

ADHD

INFORMATION PACKET

CONTENTS

Section 1: Fact Sheets and Diagnosis *General information*

- “Attention-Deficit/Hyperactivity Disorder Fact Sheet” by NICHCY*, updated by CPIR
- “What Conditions Can Coexist with ADHD?” excerpted from “Attention-Deficit Hyperactivity Disorder” by NIMH
- “ADHD and the DSM 5” by CHADD
- “Does My Child Have ADHD?,” “Evaluating Your Child for ADHD,” “NICHQ Vanderbilt Assessment Scale – PARENT,” “NICHQ Vanderbilt Assessment Scale – TEACHER” by The American Academy of Pediatrics & NICHQ

Section 2: Strategies for Home and School *Information from various sources about the different approaches to managing ADHD*

- “My Child Has Been Diagnosed with ADHD – Now What?” by CDC
- “For Parents of Children with ADHD” by The American Academy of Pediatrics & NICHQ
- “Managing AD/HD with Medication: An Overview” by GreatSchools
- “Teaching Children with Attention Deficit Hyperactivity Disorder: Instructional Strategies and Practices” by U.S. Department of Education

Section 3: How to work with professionals *Lists and articles about the particular service providers associated with ADHD*

- “Questions to Ask Professionals Who Diagnose or Treat AD/HD” by GreatSchools
- “Educational Rights for Children with ADHD in Public Schools” by National Resource Center on AD/HD:CHADD
- “The Difference Between IEPs and 504 Plans” by Understood.org

Section 4: Resources *Where to go for further information*

- Materials in the Support for Families Library
- Websites and other resources
- Evaluation



SUPPORT FOR FAMILIES
OF CHILDREN WITH DISABILITIES

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The American Academy of Pediatrics & National Initiative for Children's Healthcare Quality (NICHQ)

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617-391-2700, communications@nichq.org
www.nichq.org, www.aap.org

National Dissemination Center for Children with Disabilities (NICHCY)* / Center for Parent Information and Resources (CPIR)

c/o Statewide Parent Advocacy Network
35 Halsey St., Fourth Floor, Newark, NJ 07102
(973) 642-8100
www.parentcenterhub.org

GreatSchools

1999 Harrison Street, Suite 1100, Oakland, CA 94612
www.greatschools.org

National Resource Center on ADHD, a program of Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)

4601 Presidents Drive, Suite 300, Lanham, MD 20706
800-233-4050
www.help4adhd.org, www.chadd.org

National Institute of Mental Health (NIMH)

6001 Executive Blvd, Rm 6200, MSC 9663, Bethesda MD 20892
1-866-615-6464, nimhinfo@nih.gov
www.nimh.nih.gov

Understood.org, a program of National Center for Learning Disabilities (NCLD)

www.understood.org

U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs

P.O. Box 1398, Jessup, MD 20794
edpubs@inet.ed.gov, 1-877-433-7827
<http://edpubs.ed.gov>

**NICHCY lost funding in 2014, but the Center for Parent Information and Resources (www.parentcenterhub.org) has obtained and will continue to update many of NICHCY'S legacy publications.*

Disclaimer: While many people have reviewed this packet for accuracy, policies, procedures and information such as websites, agency names, mailing addresses and phone numbers can change at any time. It is always a good idea to request copies of current policies and rules from the agencies with whom you are working.

Additional Packets Available

Additional disability information packets and guides are available. Many are also available in Spanish and Chinese.

They include:

- Autism
- Behavior
- Cerebral Palsy
- Down syndrome
- Learning Disabilities
- Mental Health
- Medical Home
- Transition from Early Intervention to Preschool

To request another packet or for more information please contact:

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Section 1: Fact Sheets and Diagnosis

General Information



Attention-Deficit/Hyperactivity Disorder (AD/HD)

A legacy resource from NICHCY
Disability Fact Sheet 19 (FS19)
Links updated, February 2014

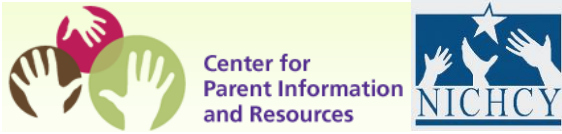


Mario's Story

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.

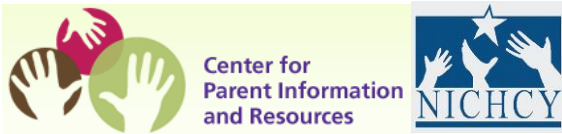
How Common is AD/HD?

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

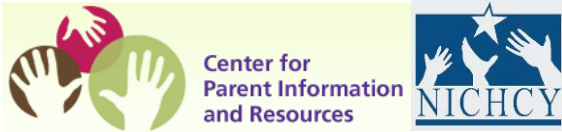
Inattentive type. Many children with AD/HD have problems paying attention. Children with the inattentive type of AD/HD often:

- 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.

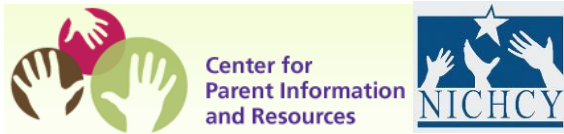
Of course, from time to time, all children are inattentive, impulsive, and too active. With children who have AD/HD, *these behaviors are the rule, not the exception.*

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:

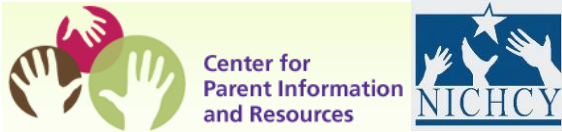
- find out more about AD/HD;
- learn how to help the child manage his or her behavior;
- create an educational program that fits the child's individual needs;
- and provide medication, if parents and the doctor feel that this would help the child.

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). AD/HD is specifically mentioned under IDEA's disability category of "Other Health Impairment" (OHI). We've included the IDEA's definition of OHI below and provide information on [OHI in a separate fact sheet](http://www.parentcenterhub.org/repository/ohi/) (<http://www.parentcenterhub.org/repository/ohi/>).

Despite the fact that AD/HD is specifically mentioned in IDEA's definition of OHI, some students with AD/HD may not be found eligible for services under IDEA. The AD/HD must affect educational performance. (To learn more about the eligibility process under IDEA, read Evaluating Children for Disability, looking specifically for the section on determining eligibility and what to do if you don't agree with the determination.) If a student is found not eligible for services under IDEA, he or she may be eligible for services under a different law, Section 504 of the Rehabilitation Act of 1973.



Regardless of the eligibility determination (yes or no), 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*(www.parentcenterhub.org/schoolage/accommodations)). Some common changes that help students with AD/HD are listed under "Tips for Teachers" below. Much additional info is available from the organizations listed under "Additional Resources" at the end of this fact sheet.

IDEA's Definition of "Other Health Impairment"

Many students with ADHD 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...

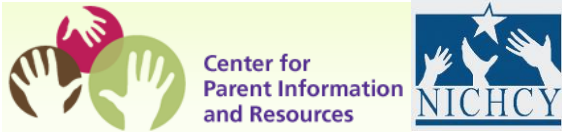
...having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that—

(a) 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, sickle cell anemia, and Tourette syndrome; and

(b) adversely affects a child's educational performance. [34 *Code of Federal Regulations* §300.8(c)(10)]

Tips for Parents

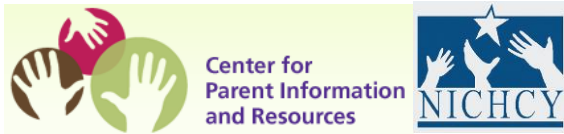
- ✓ Learn about AD/HD. The more you know, the more you can help yourself and your child. The organizations listed under "Additional Information" (at the end of this fact sheet) can help you learn more about the disability.



- ✓ 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" at the end 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 listed under “Additional Information” (at the end of this fact sheet) can help you identify specific techniques and strategies 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.\



Additional Resources

CHADD | Children and Adults with Attention-Deficit/Hyperactivity Disorder

Find loads of info on ADD and AD/HD. Find a local chapter of CHADD.

301.306.7070 | Info available in English and in Spanish.

<http://www.chadd.org>

National Resource Center on AD/HD

A service of CHADD.

1.800.233.4050 | Info available in English and in Spanish.

<http://www.help4adhd.org/index.cfm>

Attention Deficit Disorder Association

1.800.939.1019 | info@add.org

<http://www.add.org/>

For Parents

How do you know if your child has ADHD?

2011, U.S. Food and Drug Administration.

Includes a section on “FDA-Approved Drugs to Treat ADHD in Children.”

<http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm269188.htm>

How is parenting children with ADHD different?

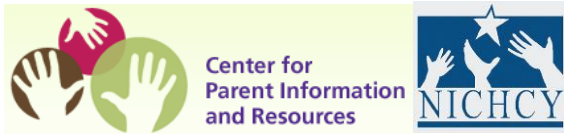
<http://tlc.howstuffworks.com/family/parenting-children-with-adhd.htm>

Attention-deficit/hyperactivity disorder: What should you know?

<http://www.cdc.gov/ncbddd/adhd/>

Educational rights for children with AD/HD: A primer for parents

http://help4adhd.org/documents/NRC_Bilingual_Educational_Rights_Guide.pdf



Resource Center on ADHD

http://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/ADHD_Resource_Center/Home.aspx

For Schools

How can teachers help students with AD/HD?

http://www.educationworld.com/a_issues/issues148c.shtml

Helping children with AD/HD succeed at school.

http://helpguide.org/mental/adhd_add_teaching_strategies.htm

AD/HD instructional strategies and practices.

