher has in place a well-structured classroom management system and uses instructionally appropriate methods, Angel rarely finishes his work. At 8 years old, Angel has difficulty staying seated without sliding off his chair. He is constantly on the move, and his path is strewn with overturned objects and fallen materials. Quick to argue and slow to calm down once excited, Angel has yet to learn how to get along with his classmates. He solves problems by pushing and bumping or throwing things.

Jeffrey sits at his desk staring at the wall. It isn't that he refuses to do the work — in fact, he is a friendly and bright youth — it's just that he doesn't seem to notice that the class has moved on to another assignment or that he hasn't completed the previous one. When the teacher directs his attention back to the task, Jeffrey shuffles through his notebook, unsure of what he is looking for.

Understanding ADD

You can't say that Rebecca doesn't try. An able and hard-working child, she is constantly asking for help and encouragement from the teacher. The problem is, she has difficulty focusing on her work, which leads to excessive questions and requests for assistance. It seems as if every time the teacher turns around, Rebecca is standing there waiting for direction.

Although many students have characteristics that occasionally interfere with their learning, there are some students whose problems require a closer look. Some students like Angel, Jeffrey, and Rebecca might have attention deficit disorder (ADD), while others do not. This booklet is about students with attention deficit disorder and what you can do to support their classroom learning.

Students with attention deficit disorder — or characteristics that include attention difficulties, hyperactivity, and impulsivity — have always challenged even our best classroom practices. Their behaviors too often interfere with typical classroom instruction, resulting in lost learning opportunities and underachievement. In social situations, they tend not to fare much better, because their peers generally find it difficult to get along with them.

What can you do? Over the past few years, we have learned much about serving the educational needs of students with attention deficit disorder. Educators have taken the lead in modifying instructional practices, structuring classroom learning environments, and managing classroom behaviors in ways that lead to success for a wide diversity of students. And, what's more, in doing so they have found that many of the practices that work with students with attention deficit disorder can be beneficial to other students as well. The purpose of this booklet is to share with you some of those practices teachers are using at the elementary and middle school levels.

Defining Attention Deficit Disorder

There are no known causes of attention deficit disorder; however, researchers are investigating the following:

- Heredity or genetic causes.
- Biological or physiological
- Complications or trauma during birth.
- Lead poisoning.
- Prenatal alcohol and drug exposure.

Children identified as having attention deficit disorder are a heterogeneous group of youngsters who have serious problems with inattention, distractibility, and impulse control. Developmentally inappropriate levels of overactivity frequently exist with this disorder. It is estimated that approximately 3%-5% of school-aged youngsters have an attention deficit disorder.

What appears to be an attention deficit disorder might actually be another problem, making diagnosis critical. Attention deficit disorder can coexist with other conditions such as specific learning disabilities and emotional/behavioral disorders.

Sometimes you will see the term ***attention deficit hyperactivity disorder*** used to identify this group. Professionals who do not use this longer form remind us that not all children with attention deficit disorder display hyperactivity. For the purpose of this booklet, both terms will be used interchangeably.

Keep in mind that labels do not define a child; they merely define a set of characteristics that describe the disorder. What you do instructionally with this knowledge of characteristics is key in helping the student succeed in your class.

Teachers Can Make an Important Contribution to the Student's Education Program

Typical characteristics exhibited by children with attention deficit

behavior such as inattention, overactivity and impulsivity, if left unchecked, can lead to myriad problems in the classroom. Teachers note that students with attention deficit disorder display difficulties completing their work, staying on task, and responding accurately to tasks. These behaviors tend to be persistent, occurring across settings and tasks. Behaviors associated with attention deficit disorder that interfere with academic tasks and thus need to be managed include:

- Leaving one's seat without permission.
- Making noises.
- Talking out during quiet time.
- Having difficulty staying on task.

A number of children with attention deficit disorder are also noncompliant and display behavioral or social problems in the school setting. You may find that some of these students behave aggressively toward peers and teachers.

Most districts have found that students with attention deficit disorder can be educated successfully in a regular program with the help of appropriate school-based interventions. Providing services to students with attention deficit disorder in the general education classroom reduces the stigma of special education and may even enhance the social status of these children. At the very least, it allows students to observe appropriate peer models.

Viewed from this perspective, classroom teachers can significantly affect a student's education by how they identify and implement appropriate adaptations and interventions. As you read through this booklet, keep in mind that you are not alone in helping children with attention deficit disorder learn and achieve. Most likely, you will find yourself working with other professionals who can help you develop, implement, and evaluate effective practices.

When teachers ask how they can best contribute to the student's educational progress, one answer is through effective classroom practice. Effective practice with students with attention deficit disorder requires knowledge about how to match school requirements to the student's characteristics. It also requires an understanding of relevant medical issues such as whether the student is taking medication and what effects that might have on his or her classroom performance. Combine this knowledge with a solid grounding in instructional strategies, applied behavioral management techniques, and a commitment to building family relationships, and you have the basics for a strong educational program.

Next Steps

This booklet is designed to be a quick reference on practices that educators are currently using to help students with attention deficit disorder succeed. The practices described here are drawn from a larger study completed in 1993 by the Federal Resource Center at the University of Kentucky under the auspices of the U.S. Department of Education, Office of Special Education Programs (OSEP). Information has also been gleaned from the work of four other OSEP centers (Arkansas Children's Hospital, University of Miami, Research Triangle Institute, and University of California-Irvine), which were charged with synthesizing current research knowledge on assessment and interventions for meeting the needs of children with attention deficit disorder.

The practices, which focus on matching the learning characteristics of students with attention deficit disorder with the school setting, are intended to be easily replicated. We hope that you will find them useful in fostering the educational progress of your students.

Getting Help for Students

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You're concerned about a child in your class. What now? Sometimes parents will initiate discussion about their child. They will want to know if the behaviors they have noticed at home are also apparent at school. But much of the time, it will be teachers who identify student behaviors that suggest an attention deficit disorder. Typically you or one of your colleagues will be the first to notice the student's lack of success with school assignments or problems with peer relationships. You might notice such behaviors as:

- Failing to finish work.
- Seeming not to listen.
- Appearing easily distracted.
- Having difficulty organizing work.
- Speaking out frequently in class.
- Requiring close supervision.

- Having difficulty sitting.
- Fidgeting.

All youngsters will exhibit these behaviors to some degree in certain situations. For very young students, the behaviors are typical developmentally. But for students with attention deficit disorder you might find that the behaviors tend to be exhibited more frequently and with more intensity. When any combination of these behaviors persists over time, occurs across settings and tasks, and chronically interferes with the student's classroom success, it is a good idea to investigate further.

Classroom Teachers Play a Key Role in Identification

How can I tell if my student has an attention deficit disorder? Who is there to help me if I suspect that my student has an attention deficit disorder?

The first step in identification is being clear as to what attention deficit disorder is and what it is not. Although the case can be made that it is more important to know how to teach a child than it is to know his or her label, teaching can be enhanced with a greater understanding of the disorder.

Attention deficit disorder is a relatively new term. It has only been in recent years, specifically with the research syntheses funded by OSEP, that a unified body of knowledge about attention deficit disorder has emerged. Thus, it is no wonder that the disorder is fraught with misunderstanding and lack of public knowledge.

Knowing as much as possible about the characteristics of attention deficit disorder and its diagnosis will assist you in working with the child. If you do not feel well versed on the topic, then ask for help. School psychologists, the school nurse, your principal, and special education support staff can provide you with information or point you in the right direction (see also Chapter 7 in this booklet for further readings). Ask about possible conferences and workshops you might attend.

Some districts have created manuals and booklets that serve as guideposts for understanding attention deficit disorder. Find out whether your district has produced such a guide — and if not, recommend that they do!

For example, school professionals in Raleigh, North Carolina, took seriously the charge to make information available when they authorized an ad hoc group to develop the *Attention Deficit Disorder Screening Procedures Manual.* The manual was eventually distributed to staff throughout the district. It includ-

ed the following information:

- Recommended screening procedures for attention deficit disorder.
- General information on attention deficit disorder.
- Classroom intervention and strategies.
- Recommended home and school behavior rating scales.

Understand the Purpose of School-Based Referral

School teams of qualified professionals, on which medical professionals often serve, are usually responsible for identifying students with attention deficit disorder. Keep in mind that educators should not attempt to diagnose attention deficit disorder **medically**. Rather, the educational staff determines on the basis of the school-related dat.. collected whether or not there is a significant problem that requires specific educational accommodations. This frame of reference should lead to a thorough investigation by a designated team into the reasons why a child might be exhibiting certain behaviors. In most cases, there will be numerous reasons, all of which need to be investigated formally and informally before referral to a physician.

As the student's teacher, you have critical information to assist in this process. Therefore, it is important that you focus your efforts on collecting information that will be useful in planning appropriate educational programs and approaches for the child.

Collect Information That Is Educationally Useful

Imagine that you are faced with collecting information on a child who is suspected of having an attention deficit disorder. What information can you collect that will be most useful? The key is to generate sound information that can be used to design classroom interventions and support any medical treatment program that the child might be receiving. (For more information on what you can do if you have a student on medication, see Chapter 3.)

For example, in Sturgeon Bay, Wisconsin, if classroom observation reveals a possible attention deficit problem in a child, teachers begin assessment proceedings by following a process designed to gain information from all who are involved with the child — for example, teachers, parents, and the school psychologist. This process also serves the purpose of increasing everyone's understanding of the student. The process includes the following steps:

- **Review student files**. Look to see whether others have

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noticed similar problems. Check out any previous school testing, including screening for vision and hearing problems.

- **Share your observations with parents or family**. Discuss with the student's primary caretaker your observations and find out whether these behaviors occur across settings.
- **Follow through on suspected health problems**. If your research leads you to suspect that a health problem might exist, talk to the family about getting the child a physical check-up. Or, you might need to consult with school health professionals should it become necessary to have the student referred to the public health department for screening.
- **Consult with other school personnel**. It is always a good idea to pool your information with that of other professionals. Think about tapping the expertise of the guidance counselor, school psychologist, or special education teacher. If your school has a teacher support team, seek out its advice as well. Invite specialists to observe the student in your classroom.
- **Plan for interventions**. No matter what the outcome of your findings, don't wait to start devising a classroom plan to accommodate the student's learning needs. Include the student's parents, your principal, and other school personnel as appropriate in helping you design success strategies. Keep detailed accounts of your efforts; they may prove useful in helping you sort out what works for the student and in making recommendations to other professionals.

From this process, teachers learn a great deal about the student, not to mention how classroom practices might be enhanced. Using such a system can move you and your colleagues forward in suggesting well-formulated educational plans.

Formal Assessment

In some cases, formal assessment might be undertaken. What should you expect?

Most districts have their own system or set of procedures for assessment. Find out what referral and assessment procedures are in place in your district. Most often, these procedures will be in compliance with the *Individuals with Disabilities Education Act* (IDEA) or *Section 504 of the Rehabilitation Act* of 1973 guidelines, so it is important that they be explicitly followed.

Typically, assessment will be

Getting Help

multifaceted and include:

- Classroom observations.
- Results of all interventions that have been tried.
- Completion of checklists and questionnaires by teachers and parents.
- Psychological evaluation.
- Academic evaluation.

You might be called upon to complete some of these assessments. At the very least, you should plan on discussing the assessment results with other school professionals and the student's parents.

What do the results tell you in terms of setting up your instruction to better meet the student's needs? What insights about the child's characteristics were gleaned that you can put to use in adapting and modifying your instruction and organizing your classroom? While there might be further discussion at this time about next steps to take (e.g., referral for further diagnosis, referral to special education), you can use this new information in crafting lessons for the student.

A Team Effort

You are not alone; in fact, good practices show that identifying and designing classroom interventions for students who have or are suspected of having attention deficit disorder work best with a team effort. At the very least, you will want to seek out the advice of other professionals in your building. As part of a prereferral team or teacher assistance team, you will be part of a group decision-making body charged with the task of evaluating the assessment data. Some of you will eventually become part of (or work with) child study teams — formal groups who design and monitor intervention programs for students identified as having attention deficit disorder.

As you work with these other professionals, don't hesitate to ask their opinions about how best to help a child with attention deficit disorder. One of their ideas just might be what you need to make a significant difference in your student's progress.

Ideas for Working on a Team

A well-designed process or protocol can help groups stay on track and make collective decisions that follow a logical progression. Using such an approach, data are collected and organized according to key decision points, such as those used by the Anchorage Public Schools. In that district, the child's educational history and cumulative file is screened first, followed by a discussion of the interventions that have been tried and a review of the teach-

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er's rating scale. If there is a history of poor performance, ***and*** reasonable accommodations have been tried with unsuccessful results, ***and*** informal measures suggest that more formal assessment might be warranted, ***only then*** does the group consider a formal evaluation. If these three elements are not consistent, then it is up to the group to ascertain other reasons that might explain the student's behaviors.

Moving Ahead

Your work will be guided by the identification and evaluation phase. Now begins the ongoing process of identifying the student's characteristics and needs, matching them to effective classroom practice, and evaluating progress. Regardless of the outcome of the identification and screening process, ***use*** that information in designing quality lessons and in delivering effective instructional presentations.

Working with Students on Medication Programs

3

You will probably find that a fair number of your students — roughly 60% to 90% — who have been diagnosed with attention deficit disorder will be on a medication treatment program. What does this mean for you and the success of your classroom?

First, the student's parents and physician will decide whether or not the child is to receive medical treatment. While it is not your role to advise either way, when working with a student who is taking medication, your role becomes one of providing information to the designated professional (e.g., school psychologist, school nurse) who monitors the medication program. Because of your close daily working relationship with the student, you are in a position to observe behavioral indicators of whether or not the student is responding to the medication program in the intended ways.

When working properly, medication has the effect of temporarily reducing the symptoms of attention deficit disorder (inattention, impulsivity, hyperactivity) while increasing concentration and goal-directed effort. Medication does not directly affect academic performance. In other words, medication does not teach the child!

It is your role to be aware of the issues in medicating children and to cooperate as appropriate. Teachers need to:

- Understand the role of medication in a child's treatment/ intervention program.
- Be involved in close observation of the child's classroom behavior and performance.
- Be in communication with parents and physician when appropriate.
- Help monitor whether the child is receiving the medication as prescribed and on time.