From the U.S. Department of Education.

<http://www2.ed.gov/rschstat/research/pubs/adhd/adhd-teaching-2006.pdf>

How to help and support impulsive students.

<http://specialed.about.com/od/behavioremotiona1/p/impulsive.htm>

What conditions can coexist with ADHD?

Some children with ADHD also have other illnesses or conditions. For example, they may have one or more of the following:

- **A learning disability.** A child in preschool with a learning disability may have difficulty understanding certain sounds or words or have problems expressing himself or herself in words. A school-aged child may struggle with reading, spelling, writing, and math.
- **Oppositional defiant disorder.** Kids with this condition, in which a child is overly stubborn or rebellious, often argue with adults and refuse to obey rules.
- **Conduct disorder.** This condition includes behaviors in which the child may lie, steal, fight, or bully others. He or she may destroy property, break into homes, or carry or use weapons. These children or teens are also at a higher risk of using illegal substances. Kids with conduct disorder are at risk of getting into trouble at school or with the police.
- **Anxiety and depression.** Treating ADHD may help to decrease anxiety or some forms of depression.
- **Bipolar disorder.** Some children with ADHD may also have this condition in which extreme mood swings go from mania (an extremely high elevated mood) to depression in short periods of time.
- **Tourette syndrome.** Very few children have this brain disorder, but, among those who do, many also have ADHD. People with Tourette syndrome have nervous tics, which can be evident as repetitive, involuntary movements, such as eye blinks, facial twitches, or grimacing, and/or as vocalizations, such as throat-clearing, snorting, sniffing, or barking out words inappropriately. These behaviors can be controlled with medication, behavioral interventions, or both.



ADHD also may coexist with a sleep disorder, bed-wetting, substance abuse, or other disorders or illnesses. For more information on these disorders, visit the NIMH website.

Recognizing ADHD symptoms and seeking help early will lead to better outcomes for both affected children and their families.



ADHD and the DSM 5

What is ADHD?

ADHD is a neurodevelopmental disorder affecting both children and adults. It is described as a “persistent” or on-going pattern of inattention and/or hyperactivity-impulsivity that gets in the way of daily life or typical development. Individuals with ADHD may also have difficulties with maintaining attention, executive function (or the brain’s ability to begin an activity, organize itself and manage tasks) and working memory.

There are three presentations of ADHD:

- ✿ Inattentive
- ✿ Hyperactive-impulsive
- ✿ Combined inattentive & hyperactive-impulsive

What is the DSM-5?

The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, (DSM-5), published by the American Psychiatric Association is the guide that lays out the criteria to be used by doctors, mental health professionals, and other qualified clinicians when making a diagnosis of ADHD. The DSM-5 was updated in 2013 and made changes to the definition of ADHD that will affect how the disorder is diagnosed in children and in adults.

What about ADHD has changed with the DSM-5?

- ✿ **Teens and Adult ADHD:** For many years, the diagnostic criteria for ADHD focused on children as being the ones diagnosed with the disorder. This meant that many teens and adults with symptoms of ADHD might not have been diagnosed, or they weren’t diagnosed because the DSM-IV required documenting symptoms before the age of 7. Adults and teens can now be diagnosed more easily because DSM-5 raises the age of when symptoms should be documented. In diagnosing ADHD in adults and teens, clinicians now look back to middle childhood (age 12) and the teen years for the onset of symptoms, not all the way back to childhood (age 7). Additionally, the new criteria describes and gives examples of how the disorder appears in adults and teens.

- ✿ In the previous edition, DSM-IV TR, the three types of ADHD were referred to as “subtypes.” This has changed; subtypes are now referred to as “presentations.” Because symptoms may change over time, a person can change “presentations” during their lifetime. This change better describes how the disorder affects an individual at different points of life.
- ✿ When diagnosing ADHD, clinicians now need to specify whether a person has mild, moderate or severe ADHD. This is based on how many symptoms a person has and how difficult those symptoms make daily life.
- ✿ Several symptoms of ADHD now need to be present in more than one setting rather than just some symptoms in more than one setting.

What is a significant change between DSM-IV TR and DSM-5?

- ✿ A person can now be diagnosed with ADHD and Autism Spectrum Disorder.

What symptoms must a person have for a diagnosis of ADHD?

In making the diagnosis, children still should have six or more symptoms of the disorder. In people 17 and older the DSM-5 states they should have at least five symptoms.

The criteria of symptoms for a diagnosis of ADHD:

Inattentive presentation:

- ✿ Fails to give close attention to details or makes careless mistakes.
- ✿ Has difficulty sustaining attention.
- ✿ Does not appear to listen.
- ✿ Struggles to follow through on instructions.
- ✿ Has difficulty with organization.
- ✿ Avoids or dislikes tasks requiring a lot of thinking.
- ✿ Loses things.
- ✿ Is easily distracted.
- ✿ Is forgetful in daily activities.

Hyperactive-impulsive presentation:

- ✿ Fidgets with hands or feet or squirms in chair.
- ✿ Has difficulty remaining seated.
- ✿ Runs about or climbs excessively in children; extreme restlessness in adults.
- ✿ Difficulty engaging in activities quietly.
- ✿ Acts as if driven by a motor; adults will often feel inside like they were driven by a motor.
- ✿ Talks excessively.
- ✿ Blurts out answers before questions have been completed.
- ✿ Difficulty waiting or taking turns.

- ✿ Interrupts or intrudes upon others.

Combined inattentive & hyperactive-impulsive presentation:

- ✿ Has symptoms from both of the above presentations.

Reference: American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*, Washington, D.C.: American Psychiatric Association

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www.CHADD.org / www.Help4ADHD.org

Evaluating Your Child for ADHD

Do you think your child may have ADHD, attention-deficit/hyperactivity disorder? Or your child's teacher thinks your child may have ADHD? There are steps that need to be taken to make a diagnosis of ADHD. Some children may have a learning disability, some children may have difficulty with

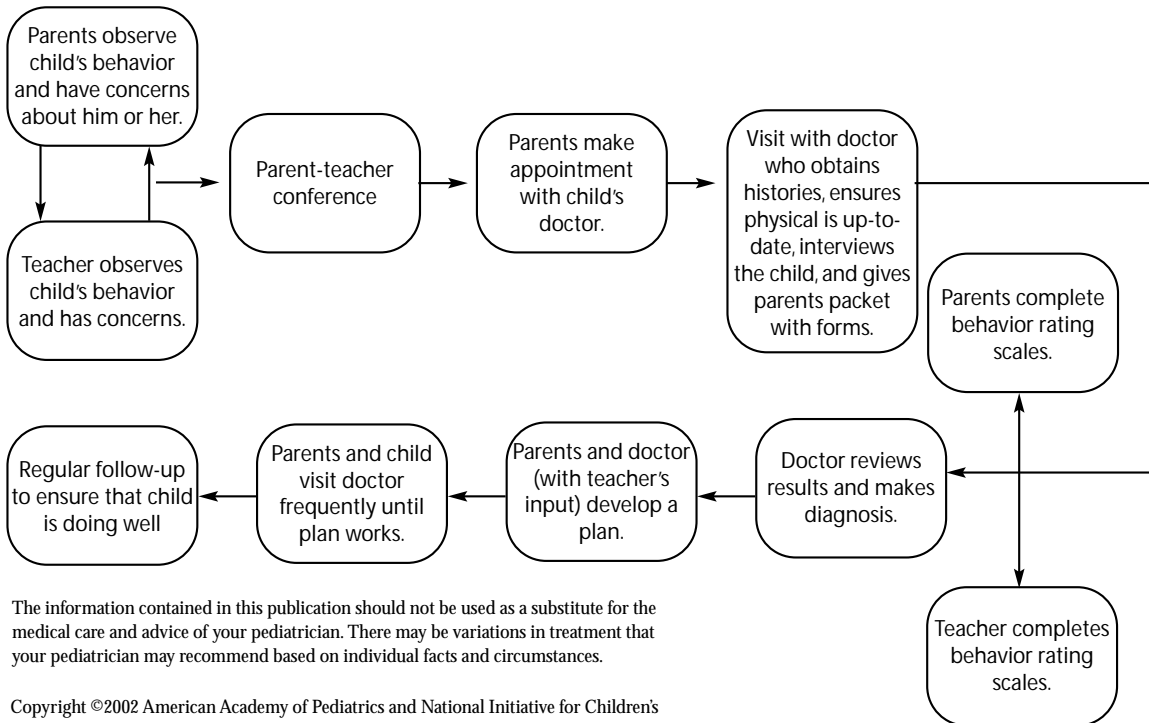
their hearing or vision, and some children may actually have ADHD. The answer comes from the parents, other family members, doctors, and other professionals working as a team. Here are the steps that the *team* needs to take to evaluate your child.