Medication as a Treatment

A number of children with attention deficit disorder respond positively to stimulant medication. The purpose of this medication is to enable children with attention deficit disorder to focus their attention and behavior. When working properly, the medication controls certain behaviors that interfere with the child's academic learning and progress. It is important to note that other problems may exist that will not be affected by medication.

The choice of medication will depend on the student's symptoms and response to the treatment. For practical purposes, stimulant medication refers to a class of drugs that includes the brand names of Dexedrine, Ritalin, and Cylert. A secondary category of medication, antidepressants, might also be used with some students.

If the medication program is working, you should expect to see the child become less distractible; more able to concentrate; and more attentive. For those children who have associated behavioral difficulties such as aggression and inappropriate social interaction, you might also observe a decrease in disruptive behaviors.

Possible side effects are the major drawback of treatment with medication. These side effects might take the form of decreased appetite, insomnia, or motor and verbal tics. Mood swings or irritability can occur when the drug is wearing off. For the most part, physicians manage side effects by adjusting the child's medication dosage. If you observe any of these or what appear to be other side effects, it is important that you contact the school authorities assigned to the student. In fact, ***whenever*** you have any concerns about behavior changes, report them to the school principal or other district-designated professionals.

Monitoring Dosage

It is important that school professionals administer the medication on time and in the correct dosage and that teachers know the student's medication schedule. Why is this so important?

With Ritalin, the peak action of the drug usually occurs approximately 2 hours after the student takes it; its effects dissipate after 4 hours. Some children experience aggressive, emotional or impulsive behavior when the medication's effects wear off. Therefore, if the drug is not given on time, there is a good possibility that the child will have difficulty. Keep in mind that if the drug is given late, it will take at least 30 minutes for the effects to take hold. In other words, the student will have lost at least 1 hour of valuable instructional time!

Most children with attention deficit disorder cannot remember to take their medication without reminders. Please respect confidentiality when reminding the student.

Students on Medication

Communicating with the Family

Be aware that there continue to be controversies about the use of stimulant medication. Chances are that parents have wrestled a long time with the decision to medicate their child. They have been apprised of the side effects and drawbacks and have used their best judgment in pursuing the treatment. They need to know whether the medication is having the intended effect on their child at school. Thus, it is important that you serve the critical role of ***objectively*** communicating to them the results of their decision on the child's behavior and whether improved behavior is resulting in better academic performance.

School personnel, including the school psychologist and school nurse, should observe and report to the family and physician changes in the student's behavior and academic performance associated with medication. Find out what procedures are in place in your district for monitoring medication treatment programs.

For example, some districts ask teachers to provide baseline data on the student's behavior or academic performance (or both) to parents, the school psychologist and/or nurse, or directly to medical personnel ***prior*** to their making the decision about medication. This data might be used later as a baseline against which the effects of the medication on behavior are compared. If one of your students is being referred for medical diagnosis, help provide accurate data. Identify your student's most significant interfering behaviors and keep track of their occurrences over a week's time. For example, keep a folder with samples of the student's work for later comparison. Note the date and amount of time it took the student to complete the work. Anecdotal information such as time of day and any special occurrences (e.g., a fire drill prior to the assignment) can be included to help make the work samples more understandable.

After the decision has been made to start a student on medication, you might also be called upon to document its effects on the child's behavior and long-term academic performance. Find out whether your school district has a procedure in place for recording and collecting information on student progress, and whether there is a liaison between your district and medical profession. If your district has a procedure in place, find out how you can contribute to making the process work. Ask your principal to review district procedures and communication networks with you.

For example, the Rowan-Salisbury School District, Salisbury,

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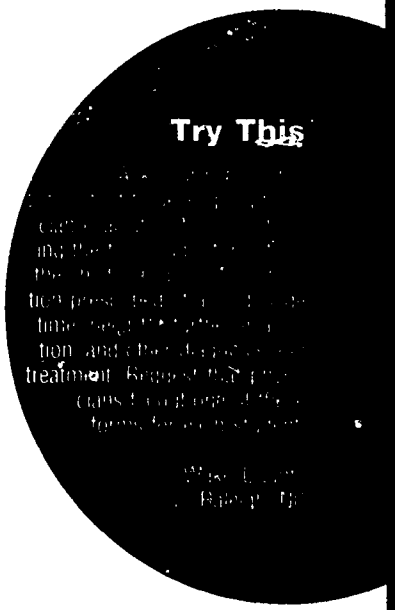

North Carolina, has a system for providing physicians with a packet of information containing an outline of the child's problems as perceived by the school and a summary of collected data as support. These packets also include the student's scores on attention deficit disorder checklists and rating scales, a brief school history, a release of information form, a medical report form, and a self-addressed stamped envelope so the physician can report to the school information regarding any medical treatment and follow-up. In this example alone, there are numerous opportunities for teachers to contribute valuable information. If nothing else, these packets should provide you with helpful information about the child that you can use to plan classroom instruction.

Once a student is placed on medication, it is up to you to help monitor the student. Is the student experiencing fewer behavioral problems and participating more productively in class lessons? For example, in Kenosha Unified School District No. 1, Kenosha, WI, teachers complete a medication follow-up report and send it to the physician two weeks after medication is started or changed. A copy is also sent to the parents. On the form, the teacher checks off any side effects that he or she has noticed and notes any behavioral fluctuations in impulse control, attentiveness, or physical activity level that have been observed. Academic and social performance is also summarized.

Medication Is Only Part of the Answer

Regardless of whether a medical management plan is agreed upon between the parents and the physician, the child's learning and/or behavior problems still require school-based interventions. A medical diagnosis is not necessary to institute specific classroom accommodations.

Medication does not control the child. If properly administered it should filter out distractions, allowing the child to focus on the task at hand. Capitalize on this opportunity to help the student progress.

Teaching Students with Attention Deficit Disorder

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No two children are alike. There are multiple approaches to working with children in the classroom, which is why the teacher's role is so important. Identifying what can be done to support and strengthen the student's learning ability is ultimately what makes the difference in whether the student progresses or not.

Effective classroom programming requires knowledge about attention deficit disorder, a solid grounding in behavioral management, skill in instructional design, and an awareness of the disorder's medical components. This understanding is enhanced when strong relationships are built between professionals and families.

When designing lessons that address the characteristics of students with attention deficit disorder, you will probably need to make some changes in how you plan, organize your instruction, manage the

classroom, and arrange the physical layout of the room and materials. Students with attention deficit disorder do best in a structured classroom — one where expectations and rules are clearly communicated to them and where academic tasks are carefully designed. Interactive teaching strategies are needed to keep these students attending to tasks. Since these are basic principles of effective teaching, you will find that when applied, they will have a positive effect on the learning of ***all*** students.

Planning for Success

Children with attention deficit disorder have learning characteristics and needs as diverse as those of other children in your classroom. As such, no single educational setting, practice or plan can be uniformly prescribed for these children. Students with attention deficit disorder vary in their characteristics and needs, and schools vary in their access to resources. Plans should, at a minimum, identify students' characteristics and special learning needs and provide sound ideas for strengthening their academic and social performance.

In your planning, stress short- and long-term goals rather than "quick fix" ideas and "tear down the door" methods. Many districts have found that planning results in more effective practice when teaching strategies and interventions are linked to desired behavioral goals.

Planning can also be enhanced when it is done as a team effort. In Fort Lauderdale, Florida, parents, teachers, and support professionals prepare district ***accommodation plans*** for students who are being considered for Section 504 services. These plans contain specific modifications that need to be made, if any, in the physical arrangement of the classroom, lesson presentation, work assignments, test-taking methods, and classroom management system. The plans specify who will make which accommodations, and in what time frame.

Modifying Instruction

You will probably find that most of your students with attention deficit disorder tend to benefit from some type of instructional modification, which is the cornerstone of helping students with attention deficit disorder succeed in the classroom. When modification is used, students are not penalized for not knowing how to learn.

There are many ways you can modify your lessons. Target those aspects of the learning setting that can be most troublesome for the student:

- Lesson presentation.
- Physical arrangement of the classroom.
- Work assignments.

Lesson Presentation

Use the principles of effective instruction when delivering lessons. Make sure that students are successful and challenged. Model cognitive strategies such as "think aloud" techniques which help students verbalize the thought processes they should engage in to complete the task. Cooperative groupings can also be used effectively. Finally, give praise and feedback immediately and consistently.

Suggestions for maintaining student involvement in the lesson include the following:

- Keep lesson objectives clear.
- Deliver the lesson at a brisk pace.
- Encourage collaboration among students.
- Use meaningful materials and manipulatives.
- Prompt for student answers after allowing at least 5 seconds of wait time.
- Have the students recite in unison.
- Vary your tone of voice and model enthusiasm.

There are additional ways you can accommodate the student's learning characteristics and needs when designing your lessons. For example, if the student has a short attention span, you might accommodate this learning characteristic by modifying

the ***length*** of the material. The following are examples of additional accommodations:

- Break up long presentations by "chunking" content. At the end of each chunk, have the student respond in some way.
- Provide the student with additional time to finish an assignment or test.
- Break down assignments into "mini-assignments," and build in reinforcement as the child finishes each part. So as not to overwhelm the student, consider passing out longer assignments in segments.
- Reduce the number of practice items that the student must complete. For instance, allow the student to stop once he or she has demonstrated mastery.

Holding students' interest and attention is not always an easy task. Don't hesitate to experiment with a variety of approaches — and ask your colleagues for ideas.

Physical Arrangement of the Classroom

To help a student who is easily distracted focus on the task at hand, you may need to reduce competing stimuli in the environment or directly cue the student's attention. The goal here is not to create a dull environment, but rather to find ways to focus the student's attention. The following are examples of things you can do:

- Seat the student away from high-traffic and noisy areas such as the pencil sharpener, window, hallway, and materials table. Make available a study carrel.
- Define the work space for the child. For example, when children are to sit on the floor, use carpet squares to help define each child's space.
- Reduce the amount of materials present during work time by having the student put away unnecessary items. Have a special place for tools, materials, and books.

Work Assignments

Because many students with attention deficit disorder are inefficient learners, it is a good idea to spend some time helping them develop learning strategies. Organizational strategies are a must for students with attention deficit disorder. Help them get into the habit of making reminders of what they need to do, using such strategies as assignment sheets, daily schedules, and "to do" lists.

A teacher in Suffield, Connecticut, designed a daily checksheet for students to keep track of assignments, grades, and targeted behaviors. Here's how it works. The first column lists all of the

Try This

student's classes. Next to it is a column for the student's grades. The next column features criteria (e.g., is on time for class, came prepared with appropriate materials, participates in instruction and discussion, completes homework, etc.). A space is left for the student to write in homework assignments. At the end of the day, the student reviews the checksheet and uses the data on it to determine what to take home for study purposes. Parents are expected to review and sign the checksheet daily.

Daily checksheets such as the one just described enable you to maintain an active record of student progress. These checksheets also assist the student by clarifying expectations and highlighting successes.

Teach older students how to take notes from both oral presentations and textbooks. Help the student by listing the main ideas or concepts in advance. Some teachers have found it helpful to give their students a template graphic organizer to use when outlining and taking notes.

Other tactics that teachers have used to help students focus in on the task at hand include the following:

- Use color coding or highlighting to help focus attention on critical information contained in assignments.
- Give clear directions both orally and visually. Whenever possible, provide the student with a model of what he or she should be doing.
- Set up consistent routines for making the transition between lessons, getting and putting away materials, and requesting assistance. Teach these routines and reward students for following them.

Try This

Managing the Classroom

A strong classroom management system helps ***all*** students develop positive classroom behavior, study habits, and organizational skills. For students with attention deficit disorder, these behavioral management systems often provide the structure they need for managing their own behaviors on a daily basis.

At a minimum, you can provide the essential foundation for improving behaviors and promoting student success by maintaining an orderly classroom environment that is predictable. Establish clear rules and state them in positive terms so that students know what is expected of them.

Helping the Student Manage Behavior

Explicit attention to reducing the incidence of problematic behaviors is essential for students

with attention deficit disorder to reach their academic potential. For years, teachers have applied behavioral management techniques such as positive reinforcement, negative reinforcement, and response contingencies in their classrooms with positive results. The key is to be ***consistent*** in applying positive and negative consequences.

Positive Reinforcement. You will probably find that many students with attention deficit disorder benefit from a structured reinforcement system. Let the student know what behaviors will be rewarded. Select reinforcers that are of interest to the student. Rewards don't necessarily need to cost a lot of money; for example, an image made with an ink pad, a trophy or a stuffed animal that sits on the student's desk, or a visit with the principal, might have appeal to younger children. Older students tend to appreciate special privileges such as free time or time at the computer station. Remember, as students become proficient in displaying appropriate behaviors, you can begin to phase out reinforcement by decreasing its frequency.

Negative Consequences. When you must use negative consequences to reduce the frequency of a troublesome behavior — for instance, strategies such as planned ignoring, time out, loss of privileges, and reprimands — keep in mind that such practices should always be paired with reinforcement for an appropriate alternative behavior. Students need to know what they ***should*** be doing, as well as what will not be tolerated.

Response Contingencies. Token economy systems are widely used classroom management systems that have promising results for students with attention deficit disorder. A token system is based on tokens that can be exchanged for reinforcers, contingencies that specify the conditions under which the tokens may be obtained or lost, and exchange rates for tokens. Many token systems use points.

For example, students in Irvine, California earn daily points for positive behaviors such as following quiet rules, following seat rules, maintaining appropriate peer relations, attending to class lessons, and completing work neatly. Points are subtracted for negative behaviors. As students become proficient at demonstrating positive behaviors, the intervals for receiving rewards increase. This school based reward system is administered by counselors during the last 20 minutes of the day.

Elementary-aged youngsters in Bradenton, Florida experience a five-level point system that assists teachers in monitoring and rewarding appropriate behavior such as following rules and participating in lessons. The system works this way:

Try This

- Each student starts at level 1. To move up to succeeding levels, the child must meet certain behavioral expectations every day for a month.
- At each succeeding level, privileges are increased.
- At the end of the day, students discuss their behavior. A daily report card is sent home, and a graph is used to chart students' progress.