The steps in an evaluation are as follows:

- | | |
|----------|--|
| Step 1: | Parents make careful observations of the child's behavior at home. |
| Step 2: | Teacher(s) makes careful observations of the child at school. |
| Step 3: | Parents and the child's teacher(s) have a meeting about concerns. |
| Step 4: | Parents make an appointment with the child's doctor. Parents give the doctor the name and phone number of the teacher(s) and school. |
| Step 5: | The doctor obtains a history, completes a physical examination (if not done recently), screens the child's hearing and vision, and interviews the child. |
| Step 6: | Parents are given a packet of information about ADHD, including parent and teacher behavior questionnaires, to be filled out before the next visit. |
| Step 7: | The teacher(s) returns the questionnaire by mail or fax. |
| Step 8: | At a second doctor visit, the doctor reviews the results of the parent and teacher questionnaires and determines if any other testing is required to make a diagnosis of ADHD or other condition. |
| Step 9: | The doctor makes a diagnosis and reviews a plan for improvement with the parents. |
| Step 10: | The child will need to revisit the doctor until the plan is in place and the child begins to show improvement, and then regularly for monitoring. Parents and teachers may be asked to provide behavior ratings at many times in this process. |

Adapted from materials by Heidi Feldman, MD, PhD

ADHD Evaluation Timeline



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

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American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

NICHQ

National Initiative for Children's Healthcare Quality



NICHQ Vanderbilt Assessment Scale—PARENT Informant

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

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

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

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

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

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

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

Revised - 1102

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NICHQ Vanderbilt Assessment Scale—PARENT Informant

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

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

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

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

Comments:

For Office Use Only

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

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

Total Symptom Score for questions 1–18: _____

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

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

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

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

Average Performance Score: _____



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

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

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

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

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

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

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Consumer & Specialty Pharmaceuticals

HE0351

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

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

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

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

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

Comments:

Please return this form to: _____

Mailing address: _____

Fax number: _____

For Office Use Only

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

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

Total Symptom Score for questions 1–18: _____

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

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

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

Average Performance Score: _____

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Section 2: Strategies for Home and School

*Different management approaches for the specific disability
from various sources*



Treatment

On this Page

- Behavioral Intervention Strategies
- Behavior Treatment for Preschoolers
- Medications
- Parent Education and Support
- ADHD and the Classroom

My Child Has Been Diagnosed with ADHD - Now What?

It is understandable for parents to have concerns when their child is diagnosed with ADHD, especially about treatments. It is important for parents to remember that while ADHD can't be cured, it can be successfully managed. There are many treatment options, so parents and doctors should work closely with everyone involved in the child's treatment – teachers, coaches, therapists, and other family members. Taking advantage of all the resources available will help you guide your child towards success. Remember, you are your child's strongest advocate!

In most cases, ADHD is best treated with a combination of behavior therapy and medication. Good treatment plans will include close monitoring, follow-ups and any changes needed along the way.

Following are treatment options for ADHD:

- Medications
- Behavioral intervention strategies
- Parent training
- School accommodations and interventions

To go to the American Academy of Pediatrics (AAP) policy statement on the treatment of school-aged children with ADHD, [visit the Recommendations page \(http://www.cdc.gov/ncbddd/adhd/guidelines.html\)](http://www.cdc.gov/ncbddd/adhd/guidelines.html).

Behavioral Therapy

Research shows that behavioral therapy is an important part of treatment for children with ADHD. ADHD affects not only a child's ability to pay attention or sit still at school, it also affects relationships with family and how well they do in their classes. Behavioral therapy is a treatment option that can help reduce these problems for children and should be started as soon as a diagnosis is made. [Read about effective therapies here »](http://www.effectivechildtherapy.com/content/attention-deficithyperactivity-disorder-adhd) (<http://www.effectivechildtherapy.com/content/attention-deficithyperactivity-disorder-adhd>)

Following are examples that might help with your child's behavioral therapy:

- **Create a routine.** Try to follow the same schedule every day, from wake-up time to bedtime.
- **Get organized (http://kidshealth.org/parent/growth/learning/child_organized.html).** Put schoolbags, clothing, and toys in the same place every day so your child will be less likely to lose them.
- **Avoid distractions.** Turn off the TV, radio, and computer, especially when your child is doing homework.
- **Limit choices.** Offer a choice between two things (this outfit, meal, toy, etc., or that one) so that your child isn't overwhelmed and overstimulated.
- **Change your interactions with your child.** Instead of long-winded explanations and cajoling, use clear, brief directions to remind your child of responsibilities.
- **Use goals and rewards.** Use a chart to list goals and track positive behaviors, then reward your child's efforts. Be sure the goals are realistic—baby steps are important!
- **Discipline effectively.** Instead of yelling or spanking, use timeouts or removal of privileges as consequences for inappropriate behavior.
- **Help your child discover a talent.** All kids need to experience success to feel good about themselves. Finding out what your child does well — whether it's sports, art, or music — can boost social skills and self-esteem.



Behavior Treatment for Preschoolers

The 2011 clinical practice guidelines from the American Academy of Pediatrics (<http://pediatrics.aappublications.org/content/128/5/1007.full>) recommend that doctors prescribe behavior interventions that are evidence based as the first line of treatment for preschool-aged children (4–5 years of age) with ADHD. Parents or teachers can provide this treatment.

The Agency for Health Care Research and Quality (AHRQ) conducted a review in 2010 of all existing studies on treatment options for preschoolers. The review found enough evidence to recommend parent behavioral interventions as a good treatment option for preschoolers with disruptive behavior in general and as helpful for those with ADHD symptoms.

The AHRQ review found that effective parenting programs help parents develop a positive relationship with their child, teach them about how children develop, and help them manage negative behavior with positive discipline. The review also found four programs for parents of preschoolers that include these key components:

- Triple P (Positive Parenting of Preschoolers program), (<http://www.triplep-america.com>)
- Incredible Years Parenting Program (<http://www.incredibleyears.com>)
- Parent-Child Interaction Therapy (<http://www.pcit.org>)
- New Forest Parenting Program—Developed specifically for parents of children with ADHD [Abstract (<http://www.ncbi.nlm.nih.gov/pubmed/19404717>)] [Authors (http://www.southampton.ac.uk/psychology/research/projects/home_based_parent_training_for_preschool_adhd.page)]

Read the full AHRQ report [here](#)

(http://www.effectivehealthcare.ahrq.gov/ehc/products/191/818/CER44-ADHD_20111021.pdf).

Medications



Medication can help a child with ADHD in their everyday life and may be a valuable part of a child's treatment. Medication is an option that may help control some of the behavior problems that have led to trouble in the past with family, friends and at school.

Several different types of medications may be used to treat ADHD:

- **Stimulants** are the best-known and most widely used treatments. Between 70-80 percent of children with ADHD respond positively to these medications.
- **Nonstimulants** were approved for treating ADHD in 2003. This medication seems to have fewer side effects than stimulants and can last up to 24 hours.

Medications can affect children differently, where one child may respond well to one medication, but not another. When determining the best treatment, the doctor might try different medications and doses, so it is important to work with your child's doctor to find the medication that works best for your child.

For more information on treatments, please click one of the following links:

[National Resource Center on ADHD \(http://www.help4adhd.org/en/treatment/treatmentoverview\)](http://www.help4adhd.org/en/treatment/treatmentoverview)

[National Institute of Mental Health \(http://www.nimh.nih.gov/health/topics/attention-deficit-hyperactivity-disorder-adhd/index.shtml#part6\)](http://www.nimh.nih.gov/health/topics/attention-deficit-hyperactivity-disorder-adhd/index.shtml#part6)

Parent Education and Support

Parent education and support are other important parts of treatment for a child with ADHD. Children with ADHD might not respond as well as other children to the usual parenting practices, so experts recommend additional parent education. This approach has been successful in teaching parents how to help their children become better organized, develop problem-solving skills, and cope with their ADHD symptoms.

Parent education can be conducted in groups or with individual families and is offered by therapists or in special classes. Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD) offers a unique educational program to help parents and individuals with ADHD navigate the challenges of ADHD across the lifespan. Find more information about CHADD's "Parent to Parent" program by visiting [CHADD's website](http://www.chadd.org/Content/CHADD/Conferences_Training/ParenttoParentProgram/default.htm) (http://www.chadd.org/Content/CHADD/Conferences_Training/ParenttoParentProgram/default.htm).

ADHD and the Classroom

Just like with parent training, it is important for teachers to have the needed skills to help children manage their ADHD. However, since the majority of children with ADHD are not enrolled in special education classes, their teachers will most likely be regular education teachers who might know very little about ADHD and could benefit from assistance and guidance.

Here are some tips to share with teachers for classroom success:

- Use a homework folder for parent-teacher communications
- Make assignments clear
- Give positive reinforcement
- Be sensitive to self-esteem issues
- Involve the school counselor or psychologist

What Every Parent Should Know...

As your child's most important advocate, you should become familiar with your child's medical, legal, and educational rights. Kids with ADHD might be eligible for special services (<http://kidshealth.org/parent/growth/learning/iep.html>) or accommodations at school under the Individuals with Disabilities in Education Act (IDEA) and an anti-discrimination law known as Section 504. To learn more about Section 504, click here (<http://www.help4adhd.org/en/education/rights/504>).

ADHD in Adults

ADHD often lasts into adulthood. For more information about diagnosis and treatment throughout the lifespan, please visit the websites of the National Resource Center on ADHD (<http://www.help4adhd.org>) and the National Institutes of Mental Health (<http://www.nimh.nih.gov/health/publications/attention-deficit-hyperactivity-disorder/index.shtml>).