Another variation of a point or token system focused on increasing student work completion is a tic-tac-toe game developed by a school psychologist in Sandy, Utah. The game consists of a specially made tic-tac-toe card (8 1/2- by 11-inch card with nine pockets for holding the tokens), tokens, reinforcements, and progress charts. Each square on the tic-tac-toe board has a number, that corresponds to a number on a token. The object of the game is to place three tokens in their pockets across, down or diagonally on the playing card. Numbers representing units of work to be completed (e.g., number of questions to answer or pages to read) are also printed on the tokens. Here is how the game is played. The student draws a token and completes the amount of work indicated. Once the work is completed, the student matches the token to the square on the card. This process continues until the student has achieved a "win." To keep motivation high and to show the students' progress, charts are kept.

Charting progress can be not only reinforcing but also fun. In Sandy, Utah, "magic grids" add the element of surprise to reinforcement. The "Magic Grid" is a nine space grid with the numbers 1 through 5 listed at the top of each space. In each space a reinforcement has been written in invisible ink. Students randomly select a space and tally points in that space. When a student has earned all of the points for that square, the secret message is revealed. Another variation is the "Stairway to Success" chart. Students earn points toward each stair, receiving a reinforcement when they reach the top.

Learning New Behaviors

When helping students learn new behaviors such as positive social skills, teachers can use a combination of instructional strategies, including:

- Modeling.
- Rehearsing appropriate behavior.
- Role playing.
- Continuous reinforcement.
- Prompting.

"Target Behavior of the Day" is a practice used in Jacksonville, Florida, that helps students think about good classroom behavior

on a daily basis. At the elementary level, teachers introduce this practice by asking students to make a list of specific behaviors that are desirable in the classroom such as raising your hand, listening when others talk, waiting your turn, speaking with an inside voice (i.e., using a low tone of voice inside, even though louder voices can be used outside on the playground), and cleaning up your area. These behaviors are then written on large strips of posterboard and displayed — one each day — on the "Target Behavior of the Day" bulletin board. During the day, the teacher records a mark on a tally card each time a student displays the behavior. At day's end, the teacher recognizes students who have modeled the behavior. For older students who need more challenge, this technique can be adapted by listing ***all*** of the desired behaviors and keeping the targeted behavior a secret from the group until the end of the day.

Providing constructive feedback to the student is important. Middle school teachers in Lake Villa, Illinois, have come up with an approach to helping students demonstrate positive academic and social behaviors. Each Friday, teachers write a brief progress report on the students, describing the students' behavior, effort, classroom performance, homework completion, and present grade point average. Before leaving school, the students collect the reports and meet with a designated adult to discuss the comments. During this meeting, the students and adults work together to problem solve and suggest alternatives where needed.

Verbal prompting has also been found to help students better understand the requirements of their environment. In Des Moines, Iowa, teachers help ease transition — generally a very difficult time for many students with attention deficit disorder — by telling the student when there are "2 minutes to go before..." Even with young students who might not comprehend time, the cue helps to orient the child to the approaching change.

Enlisting Colleagues' Support

Some students will demand more attention and understanding. At these times, consider enlisting the help of your colleagues — either individually or on teams — in supporting the student's behavioral growth.

In Irvine, California, teachers find it helpful to come prepared to team meetings with the following information about the student's behavior:

- Statement of problem behaviors.
- Desired alternative behaviors.

Try This

Give *Good Slips* to students [illegible] desired behavior. The slips can be turned in for [illegible]

- Previous attempts at modification in the classroom: what works and what doesn't work.
- Special health considerations.
- Previously used reinforcement mechanisms: levels of success.

Using this information as a guide, a decision might be made for a colleague to serve as another set of eyes in the classroom to gather more insight into how the student might be helped to develop more positive behaviors. Ultimately, this information forms the basis for a classroom intervention plan.

Working Together with Families

Attention deficit disorder affects children in all life situations. Communication with the child's family is one of the most important components of any school program.

Invite parents to meet with you and help you plan the child's educational program. Be sensitive to the parents' frustration and fears. Reaffirm your commitment to helping the child be a success.

Some parents are excellent candidates for classroom service. In addition to serving as classroom aides, parents can also be enlisted to provide special assistance. For example, teachers in Fort Lauderdale call upon parents to serve as guest lecturers on unit topics such as woodworking, cooking, or chess.

Families Help Shape Behaviors

The success of a classroom behavioral management program can be enhanced by the family.

Educators at Westside Community Schools have developed a classroom-home strategy for involving families in reinforcing targeted positive student behaviors. Students receive points each hour for demonstrating positive classroom survival skills such as completing tasks and assignments, following instructions, and remaining in one's seat. Points are recorded on a form, which is reviewed at home. Families agree to reward or withhold privileges in the home depending on their child's performance. A special procedure allows students to earn back points at home if they have had an unsuccessful day at school.

To enable students to become better organized about their homework assignments, an assignment sheet was developed by a teacher at St. Charles School in Boardman, Ohio. The assignment sheet lists each subject and provides a space where the student indicates whether or not the homework was completed. Throughout the day, the sheets are periodically reviewed to ensure that students are recording assignments. As students demonstrate independence in completing assignments, the number of reviews is decreased. Parents are expected to review and sign off on the sheets. Moreover, parents agree that uncompleted homework will be completed at school, even if it means that they have to furnish transportation home after school hours.

These Students Are Worth the Effort

The bottom line is not to give up on any student. Although students with attention deficit disorder might challenge your patience and cause momentary despair, helping them succeed can be especially rewarding. The modifications, alterations, and accommodations you make today may have a lasting effect on the lives of these students in the future.

Making It Work in the Classroom

5

Across the country, teachers are helping students with attention deficit disorder succeed in their classrooms. They are helping students organize their work, supporting their attempts at positive classroom behavior, and building relationships with their families.

We'll meet two classroom teachers who are making a difference in the lives of their students. What makes these teachers so outstanding is their commitment to teaching ***all*** children. They acknowledge and respect learning differences and see to it that every child has every opportunity to learn.

Try This

Your Notebook Should Look Like This...

Robert King marked his 25th year working with middle-school-aged students in 1993. Over the years, he has come to accept the fact that many students — especially those with attention deficit disorder — will have difficulty keeping assignments organized in his geography and social studies classes. To make sure that all students are successful, he has developed an effective approach to structuring class assignments and work at Drexel Hill Middle School in Pennsylvania.

Acknowledging students' short attention spans, the first thing Mr. King did was reduce his reliance on the textbook, making use of handouts for the majority of assignments instead. While this approach addresses attention span difficulties, it requires that students have the ability to organize and keep track of these handouts. Mr. King's greatest challenge was figuring out how he could assist students with organization while at the same time helping them to become independent. His solution: an organization procedure that is routinized for each unit of study.

Students are expected to keep three-ring note books. At the beginning of each unit, Mr. King has students create a table of contents that will become the first page in their notebook. He prepares a model table of contents with them, eventually displaying his sheet on the bulletin board under the prominent heading, "Your Notebook Should Look Like This...."

As each succeeding assignment is given, Mr. King:

- Writes the assignment on the blackboard.
- Places a copy of the assignment on the bulletin board and numbers it.
- Lists the assignment on the table of contents.
- Instructs students to number their assignment, add it to their table of contents, and add it to their notebooks.