Page last reviewed: December 10, 2014

Page last updated: December 10, 2014

Content source: Division of Human Development, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention (</ncbddd/index.html>)

General Tips

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

Common Daily Problems

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

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

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

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

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

My child is losing weight or not eating enough.
(Common side effects of stimulant medication use)

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

Homework Tips

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

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

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

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For Parents of Children With ADHD

- Many parents find it very difficult to help their own child with schoolwork. Find someone who can. Consider hiring a tutor! Often a junior or senior high school student is ideal, depending on the need and age of your child.
- Change or rotate rewards frequently to maintain a high interest level.
- Punish behavior, not the child. If your child misbehaves, try alternatives like allowing natural consequences, withdrawing yourself from the conflict, or giving your child a choice.

Discipline

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

Taking Care of Yourself

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

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





Managing AD/HD with medication: An overview

If your child has AD/HD, odds are that his doctor has recommended medication. Learn more about what treatments are available for managing this condition.

By Annie Stuart

If your child has been diagnosed with attention-deficit /hyperactivity disorder (AD/HD), then you probably know medication is often prescribed to help manage this condition. Many types of AD/HD medication are available, and they work in slightly different ways. If one doesn't work well for your child, you can talk to his doctor about other choices.

Keep in mind that taking medication is just one part of your child's treatment program. Counseling, making accommodations in school, behavior management, and other [strategies](#) may also be recommended.

Medications used to treat AD/HD

At this time, there are several classes of medication used to help manage AD/HD in children: stimulants, selective norepinephrine reuptake inhibitors, antidepressants, and antihypertensives. Of these, only the stimulants and the selective norepinephrine reuptake inhibitor have been approved by the U.S. Food and Drug Administration (FDA) for treating AD/HD in children. However, there is ample evidence the other classes of medication may also be useful in treating AD/HD symptoms in children.

Your child's doctor will work with you to find which type works best for your child. It's important for you to know how each class of medication works to treat AD/HD.

- **Stimulants**

Stimulants are the medications most often used to treat AD/HD. About 70-90 percent of children show improvement in AD/HD symptoms while on this type of medication. Stimulants can decrease hyperactivity and impulsive actions. They can also improve a child's ability to concentrate on tasks or follow directions. Stimulants do this by increasing levels of certain neurotransmitters, or biochemicals in the brain, including dopamine and norepinephrine. Stimulants have been in use since the 1930s and are among the most studied of all medications. Stimulants prescribed for AD/HD include Ritalin[®], Concerta[®], Methylin[®], Dexedrine[®], Dextrostat[®], Adderall[®], Metadate[®], and Focalin[®].

Many stimulants are now available in both short-acting and long-acting formulations. Some stimulant formulations can be given just once daily. For children who have difficulty swallowing pills, Methylin is now available as a chewable tablet and as an oral solution (liquid). Another

option is a methylphenidate transdermal patch called Daytrana[®].

The newest stimulant medication approved by the FDA is Vyvanse[®], which is categorized as a "prodrug" because it is inactive until metabolized by the body. It may last 8-10 hours and has been shown to have a lower abuse potential than traditional amphetamine.

Your child's doctor can tell you what options are available and what might be most helpful for your child.

- **Selective norepinephrine reuptake inhibitor**

In December 2002, the FDA approved this new medication for treating AD/HD in children. This medication is not a stimulant, but it helps manage the same AD/HD symptoms stimulants do. Scientists believe it works by blocking or slowing the reuptake of norepinephrine, a neurotransmitter that regulates attention, impulsivity, and activity levels in the brain. The drug Atomoxetine is marketed under the brand name Strattera[®] and is taken once or twice daily. Prior to FDA approval, Atomoxetine was tested extensively on children, adolescents, and adults. Unlike stimulant medications, Strattera[®] is not a controlled substance, and researchers believe it does not carry the risk of substance abuse, which is a concern in some high-risk populations.

- **Antidepressants**

Certain antidepressants may reduce hyperactivity, aggressiveness, or attention problems in children with AD/HD. They may be an alternative to stimulants when those medications have not worked well or when side effects persist.

Tricyclic antidepressants appear to work by making more neurotransmitters available in the brain. They are sometimes prescribed when treatment with stimulants causes severe side effects. Children who take these antidepressants may have an increased risk for heart problems. Many doctors monitor a child's heart activity before and during treatment with this type of antidepressant. Common tricyclic antidepressants used to treat AD/HD include Tofranil[®], Norpramin[®], Elavil[®], Pamelor[®], and Effexor[®].

Wellbutrin[®] is a unique antidepressant used to treat AD/HD. It works rapidly and enhances dopamine transmission in the brain. It's often helpful in depressed children who have severe mood swings.

- **Antihypertensives**

Antihypertensive medications may be used instead of stimulants for children who have severe side effects to stimulants or who have serious behavior problems. The sedating effect of these medications may help reduce some symptoms, such as hyperactivity and aggressiveness. To a lesser degree, they may help with a child's attention problems. (Antihypertensives are used to control high blood pressure in adults but appear to have little effect on children's blood pressure when taken daily.) A history of the child's heart health and a physical exam are recommended before starting treatment. Catapres[®] and Tenex[®] are the most common hypertensives prescribed for AD/HD.

Before starting your child on any medication, be sure to ask your child's doctor and pharmacist about possible side effects. If side effects do occur, report them to the doctor right away.

Becoming familiar with medication terms

As you learn about AD/HD medications, you may read or hear some unfamiliar terms. Here are some definitions you may find helpful:

- **Clinical trial:** a scientific test of the effectiveness of a medication or other type of treatment on human volunteers.
- **Combination treatment:** two or more different types of treatment used at the same time, such as medication and a home-school behavior management plan.
- **Comorbid conditions:** two or more medical conditions that occur in a person at the same time.
- **Controlled substance:** a medication that has the potential for abuse and so requires close supervision by a physician; by law, these medications require a special prescription that must be filled within a few days and can't be refilled automatically.
- **Drug holiday:** a "break" from treatment during the summer or school holidays; sometimes recommended by physicians to see if medication is still needed or to improve a child's physical growth, if medication has inhibited it.
- **Drug tolerance:** the ability to resist any harmful effects from the continued or increasing use of a medication.
- **Frontal lobe:** the front part of each cerebral hemisphere of the brain; the part of the brain associated, among other things, with the control and regulation of attention, arousal, and activity.
- **Long-acting (sustained release):** a medication that is designed to be slowly released in the body over an extended period of time.
- **Neurotransmitters:** biochemical substances in the brain responsible for normal communication between nerve cells.
- **Pharmacotherapy:** medication therapy.
- **Short-acting:** a medication that is designed to be quickly released in the body over a short period of time.
- **Tapering:** gradually taking less and less medication before stopping its use; often done to reduce the side effects from stopping medication suddenly.

- **Transdermal patch:** an adhesive patch that contains prescription medication. The patch is applied to the skin as the means for delivering medication to the body.

New medications are being developed to manage AD/HD. Some medications that are used to treat other health conditions are now being studied for possible use in managing AD/HD. Several natural remedies for managing AD/HD are also undergoing research and evaluation.

For more information about medications used to treat AD/HD, speak to your child's physician or pharmacist and check the resources at the end of this article.

Medication warnings

Warnings about possible side effects of prescription medications are updated frequently. To stay abreast of recent warnings that may have been issued on your child's medication, visit the [U.S. Food and Drug Administration Consumer Education/Information website](#), and ask your pharmacist for an update each time you refill the prescription.

AD/HD by other names and acronyms

While attention-deficit/hyperactivity disorder (AD/HD) is the official term and acronym used by today's mental health care professionals, it is sometimes referred to by other names and abbreviations. For example, it is also called:

ADHD (without the slash in the middle)

Attention deficit disorder (ADD)

Attention disorder

An Overall Strategy for the Successful Instruction of Children with ADHD

Teachers who are successful in educating children with ADHD use a three-pronged strategy. They begin by identifying the unique needs of the child. For example, the teacher determines how, when, and why the child is inattentive, impulsive, and hyperactive. The teacher then selects different educational practices associated with academic instruction, behavioral interventions, and classroom accommodations that are appropriate to meet that child's needs. Finally, the teacher combines these practices into an individualized educational program (IEP) or other individualized plan and integrates this program with educational activities provided to other children in the class. The three-pronged strategy, in summary, is as follows:

- ▶ **Evaluate the child's individual needs and strengths.** Assess the unique educational needs and strengths of a child with ADHD in the class. Working with a multidisciplinary team and the child's parents, consider both academic and behavioral needs, using formal diagnostic assessments and informal classroom observations. Assessments, such as learning style inventories, can be used to determine children's strengths and enable instruction to build on their existing abilities. The settings and contexts in which challenging behaviors occur should be considered in the evaluation.
- ▶ **Select appropriate instructional practices.** Determine which instructional practices will meet the academic and behavioral needs identified for the child. Select practices that fit the content, are age appropriate, and gain the attention of the child.
- ▶ **For children receiving special education services, integrate appropriate practices within an IEP.** In consultation with other educators and parents, an IEP should be created to reflect annual goals and the special education-related services, along with supplementary aids and services necessary for attaining those goals. Plan how to integrate the educational activities provided to other children in your class with those selected for the child with ADHD.

Because no two children with ADHD are alike, it is important to keep in mind that no single educational program, practice, or setting will be best for all children.

SUPPORT FOR FAMILIES NOTE: due to limited space, we have only excerpted the second and third sections of this handbook, "Behavioral Interventions" and "Classroom Accommodations." To read the entire handbook with the first detailed section "Academic Instruction" (highly recommended), go to www2.ed.gov/rschstat/research/pubs/adhd/adhd-teaching.html.

Behavioral Interventions

The second major component of effective instruction for children with ADHD involves the use of *behavioral interventions*. Exhibiting behavior that resembles that of younger children, children with ADHD often act immaturely and have difficulty learning how to control their impulsiveness and hyperactivity. They may have problems forming friendships with other children in the class and may have difficulty thinking through the social consequences of their actions.

The purpose of behavioral interventions is to assist students in displaying the behaviors that are most conducive to their own learning and that of classmates. Well-managed classrooms prevent many disciplinary problems and provide an environment that is most favorable for learning. When a teacher's time must be spent interacting with students whose behaviors are not focused on the lesson being presented, less time is available for assisting other students. Behavioral interventions should be viewed as an opportunity for teaching in the most effective and efficient manner, rather than as an opportunity for punishment.

Effective Behavioral Intervention Techniques

Effective teachers use a number of behavioral intervention techniques to help students learn how to control their behavior. Perhaps the most important and effective of these is **verbal reinforcement** of appropriate behavior. The most common form of verbal reinforcement is **praise** given to a student when he or she begins and completes an activity or exhibits a particular desired behavior. Simple phrases such as "good job" encourage a child to act appropriately. Effective teachers praise children with ADHD frequently and look for a behavior to praise before, and not after, a child gets off task. The following strategies provide some guidance regarding the use of praise:

- ▶ **Define the appropriate behavior while giving praise.**
Praise should be specific for the positive behavior displayed by the student: The comments should focus on what the student did right and should include exactly what part(s) of the student's behavior was desirable. Rather than praising a

student for not disturbing the class, for example, a teacher should praise him or her for quietly completing a math lesson on time.

- ▶ **Give praise immediately.** The sooner that approval is given regarding appropriate behavior, the more likely the student will repeat it.
- ▶ **Vary the statements given as praise.** The comments used by teachers to praise appropriate behavior should vary; when students hear the same praise statement repeated over and over, it may lose its value.
- ▶ **Be consistent and sincere with praise.** Appropriate behavior should receive consistent praise. Consistency among teachers with respect to desired behavior is important in order to avoid confusion on the part of students with ADHD. Similarly, students will notice when teachers give insincere praise, and this insincerity will make praise less effective.

It is important to keep in mind that the most effective teachers focus their behavioral intervention strategies on *praise* rather than on *punishment*. Negative consequences may temporarily change behavior, but they rarely change attitudes and may actually increase the frequency and intensity of inappropriate behavior by rewarding misbehaving students with attention. Moreover, punishment may only teach children what not to do; it does not provide children with the skills that they need to do what is expected. Positive reinforcement produces the changes in attitudes that will shape a student's behavior over the long term.

In addition to verbal reinforcement, the following set of generalized behavioral intervention techniques has proven helpful with students with ADHD as well:

- ▶ **Selectively ignore inappropriate behavior.** It is sometimes helpful for teachers to selectively ignore inappropriate behavior. This technique is particularly useful when the behavior is unintentional or unlikely to recur or is intended solely to gain the attention of teachers or classmates without disrupting the classroom or interfering with the learning of others.

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- ▶ **Remove nuisance items.** Teachers often find that certain objects (such as rubber bands and toys) distract the attention of students with ADHD in the classroom. The removal of nuisance items is generally most effective after the student has been given the choice of putting it away immediately and then fails to do so.
 - ▶ **Provide calming manipulatives.** While some toys and other objects can be distracting for both the students with ADHD and peers in the classroom, some children with ADHD can benefit from having access to objects that can be manipulated quietly. Manipulatives may help children gain some needed sensory input while still attending to the lesson.
 - ▶ **Allow for “escape valve” outlets.** Permitting students with ADHD to leave class for a moment, perhaps on an errand (such as returning a book to the library), can be an effective means of settling them down and allowing them to return to the room ready to concentrate.
 - ▶ **Activity reinforcement.** Students receive activity reinforcement when they are encouraged to perform a less desirable behavior before a preferred one.
 - ▶ **Hurdle helping.** Teachers can offer encouragement, support, and assistance to prevent students from becoming frustrated with an assignment. This help can take many forms, from enlisting a peer for support to supplying additional materials or information.
 - ▶ **Parent conferences.** Parents have a critical role in the education of students, and this axiom may be particularly true for those with ADHD. As such, parents must be included as partners in planning for the student’s success. Partnering with parents entails including parental input in behavioral intervention strategies, maintaining frequent communication between parents and teachers, and collaborating in monitoring the student’s progress.

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- ▶ **Peer mediation.** Members of a student's peer group can positively impact the behavior of students with ADHD. Many schools now have formalized peer mediation programs, in which students receive training in order to manage disputes involving their classmates.

Effective teachers also use *behavioral prompts* with their students. These prompts help remind students about expectations for their learning and behavior in the classroom. Three, which may be particularly helpful, are the following:

- ▶ **Visual cues.** Establish simple, nonintrusive visual cues to remind the child to remain on task. For example, you can point at the child while looking him or her in the eye, or you can hold out your hand, palm down, near the child.
- ▶ **Proximity control.** When talking to a child, move to where the child is standing or sitting. Your physical proximity to the child will help the child to focus and pay attention to what you are saying.
- ▶ **Hand gestures.** Use hand signals to communicate privately with a child with ADHD. For example, ask the child to raise his or her hand every time you ask a question. A closed fist can signal that the child knows the answer; an open palm can signal that he or she does not know the answer. You would call on the child to answer only when he or she makes a fist.

In some instances, children with ADHD benefit from instruction designed to help students learn how to manage their own behavior:

- ▶ **Social skills classes.** Teach children with ADHD appropriate social skills using a structured class. For example, you can ask the children to role-play and model different solutions to common social problems. It is critical to provide for the generalization of these skills, including structured opportunities for the children to use the social skills that they learn. Offering such classes, or experiences, to the general school population can positively affect the school climate.

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- ▶ **Problem solving sessions.** Discuss how to resolve social conflicts. Conduct impromptu discussions with one student or with a small group of students where the conflict arises. In this setting, ask two children who are arguing about a game to discuss how to settle their differences. Encourage the children to resolve their problem by talking to each other in a supervised setting.

For many children with ADHD, *functional behavioral assessments* and *positive behavioral interventions and supports*, including behavioral contracts and management plans, tangible rewards, or token economy systems, are helpful in teaching them how to manage their own behavior. Because students' individual needs are different, it is important for teachers, along with the family and other involved professionals, to evaluate whether these practices are appropriate for their classrooms. Examples of these techniques, along with steps to follow when using them, include the following:

- ▶ **Functional Behavioral Assessment (FBA).** FBA is a systematic process for describing problem behavior and identifying the environmental factors and surrounding events associated with problem behavior. The team that works closely with the child exhibiting problem behavior (1) observes the behavior and identifies and defines its problematic characteristics, (2) identifies which actions or events precede and follow the behavior, and (3) determines how often the behavior occurs. The results of the FBA should be used to develop an effective and efficient intervention and support plan. (Gable, et al., 1997)
- ▶ **Positive Behavioral Interventions and Supports (PBIS).** This method is an application of a behaviorally based systems approach that is grounded in research regarding behavior in the context of the settings in which it occurs. Using this method, schools, families, and communities work to design effective environments to improve behavior. The goal of PBIS is to eliminate problem behavior, to replace it with more appropriate behavior, and to increase a person's skills and opportunities for an enhanced quality of life (Todd, Horner, Sugai, & Sprague, 1999).

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- ▶ **Behavioral contracts and management plans.** Identify specific academic or behavioral goals for the child with ADHD, along with behavior that needs to change and strategies for responding to inappropriate behavior. Work with the child to cooperatively identify appropriate goals, such as completing homework assignments on time and obeying safety rules on the school playground. Take the time to ensure that the child agrees that his or her goals are important to master. Behavioral contracts and management plans are typically used with individual children, as opposed to entire classes, and should be prepared with input from parents.

 - ▶ **Tangible rewards.** Use tangible rewards to reinforce appropriate behavior. These rewards can include stickers, such as “happy faces” or sports team emblems, or privileges, such as extra time on the computer or lunch with the teacher. Children should be involved in the selection of the reward. If children are invested in the reward, they are more likely to work for it.

 - ▶ **Token economy systems.** Use token economy systems to motivate a child to achieve a goal identified in a behavioral contract (Barkley, 1990). For example, a child can earn points for each homework assignment completed on time. In some cases, students also lose points for each homework assignment not completed on time. After earning a specified number of points, the student receives a tangible reward, such as extra time on a computer or a “free” period on Friday afternoon. Token economy systems are often used for entire classrooms, as opposed to solely for individual students.

 - ▶ **Self-management systems.** Train students to monitor and evaluate their own behavior without constant feedback from the teacher. In a typical self-management system, the teacher identifies behaviors that will be managed by a student and provides a written rating scale that includes the performance criteria for each rating. The teacher and student separately rate student behavior during an activity and compare ratings. The student earns points if the ratings match or are within one point and receives no points if

ratings are more than one point apart; points are exchanged for privileges. With time, the teacher involvement is removed, and the student becomes responsible for self-monitoring (DuPaul & Stoner as cited in Shinn, Walker, & Stoner, 2002).