This strategy allows students to ***see*** what the current notebook should look like, and it also helps students who were absent quickly see what they have missed.

At the end of each unit, notebooks are handed in and graded. Mr. King notes in the table of contents next to each item whether or not the work was completed. A copy of the table of contents is then sent home to parents, who must review it and return it with a signature. In advance of a unit, Mr. King makes the table of contents available to parents, who use it at home to help their child complete home-

work and stay on top of the work.

Structuring Class Presentations: No Surprises

Students arrive in class with their notebooks. On the blackboard, Mr. King has written their assignment for the day. Class periods are "chunked" or broken down into thirds to accommodate short attention spans.

As a matter of routine, Mr. King begins the first 15-minute segment with current events. Each week, students are expected to bring in a current event and share it with the group. During this sharing, students take notes which they will be allowed to use on their weekly quiz. Some students have found that when they circle important points in their notes, their quiz scores increase.

After 15 minutes of current events, the class shifts to reviewing their work from the previous day. As students retrieve their worksheets from their notebook, Mr. King walks through the aisles and marks their worksheets with a stamp pad. During group review, Mr. King draws on a number of instructional techniques that keep students engaged and focused on the important content. He

- Summarizes key words in answers.
- Repeats key concepts.
- Writes key concepts on the board, as well as stating them. When appropriate, he uses maps, globes, or colored drawings to demonstrate concepts.
- Has students as a group recite difficult concepts.
- Directs questions to students who begin to drift off task.
- Moves pace along quickly.

The final 15 minute segment is devoted to student planning. Mr. King repeats the directions, which are also written on the blackboard, and directs the students to the first step in completing the task. From a sheet containing terms and definitions of land formations (e.g., glaciers, ponds, mountains, etc.), students are to choose one that they will research and illustrate. As students read over the sheets and decide, Mr. King walks through the room giving individual students the "go ahead" with their choice.

At the end of the class, Mr. King goes to the bulletin board and reviews what the students' notebooks should look like. He reminds them about their homework, repeating directions several times.

The key to Mr. King's success with this age group is structure — structure that is accompanied with repetition, routine, and organization. Students are constantly reminded of to what is

Try This

expected of them, and, as Mr. King will tell you, "there are no surprises."

It's OK to Make Mistakes When You're Learning

Walk into Mrs. Mann's second grade classroom in San Diego, California, and you are immediately struck by an atmosphere of caring and learning. At this young age, students are still discovering how to learn, how to participate in class, and how to navigate through the day. It is a particular challenge for students with attention deficit disorder, but Mrs. Mann recognizes their struggle and builds a classroom atmosphere that respects their difficulties in learning and builds on their strengths.

It's time for language arts. Students are on the carpet, clustered around their teacher. A tic-tac-toe game keeps track of students' correct answers — "Ocean has a long or short O?" "Clock has a long or short O?"

A girl with characteristics typical of attention deficit disorder becomes overexcited at the thought of adding an "X" for her team and makes an "O" on the game board instead. As students start to protest, Mrs. Mann asks, "Some of us are still learning how to play the game. How do we teach someone how to play the game?" Hands go up as students proudly tell how they would be a good friend and help their classmate learn. Mrs. Mann continues, "Is it OK to make a mistake?" Students respond in the affirmative. Mrs. Mann continues, "Even teachers make mistakes. Remember yesterday when I..." Before the lesson is over today, Mrs. Mann will actually "make another mistake," during which she will have the students model appropriate supportive behaviors.

Once she has made use of this "teachable moment" to reaffirm class rules and norms, she returns the focus to the game. "How many boys and girls see the possibility for three Xs in a row?" Students excitedly start to talk out and squirm with excitement. "What signal do you make when you're excited?" Thumbs go up as students visibly settle down.

After this large-group orientation, during which time students also practice their seatwork assignment, heterogeneous small groups begin their 30-minute rotations. One group will stay with Mrs. Mann, another group will go outside with the classroom aide, and the third group will go to their seats and complete their assignment with the help of two parent helpers. Every 30 minutes, groups rotate. This schedule allows Mrs. Mann to vary the time frame for students, providing them with a variety of tasks that keep them motivated and interested.

Making It Work in the Classroom

To make smooth transitions between lessons, Mrs. Mann uses what she calls a "passport to leave" system. Before they can leave, students must give her the correct answer to a question that is directly related to their seatwork assignment. This technique serves a dual purpose in pinpointing individual students who will need a little more assistance at the same time structuring how the students will move to their next learning station.

Success Breeds Success

During lessons, Mrs. Mann pays attention both to ***what*** the students are learning and to ***how*** they are learning. At the beginning of the year, she spends considerable time directly teaching classroom rules and codes of behavior. Among the techniques she uses to support students to behave appropriately are:

- Cueing the children with statements such as "Look at me" and "One, two, three, eyes on me."
- Eliminating materials from the learning environment that are not presently in use. Even during a lesson when materials are used periodically, she will explicitly direct students to put their workbooks behind them when they are discussing an answer or to put pencils down.
- Reminding students to use "inside voices" or "inside walking," which helps them understand that depending on the setting — in this case the classroom rather than the playground — they should behave in different ways.
- Praising students who are demonstrating appropriate behavior.
- Providing seating options for students. They may sit at their desks or in a designated quiet space. Some students choose to sit outdoors to work, where they are free to talk with one another. All students have access to cardboard carrels they can put up at their desk for more privacy.
- Allowing students to wear headphones to cut down on noise distractions.
- Dimming lights to signal an activity change.

These techniques help students with attention deficit disorder participate at high levels of engagement. Potentially problematic behaviors are controlled before they can escalate.

Second Grade Super Citizens

"I like the way students are listening." "I like the way Kevin is raising his hand." "I like the way Ashanti is sitting up straight." Mrs. Mann regularly draws attention to students who are modeling good classroom behavior.

Try This

Try This

To support her approach, she has developed a "Super Citizen Award" system. Students who have not deviated from the rules all day are eligible for a special reinforcement. Students can increase their chances for reinforcement by collecting additional Super Citizen cards throughout the day. With this feature, Mrs. Mann randomly selects students at varying intervals who are demonstrating good classroom behavior and gives them a card. Students write their names on the cards and place them in the container — this month, a jack-o-lantern — for a special drawing. At the end of the day, or several days, depending on the particular stage of skill development, Mrs. Mann draws a name or names. These students might receive a special treat or privilege such a having the stuffed panda sit on their desk, extra activity time, or special attention from someone such as the principal.