Classroom Accommodations

The third component of a strategy for effectively educating children with ADHD involves physical *classroom accommodations*. Children with ADHD often have difficulty adjusting to the structured environment of a classroom, determining what is important, and focusing on their assigned work. They are easily distracted by other children or by nearby activities in the classroom. As a result, many children with ADHD benefit from accommodations that reduce distractions in the classroom environment and help them to stay on task and learn. Certain accommodations within the physical and learning environments of the classroom can benefit children with ADHD.

Special Classroom Seating Arrangements for ADHD Students

One of the most common accommodations that can be made to the physical environment of the classroom involves determining where a child with ADHD will sit. Three special seating assignments may be especially useful:

- ▶ **Seat the child near the teacher.** Assign the child a seat near your desk or the front of the room. This seating assignment provides opportunities for you to monitor and reinforce the child's on-task behavior.
- ▶ **Seat the child near a student role model.** Assign the child a seat near a student role model. This seat arrangement provides opportunity for children to work cooperatively and to learn from their peers in the class.
- ▶ **Provide low-distraction work areas.** As space permits, teachers should make available a quiet, distraction-free room or area for quiet study time and test taking. Students should be directed to this room or area privately and discreetly in order to avoid the appearance of punishment.

Instructional Tools and the Physical Learning Environment

Skilled teachers use special instructional tools to modify the classroom learning environment and accommodate the special needs of their students with ADHD. They also monitor the physical environment, keeping in mind the needs of these children. The following tools and techniques may be helpful:

- ▶ **Pointers.** Teach the child to use a pointer to help visually track written words on a page. For example, provide the child with a bookmark to help him or her follow along when students are taking turns reading aloud.
- ▶ **Egg timers.** Note for the children the time at which the lesson is starting and the time at which it will conclude. Set a timer to indicate to children how much time remains in the lesson and place the timer at the front of the classroom; the children can check the timer to see how much time remains. Interim prompts can be used as well. For instance, children can monitor their own progress during a 30-minute lesson if the timer is set for 10 minutes three times.
- ▶ **Classroom lights.** Turning the classroom lights on and off prompts children that the noise level in the room is too high and they should be quiet. This practice can also be used to signal that it is time to begin preparing for the next lesson.
- ▶ **Music.** Play music on a tape recorder or chords on a piano to prompt children that they are too noisy. In addition, playing different types of music on a tape recorder communicates to children what level of activity is appropriate for a particular lesson. For example, play quiet classical music for quiet activities done independently and jazz for active group activities.
- ▶ **Proper use of furniture.** The desk and chair used by children with ADHD need to be the right size; if they are not, the child will be more inclined to squirm and fidget. A general rule of thumb is that a child should be able to put his or her elbows on the surface of the desk and have his or her chin fit comfortably in the palm of the hand.

Section 3: How to Work with Professionals

Articles about the service providers associated with the specific disability





Questions to ask professionals who diagnose or treat AD/HD

Knowing what questions to ask -- about AD/HD diagnosis, treatment, and even insurance coverage -- is the key to getting the answers you need.

By GreatSchools Staff

Questions to ask yourself before the appointment

- Why do I think my child may have AD/HD?
- Will my medical (or behavioral health) insurance cover the cost of an AD/HD assessment and/or treatment?
- Are there other unusual events or circumstances happening in our family that may be affecting my child?

Questions to ask the assessment professional

- How do you diagnose AD/HD? What tests or measurements do you use? Do you follow the American Academy of Pediatrics Practice Guideline for Diagnosis and Evaluation of the Child with Attention-Deficit/Hyperactivity Disorder?
- How do you gather information about symptoms in more than one setting? Do you consult with school staff?
- Over how long a period of time will the assessment last? How long is each session?
- What age ranges of children do you have experience assessing?
- Are you knowledgeable about programs at public schools for children and youth with AD/HD?
- What is your training and work experience in the field AD/HD?
- How long have you been doing assessments for AD/HD?
- If you confirm an AD/HD diagnosis, what type of report do you provide? Is there an additional cost to receive a report?
- If working with a clinical psychologist: If medication is involved, do you work with a specific prescribing physician?

Questions to ask the treatment professional

- How is medication used in your practice?
- How often will you need to see my child for routine office visits?
- If medication is prescribed, what might be some of the side effects?
- What other therapy in addition to medication might you suggest?

- Is counseling part of the treatment plan?
- If I do not want to put my child on medication, would you attempt to find other possible solutions?
- What are some typical results you have had with your clients?
- What are your fees? Do you have a sliding scale? Which Insurance plans you accept?
- What can I do at home to help my child?
- What can my child's teachers and psychologist do to help my child?

Review questions after the appointment

- Was this professional easy to talk to?
- Were all of my questions answered satisfactorily?

AD/HD by other names and acronyms

While attention-deficit/hyperactivity disorder (AD/HD) is the official term and acronym used by today's mental health care professionals, it is sometimes referred to by other names and abbreviations. For example, it is sometimes called:

ADHD (without the slash in the middle)

Attention deficit disorder (ADD)

Attention disorder

While we are pleased to present information and resources, it is against our policy to recommend or endorse any one specific individual, product, organization, or website. Because parents know their child best, they are the ones who determine the appropriateness of a school or provider based on a match of their child's needs, their own preferences, and the program or services offered. These questions are intended only as guidelines in the decision-making process.

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WHAT WE KNOW

Educational Rights for Children with ADHD in Public Schools

There are two federal laws that guarantee a **free appropriate public education (FAPE)** and provide services or accommodations to eligible students with disabilities in the U.S. They are:

1. Section 504 of the Rehabilitation Act of 1973 (called Section 504), as amended¹
2. Individuals with Disabilities Education Act² (called IDEA)

Section 504 and IDEA are the laws that provide special education, other services, and appropriate accommodations for eligible children with disabilities in the United States. Individual states may also have laws governing these matters. When state laws and federal laws are different, schools must follow the federal laws, unless the state law provides the child with more rights or protection. These two federal laws also say that children with disabilities must be educated – as much as possible – with children who do not have disabilities.

But there are also differences between Section 504 and IDEA. Parents, health professionals, and teachers should know what each law provides so that they make the best choice for the child.

WHICH ONE IS RIGHT FOR MY CHILD?

There is no one “right” choice for every child. Seeking services under Section 504 or IDEA will depend on what the child needs and the degree of impairment demonstrated in the educational environment.

For students who will be able to learn with simple accommodations or only minor changes to the child's day, Section 504 may be a good choice. Receiving services under Section 504 is faster and more flexible and is a good way for eligible students to get accommodations.

For students who may need a wider or more intense range of services, IDEA may work better. IDEA also provides parents with more rights and responsibilities to actively participate in the educational decisions about their child. Children who do not qualify for IDEA *may* qualify for Section 504, depending on their degree of impairment. While the federal law is the same, the procedures for implementing Section 504 vary greatly from state to state, and even from one school district to another within the same state. It is important to know how your state and school district implement these federal laws.

SECTION 504

Section 504 is a federal civil rights statute that says schools cannot discriminate against children with disabilities. It says that schools that receive federal dollars must provide *eligible children with disabilities* with an equal opportunity to participate in all academic and non-academic services the school offers. The school must also provide appropriate accommodations based on their individual needs.

These accommodations are often simple changes that can help the child with the disability. Sometimes these accommodations include special services such as using a tape recorder for note taking, giving the student a quiet place to work, or access to a computer in school for written work. Students who are eligible to receive services under Section 504 receive instruction through the regular education curriculum and at the same level as their peers without disabilities. Students under Section 504 must also participate in state required assessments.

WHO IS ELIGIBLE?

A student is eligible for Section 504 if the child has a physical or mental condition that **substantially limits** a **“major life activity.”** Major life activities for a child in school include learning and/or activities in addition to walking, talking, breathing, caring for oneself, etc.

Additional major life activities added by the 2008 reauthorization of the Americans with Disabilities Act (and now called the Americans with Disabilities Act Amendments Act [ADAAA]) include such things as reading, concentrating, thinking, communicating with others, and major bodily functions.

To qualify under Section 504, a child's disability must be serious enough, or “substantially limiting,” that the child needs specialized services or accommodations. All determinations of substantial limitation must be made without regard to the “ameliorative effects of mitigating measures.” This means that the question of whether or not a child has a “substantial limitation” in a particular area is answered before, and not after, any intervention for that limitation is implemented. “Mitigating measures” includes such things as medication, assistive technology, learned behavioral modifications, psychotherapy, and/or reasonable accommodations. Children covered under Section 504 are usually children with less serious disabilities, or children who do not otherwise qualify for services under IDEA but still have a disability that is substantially limiting in the educational setting.

WHAT DOES SECTION 504 PROVIDE?

If a child is determined to be eligible under Section 504, the school must develop a Section 504 Plan. The plan must include appropriate accommodations, evidence-based interventions, and/or related services that are also scientifically or research-based. The plan must provide the eligible child with an equal opportunity to succeed based on the child's individual needs when compared to same age, non-disabled peers. This is defined as a “free appropriate public education” (FAPE) under Section 504. (Although similar to FAPE through the IDEA, FAPE through Section 504 is an equal opportunity standard, whereas it is an educational benefit standard under IDEA.) Many mistakenly think that a Section 504 Plan is a standard checklist or form used for all eligible children. It isn't. While a form or checklist may be a helpful starting point, a good Section 504 Plan is developed to meet the child's specific, individual needs and not merely some template that the school district may have available.

Accommodations should be documented in the written Section 504 Plan (sometimes referred to as an Individual Accommodation Plan, or IAP, and not to be confused with an Individualized Education Program, or IEP).

Here are several examples of appropriate accommodations that might be included in a Section 504 Plan for a child with ADHD:

1. Reducing the number of homework problems without reducing the level or content of what is being taught.
2. Giving the student a quiet place to work, free from distractions.
3. Providing clear and simple directions for homework and in-class assignments.
4. Giving tests in a quiet place, breaking tests into small pieces, modifying test format, and/or providing extra time.
5. Using audio recording devices or giving the student a copy of notes.
6. Using positive behavioral intervention techniques, including positive reinforcement.
7. Having a nurse or administrator oversee a student's medication administration and/or monitor a medication's effects.
8. Meeting with the school counselor to work on academic and/or behavioral challenges.
9. Creating a communication notebook so that parents and teachers may keep each other informed of the child's progress or difficulties.

EVALUATION

Section 504 requires a child to have an evaluation before receiving a 504 Plan. An evaluation does not have to be formalized testing, but it must consider information from a *variety* of sources (parent notes, doctors' notes if available, test scores, observations, etc.). Decisions about who qualifies for Section 504 cannot be based solely on a single source of data (i.e. a doctor's diagnosis or grades). A medical diagnosis is NOT required under Section 504.³ Once a child has been deemed eligible for accommodations, a Section 504 Plan is then developed by a Section 504 committee. Before any significant changes are made to an existing plan, the child should be evaluated again. A significant change in placement includes changes due to disciplinary actions longer than 10 days as well as changes that result from moving from one grade to another.

Parent participation is not an entitlement right under Section 504 as it is under IDEA. Depending on the procedures used by your local school district, parents or legal guardians may or may not have a right to active participation or decision-making through Section

504. Parents should check with their child's individual school district to determine what their procedure is for implementing Section 504.

DISCIPLINE UNDER SECTION 504

Students with disabilities under both Section 504 and IDEA are provided with special procedures in situations involving disciplinary removals from their regular educational setting. Discipline procedures under Section 504 are similar, but not identical, to discipline procedures under IDEA. Students with a Section 504 Plan may be suspended or expelled in the same manner as any child without a disability for up to 10 school days. After removals of 10 consecutive days, or a pattern of short term removals amounting to 10 days or more, a meeting (called a **manifestation determination**) must be held to determine if the behavior subject to disciplinary action is linked to the child's disability. If there is a direct link between the behavior and the disability, the child may not be sent to a disciplinary or alternative education placement. If there is no link between the behavior and the disability, the child may be disciplined in the same manner as any other child without a disability. **There are two exceptions to this rule.**

1. If a child who is being served by Section 504 is caught "currently engaging in the use of illegal drugs or alcohol," the child forfeits all rights and procedural protections under Section 504, including the right to a manifestation determination, and may be disciplined in the same manner as any other child without a disability.
2. A child caught in possession of a firearm in any manner may be immediately removed to an alternative education placement where a manifestation determination must be conducted within 10 school days. If there *is* a link to the disability, the child may still be removed for up to 45 school days. If there is *no* link to the disability, the child may be disciplined in the same manner as any other child without a disability.

IDEA (INDIVIDUALS WITH DISABILITIES EDUCATION ACT)

The Individuals with Disabilities Education Act (IDEA) is the federal law that provides special education and

related services needed for an eligible child with a disability to benefit from the child's education. Services received under IDEA are often referred to as "special education." An Individualized Education Program (IEP; sometimes called an Individualized Education Plan) is designed specifically for each eligible child with disabilities to provide a free appropriate public education (FAPE).

WHO IS ELIGIBLE?

A child is eligible for services under IDEA if he or she is identified with a qualified disability and, "by reason thereof," needs special education and related services. A child with ADHD may qualify if the ADHD seriously impacts the child's learning and/or behavior at school. Some children with ADHD will qualify for services under IDEA while others may not; this depends on the degree of impairment.

To qualify for IDEA, a child must meet the criteria of at least one of 13 disability categories. Often children with ADHD will qualify under the Other Health Impairment (OHI) category. They may also qualify under Specific Learning Disabilities (SLD) or Severe Emotional Disturbance (SED).

Eligibility for IDEA must be determined by a qualified team that is made up of many different professionals including the child's teacher(s), school psychologist(s), principal, parents and other appropriate school personnel. This team should use information from several different sources including input and ideas from parents, notes from doctors if available, notes and progress reports from teachers, the child's past academic and behavior records, test results (such as IQ and/or other formalized testing assessments), as well as anything else that might be important.

IDEA says that children with disabilities must be taught in the regular classroom as much as possible with appropriate related aids and services. Removal from the regular education environment should only occur when the severity of the disability is such that even with aids and services, the child or other students cannot learn. This is called the least restrictive environment (LRE) clause. Therefore, not all children who receive services under IDEA are placed in special education classrooms. Many stay in their regular classroom with appropriate modifications and/or related services.

WHAT DOES IDEA PROVIDE?

When a child with ADHD qualifies under IDEA, the child receives an Individualized Education Program (IEP). The IEP is a written document that includes specific goals for the child based on the child's current level of performance. The IEP should state the educational placement, and it should specify which services will be granted, when they will be provided, how long they will last, and how frequently they will occur. It should also specify the way in which the child's progress will be measured.

For a child whose behavior prevents learning or interferes with the learning of other students in the class, the IEP team must consider the use of positive behavioral interventions and supports or other strategies to address the behavior.

Parents should participate in developing the IEP by making suggestions about what could help their child at school with class work, homework, and behavior problems. Parents or the school can ask for changes to the IEP. Changes may only be made if a meeting is held and the parents are at the meeting or if both the school and the parents agree to the changes and agree to skip the meeting.

EVALUATION

A complete evaluation is required to see if a child is eligible for special education under IDEA. The school must have written authorization (informed consent and signature) from a child's parent or guardian before they can evaluate the child. Parents may refuse to have their child evaluated, but if they want their child evaluated parents must sign the form. IDEA also requires an eligible child to be evaluated again at least every three years unless parents and the school agree that it is not necessary. Parents do not have to pay for these evaluations. If parents do not agree with the results of the evaluation performed by the school district, they *may* be entitled to have an independent evaluation conducted at no cost to them [cf. 34CFR 300.502(b)(1-4)].

DISCIPLINE UNDER IDEA

Students who have an IEP are also entitled to special procedures that must be followed if they are suspended or expelled. Even when suspended or expelled, children covered under IDEA are guaranteed a free appropriate public education (FAPE). Schools are allowed to suspend or expel any student, including a student with a

disability, for up to 10 school days per school year.

After 10 days, a meeting (called a **manifestation determination**) must be held for a student with an IEP to see if the behavior was caused by or had a direct and significant relationship to the disability or if the behavior was a direct result of the school's failure to implement the IEP.

It is important to note that **any** student who brings a weapon to school; who attempts to buy, sell, or carry illegal drugs on school property; or who causes serious bodily injury to self or others may be immediately moved to an **alternate educational placement (AEP)**. Schools must then conduct a manifestation determination. If it is determined that the behavior does have a link to the student's disability, then the student may remain in the AEP for up to 45 **school** (not calendar) days. If no link is found, then the student may be removed for the same number of days as a non-disabled student.

TIPS FOR WORKING WITH THE SCHOOL

Parents, schools, and teachers should work together to make sure that children learn all they can.

Communication and collaboration between home and school is very important when a child needs extra help at school. If your child has ADHD, CHADD and the National Resource Center on ADHD suggest that parents who think their child might require services or accommodations do the following:

1. Ensure that your child's ADHD treatment plan is in place and being followed (for more information, see [What We Know # 2, Parenting a Child with ADHD](#)).
2. Meet with your child's teacher(s) to share your concerns.
3. Ask teachers to write down the learning and/or behavior concerns your child has and to give you a copy of that list.
4. Request an educational evaluation of your child. You may ask at any time, but be sure to do it **in writing**. Make a written request even if you have already talked to a teacher or principal. Date the request and keep a photocopy for your records. (See the **Sample Letter** below.)
5. Take an active role in preparing the IEP or provide input for a Section 504 Plan. Before you meet with the school, make a list of your child's problem areas and strengths and what you

think might help your child.

6. Follow up each meeting with correspondence (letter or email) documenting what took place. List the items you agree with and the items you disagree with and say why. Keep copies of all correspondence with your child's educational file.
7. Remember that the results of any evaluation are not final. You have the right to appeal the results. The school must tell you how to appeal.
8. Remember that parents and children are guaranteed certain rights under federal and state laws. Check with the school or your local CHADD support group to find someone in your community who can help answer your questions and help you to advocate for your child.
9. If you and the school disagree about what is best for your child and you cannot find common ground, then you may make a written request for mediation or a Due Process Hearing to help you get what you believe your child needs.
10. Consider taking CHADD's **Parent to Parent** course, which provides in-depth information about both IDEA and Section 504, as well as other important information for any parent of a child with ADHD.