Underlying this technique is an overall classroom management system. A classroom chart containing a library card pocket for each child hangs in the front of the room. In each pocket are four cards with the following meanings attributed to them:

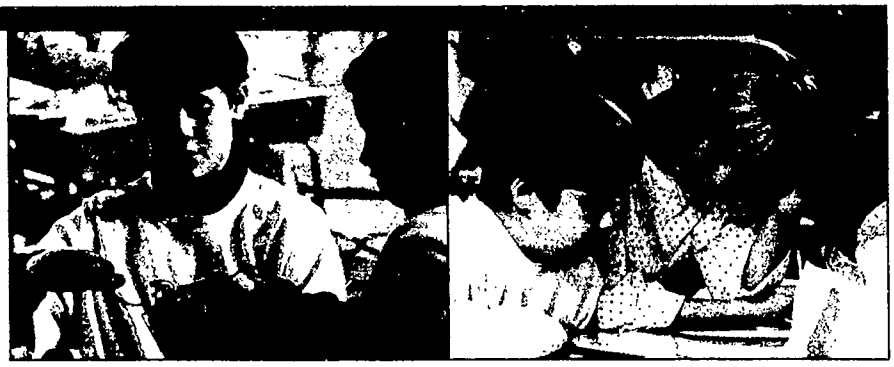
- Pink: Demonstrating appropriate behavior/following rules.
- Yellow: Behavior requires a warning.
- Red: Behavior requires time in the quiet chair.
- Blue: Behavior requires time away from fun activities (e.g., recess) and/or a telephone call or note to parents.

All students start out "pink" each day. Each morning, Mrs. Mann reviews the rules, paying special attention to those with which students seem to be having difficulty.

Teachers Make a Difference

Both teachers make it a daily practice to find flexible instructional solutions to student learning needs. They communicate openly to students a willingness and commitment to work with them on a personal level tc achieve high academic outcomes. Showing concern for the whole child while accommodating special needs goes a long way in helping ***all*** students feel secure in their classes.

Putting These Ideas to Work 6



Your professional role extends beyond the classroom. All over the country, teachers are taking a leadership role in advancing their schools' progress in meeting the needs of all students, including those with attention deficit disorder.

As with any change to a system, you will probably find that there are certain obstacles to overcome in fully implementing new ideas. There are multiple approaches to supporting implementation of a strong instructional program for students with attention deficit disorder. Many school districts are finding that at the very least they need to support:

- Professional development.
- Development of collaborative teams.
- Administrative assistance at the building level.

Professional Development Makes a Difference

Everyone has a stake in making sure that students with attention deficit disorder receive the best education possible. Parents, community members, the medical profession, teachers, administrators, and support staff — including bus drivers and lunch monitors — all can benefit from a better understanding of students with attention deficit disorder.

School districts are finding that professional development can have a positive impact on the education of students. Under the staff development umbrella are successful information sharing techniques such as inservice workshops, collaborative meetings among all who come in contact with students with attention deficit disorder, and print materials. As a classroom teacher, you can play an important role in shaping workshop agendas, serving on collaborative teams, and making recommendations for print materials.

Teachers Can Help Shape Workshop Agendas

The first task focuses on topic selection. School districts, such as Colorado Springs, Colorado, Reno, Nevada, and Raleigh, North Carolina, each of which has a track record in designing inservice presentations, suggest getting started with the following topics:

- Overview and characteristics of attention deficit disorder.
- Medical interventions.
- Identification and screening procedures.
- Classroom interventions.
- Parent and family involvement.
- Community resources.
- Legal issues.

Parent workshops, which may or may not be combined with those of school district staff, often include a session on working with the child in the home. Engage parents in helping you plan and run such workshops.

The next question usually addresses who should deliver the inservice training. You can take an active role by suggesting speakers. ***Where Do I Turn? A Resource Directory of Materials About Attention Deficit Disorder*** (see "Other Useful Resources" at the end of this booklet) provides you with an excellent beginning road map of where to turn for ideas and assistance.

At a basic level, it is critical that the workshop leader have train-

ing directly related to students with attention deficit disorder, as well as direct experience that is relevant to the participants. Because attention deficit disorder is a relatively new area, there may not be an abundance of qualified trainers. If this is the case, suggest to your district that they consider, as was done in Billings, Montana, identifying someone in the district who is willing to become trained in return for delivering district-wide sessions.

In the spirit of collaboration, which is at the core of so many successful programs for students with attention deficit disorder, team-led workshops are growing in popularity. Here are some starting points suggested by other districts:

- In Colorado Springs, the social worker and school psychologist co-lead training sessions in which they invite guest speakers from the community to comment on topics such as legal and medical issues.
- Panel discussions are a good way to bring together diverse views on the topic, while at the same time acknowledging the contributions that different professionals make. In Jacksonville, Florida, educators model the team approach on their panels by including the school psychologist, medical doctor, special and general education teachers, a parent, and a student.
- In Ohio, a parent group makes videotapes that can be used in subsequent years for training.

Through Collaboration, New Ideas Are Realized

Learning from colleagues and other knowledgeable people is one of the best ways to discover new ideas and approaches. Strategies for addressing the needs and strengths of students with attention deficit disorder can be identified through school-based assistance teams, special-general education teacher partnerships, and community action committees.

Teachers often report satisfaction with collaborative models, primarily citing the opportunity they provide to share knowledge, expand skills, and develop creative solutions to problems.

- The Student Services Division in San Diego, California, put together a core team of consultants from nursing, psychology, and counseling whose role it was to increase the knowledge and skills of school personnel while at the same time coordinating services. Mentor teachers in the district also took on a leadership role in assisting classroom teachers to meet special challenges in their

Try This

schools.

- The Orange County Public Schools supports general education classroom teachers with a cooperative consultation model that teams them with special educators and other school support personnel. The six-step process works this way:

  Step 1. Student needs are identified.

  Step 2. Classroom expectations are described.

  Step 3. A comparison is made between the student's skills and course expectations. Special attention is given to other students in the classroom who have similar needs.

  Step 4. Instructional strategies are suggested and a plan made for implementing them in the classroom.

  Step 5. The plan is implemented, with support from the collaborators.

  Step 6. Implementation is monitored. When necessary, the plan is modified.

- Parents, educators, and community leaders in North Canton, Ohio, formed the ***ADD Partnership***, a parent-directed organization, to increase awareness and foster information exchange about attention deficit disorder. The ADD Partnership offers training and materials to parents and educators.

Other Ideas That Get the Message Out

In addition to training events and collaborative teams, school districts are finding other innovative techniques that help them communicate with the community and district staff about attention deficit disorder.

In some cases, districts have formed working groups charged with identifying and communicating information about attention deficit disorder. A Task Force on Attention Deficit Disorder was established in Baltimore, Maryland, to spearhead information dissemination. Comprised of parents, educators, and community members, the task force developed brochures describing characteristics and instructional tips that were sent to all district teachers and parents. This task force also assisted in conducting inservice workshops.

Brochures can be particularly useful in helping individuals understand attention deficit disorder. Try and target these brochures and flyers to the interests and awareness needs of specific groups.

Manuals that document district procedures, especially as they relate to screening, add an ele-

ment of consistency and comfort. If your district does not already have a procedures handbook on identifying, screening and working with students with attention deficit disorder, encourage it to do so. District educators in Raleigh, North Carolina, found that their screening manual facilitated more consistent and systematic practices. The manual included a recommended screening procedure, general information on attention deficit disorder, suggested classroom interventions, and recommended home and school behavior rating scales.

Finally, it is important to link up with other community-based organizations that are providing services related to attention deficit disorder. In some states, local support groups and organizations for parents have been identified.

Encourage Administrator Support

Whenever new innovations and approaches are introduced in schools, administrators are usually called upon to facilitate smooth and effective implementation. It is important to work with your building principal when planning instructional supports for students with attention deficit disorder.

Help your administrator determine what will best support you and your colleagues. Administrators need to know from you what they can do to support better outcomes for your students. Often, you are in the best position to identify specific barriers to success and solutions for overcoming them. Administrators can be supportive of the process by providing teachers with time to meet and plan, establishing opportunities for them to form partnerships with other professionals and parents, and identifying resources. Share with your administrator ideas from other districts that have helped their staffs move forward. For example:

- Many social skills approaches that shape new behaviors require giving frequent positive feedback to the student during the initial training phase. To assist classroom teachers, educators in the Irvine Unified School District, in California, entered into a partnership with the local university. Behavioral specialists from the university complete their practicum requirement in the schools where they provide social skills training to identified students.
- Scheduling a workshop for a diverse group of professionals and community members can be challenging. Meetings might be held over lunch or on Saturdays — whenever all participants are free. Besides taking up well-deserved leisure time, often these atypical times require financial

Locating Additional Resources

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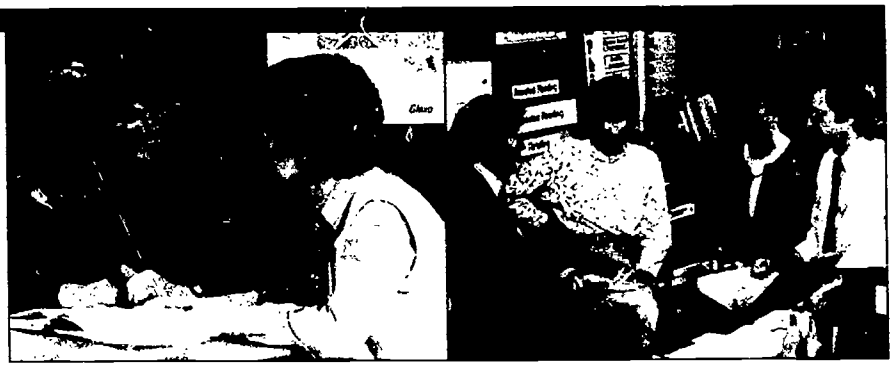

What can we learn from nationally funded centers? As was stated in the introduction, the information in this booklet was drawn in part from the work completed at the five OSEP-funded centers on attention deficit disorder. A special issue of ***Exceptional Children*** (Volume 60, Number 2) focused on the work of these centers and is highly recommended for those readers who want a more research-oriented discussion of the issues.

Full-length syntheses and executive summaries of the centers' work are available through the ERIC Document Reproduction Service

outputs, such as fees for baby sitters. You might follow the lead of a Kentucky district and encourage your own district to provide child care during these times. Or consider, as Billings, Montana, did, rewarding the extra efforts of those who attend workshops by awarding graduate credit hours.

- Assign a professional staff position responsible for coordinating efforts on behalf of students with attention deficit disorder to help get programs in place and off to a good start. The school board of Broward County, Florida, found that having a designated person design guidelines for serving students with attention deficit disorder was a key to the success of its program. Both the Rowen-Salisbury, North Carolina, and the Kenosha, Wisconsin, school districts employ a full-time support teacher, who is charged with creating procedures, assisting schools in implementing them, and acting as a liaison to the medical community.
- Establish a building contact person for referrals and questions. In Louisville, Kentucky, and Salisbury, North Carolina, the school counselor serves this role.

Making It Work

There are rarely any easy answers when first putting a program into place. As with any new approach, the extended efforts that you expend in laying the foundation will serve you well in the long term. While we can all envision major changes that would facilitate this undertaking, as you might have noticed in the examples, it is often the ***little*** things that move your work forward on a daily basis.

Our children and youth are our greatest resource for the future. We cannot afford to waste one life. The more we can do today to help ***all*** students succeed, the closer we will be to reaching our goal of educating citizens to their highest potential.

(1-800-443-ERIC). If you have a computer and modem, you can also access the documents through two national on-line information services:

- ***SpecialNet*** (1-800-927-3000), available on the PROGRAM.EVAL bulletin board.
- ***CompuServe*** (1-800-524-3388), available by asking Representative #464 about the "A.D.D. Forum."

Assessment and Characteristics of Children with Attention Deficit Disorder. R. A. Dykman, P. T. Ackerman, & T. J. Raney, Department of Pediatrics, Arkansas Children's Hospital, Little Rock, Arkansas.

The synthesis provides an overview of the knowledge base to date along with a history of the field, definitions, epidemiology, etiology, biological theories, experimental approaches, and information about assessment. The work contains a review of the assessment instruments used to assess attention deficit disorder.

The Effects of Stimulant Medication on Children with Attention Deficit Disorder: A Review of Reviews. J. M. Swanson, University of California-Irvine ADD Center, Irvine, California.

The report represents a review and synthesis of the literature addressing the use of stimulant medication to treat children with attention deficit disorder.

Promising Practices in Identifying and Educating Children with Attention Deficit Disorder. B. Burcham & L. Carlson, Federal Resource Center, University of Kentucky, Lexington, Kentucky.

The report describes 28 practices for identifying and instructing students with attention deficit disorder. The descriptions are based on field observations, interviews, and written documentation.

Research Synthesis on Education Interventions for Students with Attention Deficit Disorders. (March 1993). T. A. Fiore, E. A. Becker, & R. C. Nero, ADD Intervention Center, Center for Research in Education, Research Triangle Park, North Carolina.

The synthesis discusses research conducted in the following areas: positive reinforcement of token reinforcement, behavior reduction, response cost, self-instruction or cognitive-behavioral training, parent or family training, task or environmental stimulation, and biofeedback.

A Synthesis of Research Literature on the Assessment and Identification of Attention Deficit Disorder. J. D. McKinney, M. Montague, & A. M. Hocutt, Miami Center for Synthesis of Re-

search on Attention Deficit Disorder, University of Miami, Coral Gables, Florida.

The synthesis is organized around the following topics: review of instruments for assessing attention deficit disorder, educational characteristics and coexisting disorders, assessment and identification in preschool, family characteristics, ethnicity, and socioeconomic status related to assessment and identification.

Other Useful Resources

There are a number of books, pamphlets, and manuals available that take a practical look at educating students with attention deficit disorder. Probably one of the best resources to get you started is ***Where Do I Turn? A Resource Directory of Materials About Attention Deficit Disorder***, which is available from the following groups:

- American Federation of Teachers (AFT)
- Association for Supervision and Curriculum Development (ASCD)
- Attention Deficit Disorder Association (ADDA)
- Children and Adults with Attention Deficit Disorder (CHADD)
- Council for Exceptional Children (CEC)
- Learning Disabilities Association (LDA)
- National Association of Elementary School Principals (NAESP)
- National Association of School Psychologists (NASP)
- National Association of State Boards of Education (NASBE)
- National Education Association (NEA)
- National Information Center for Children and Youth with Disabilities (NICHY)
- National Parent Teacher Association (NPTA)

Among its many sections, the directory lists the following:

- National Organizations
- State Resources
- General Sources of Information
- Resources for Parents
- Resources for Children with Attention Deficit Disorder
- Resources for Adults with Attention Deficit Disorder
- Resources for Educators

Media products, publishers, and other publications such as newsletters are also included.