SAMPLE LETTER TO REQUEST AN EDUCATIONAL EVALUATION OF A CHILD WITH ADHD

[FULL NAME AND ADDRESS OF YOUR CHILD'S SCHOOL]

[DATE]

Dear [INSERT PRINCIPAL'S NAME]:

I am writing to request that my child, [INSERT CHILD'S FULL NAME AND DATE OF BIRTH], be evaluated for special education services and/or accommodations granted under Section 504 or the Individuals with Disabilities Education Act (IDEA). I am concerned that [INSERT CHILD'S NAME] is having difficulty and may need special help in order to learn.

For the last [NUMBER] years (his/her) classroom teachers have noted that (he/she) has difficulty completing assignments, is experiencing problems with excessive impulsivity and/or is unable to sit still and

stay focused. Please note that [INSERT NAME AND CREDENTIALS OF HEALTH CARE PROFESSIONAL] has diagnosed my (son/daughter) as having Attention-Deficit/Hyperactivity Disorder (ADHD). [INSERT NAME OF HEALTH CARE PROFESSIONAL] is concerned that [INSERT CHILD'S NAME]'s ADHD is resulting in decreased alertness in the classroom and may be significantly impacting (his/her) school performance, learning, and behavior.

I would like to meet with all those who will be doing the evaluation before my child is tested so that I may share information about [INSERT CHILD'S NAME] with them. I understand that the evaluation is provided at no cost to me. I also understand that I must provide written permission for these tests to be administered and I will be happy to do so once I have received all the appropriate forms and an explanation of the process. I will also expect a copy of the written report generated by each evaluator so that I may review them before the IEP or 504 planning meeting.

I look forward to hearing from you at your earliest convenience so that we may begin preparations for the evaluation.

Sincerely,

(Insert your name, address and phone number)

REFERENCES

1. The Americans with Disabilities Act Amendments Act (ADAAA) of 2008 amended the meaning of "disability" as it relates to the Rehabilitation Act of 1973, including Section 504 of that Act.
2. Public Law 108-446, the Individuals with Disabilities Education Improvement Act 2004, was signed into law on December 3 2004 as an amendment to the existing Individuals with Disabilities Act previously amended in 1997.
3. Frequently Asked Questions about Section 504. Office for Civil Rights, March 2009.

MORE INFORMATION

- US Department of Education:
 - Building the Legacy: IDEA 2004 <http://idea.ed.gov>
 - The Office of Special Education Programs www.ed.gov/about/offices/list/osep
- IDEA Partnership: www.ideapartnership.org

- ALLIANCE National Parent Technical Assistance Center Network: www.parentcenterhub.org/find-your-center
- Protection and Advocacy Centers: www.ndrn.org/en/about/paacap-network.html
- Parent to Parent: Family Training on ADHD® (CHADD): www.chadd.org/parent2parent

This information sheet, designed to summarize various legal issues affecting the education of children with ADHD, should not be construed as legal advice or a legal opinion on specific facts. Readers with particular questions should seek the assistance of their own legal counsel. Section 504 procedures may be different from state to state or school district to school district. To find out about district or state procedures implementing IDEA, parents should contact their state department of education or statewide parent training and information center (PTI). For issues relating to Section 504, contact the Office of Civil Rights (OCR) by visiting <http://www.ed.gov/about/offices/list/ocr/index.html>.

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For further information about ADHD or CHADD, please contact:

**National Resource Center on ADHD
Children and Adults with
Attention-Deficit/Hyperactivity Disorder**
4601 Presidents Drive, Suite 300
Lanham, MD 20706
800-233-4050
www.help4adhd.org

Please also visit the CHADD website at
www.chadd.org

The Difference Between IEPs and 504 Plans

By Understood Editors

Both Individualized Education Programs (IEPs) and 504 plans can offer formal help for K–12 students with learning and attention issues. They're similar in some ways but quite different in others. This chart compares them side-by-side to help you understand the differences.

	IEP	504 Plan
Basic Description	A blueprint or plan for a child's special education experience at school.	A blueprint or plan for how a child will have access to learning at school.
What it Does	Provides individualized special education and related services to meet the unique needs of the child. These services are provided at no cost to parents.	Provides services and changes to the learning environment to meet the needs of the child as adequately as other students. As with IEPs, a 504 plan is provided at no cost to parents.
What Law Applies	The Individuals with Disabilities Education Act (IDEA) This is a federal special education law for children with disabilities.	Section 504 of the Rehabilitation Act of 1973 This is a federal civil rights law to stop discrimination against people with disabilities.

<p>Who Is Eligible</p>	<p>To get an IEP, there are two requirements:</p> <ol style="list-style-type: none"> 1. A child has one or more of the 13 specific disabilities listed in IDEA. Learning and attention issues may qualify. 2. The disability must affect the child's educational performance and/or ability to learn and benefit from the general education curriculum. 	<p>To get a 504 plan, there are two requirements:</p> <ol style="list-style-type: none"> 1. A child has any disability, which can include many learning or attention issues. 2. The disability must interfere with the child's ability to learn in a general education classroom. Section 504 has a broader definition of a disability than IDEA. That's why a child who doesn't qualify for an IEP might still be able to get a 504 plan.
<p>Independent Educational Evaluation</p>	<p>Parents can ask the school district to pay for an independent educational evaluation (IEE) by an outside expert. The district doesn't have to agree.</p> <p>Parents can always pay for an outside evaluation themselves, but the district may not give it much weight.</p>	<p>Doesn't allow parents to ask for an IEE. As with an IEP evaluation, parents can always pay for an outside evaluation themselves.</p>
<p>Who Creates the Program/Plan</p>	<p>There are strict legal requirements about who participates. An IEP is created by an IEP team that must include:</p> <ul style="list-style-type: none"> • The child's parent 	<p>The rules about who's on the 504 team are less specific than they are for an IEP.</p>

	<ul style="list-style-type: none"> • At least one of the child’s general education teachers • At least one special education teacher • School psychologist or other specialist who can interpret evaluation results • A district representative with authority over special education services <p>With a few exceptions, the entire team must be present for IEP meetings.</p>	<p>A 504 plan is created by a team of people who are familiar with the child and who understand the evaluation data and special services options. This might include:</p> <ul style="list-style-type: none"> • The child’s parent • General and special education teachers • The school principal
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<p>What's In the Program/Plan</p>	<p>The IEP sets learning goals for a child and describes the services the school will give her. It’s a written document.</p> <p>Here are some of the most important things the IEP must include:</p> <ul style="list-style-type: none"> • The child’s present levels of academic and functional performance—how she is currently doing in school • Annual education goals for the child and how the school will track her progress • The services the child will get—this may include special education, related, supplementary and 	<p>There is no standard 504 plan. Unlike an IEP, a 504 plan doesn’t <i>have</i> to be a written document.</p> <p>A 504 plan generally includes the following:</p> <ul style="list-style-type: none"> • Specific accommodations, supports or services for the child • Names of who will provide each service • Name of the person responsible for ensuring the plan is implemented
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	<p>extended school year services</p> <ul style="list-style-type: none"> • The timing of services—when they start, how often they occur and how long they last • Any accommodations—changes to the child’s learning environment • Any modifications—changes to what the child is expected to learn or know • How the child will participate in standardized tests • How the child will be included in general education classes and school activities 	
<p>Parent Notice</p>	<p>When the school wants to change a child’s services or placement, it has to tell parents in writing <i>before</i> the change. This is called prior written notice. Notice is also required for any IEP meetings and evaluations.</p> <p>Parents also have “stay put” rights to keep services in place while there’s a dispute.</p>	<p>The school must notify parents about evaluation or a “significant change” in placement. Notice doesn’t have to be in writing, but most schools do so anyway.</p>
<p>Parent Consent</p>	<p>A parent must consent in writing for the school to evaluate a child. Parents must also consent in</p>	<p>A parent’s consent is required for the school district to evaluate a child.</p>

	<p>writing before the school can provide services in an IEP.</p>	
<p>How Often It's Reviewed and Revised</p>	<p>The IEP team must review the IEP at least once a year.</p> <p>The student must be reevaluated every three years to determine whether services are still needed.</p>	<p>The rules vary by state. Generally, a 504 plan is reviewed each year and a reevaluation is done every three years or when needed.</p>
<p>How to Resolve Disputes</p>	<p>IDEA gives parents several specific ways to resolve disputes (usually in this order):</p> <ul style="list-style-type: none"> • Mediation • Due process complaint • Resolution session • Civil lawsuit • State complaint • Lawsuit 	<p>Section 504 gives parents several options for resolving disagreements with the school:</p> <ul style="list-style-type: none"> • Mediation • Alternative dispute resolution • Impartial hearing • Complaint to the Office of Civil Rights (OCR) • Lawsuit
<p>Funding/Costs</p>	<p>Students receive these services at no charge.</p> <p>States receive additional funding for eligible students.</p>	<p>Students receive these services at no charge.</p> <p>States do not receive extra funding for eligible students. But the federal government can take funding away from programs (including schools) that don't comply.</p> <p>IDEA funds can't be used to serve students with 504 plans.</p>

Knowing which laws do what is a big part of understanding the difference between an IEP and a 504 plan. Explore more details about your child's legal rights.

About the Author



Understood Editors

[More by this author](#)

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Section 4: Resources

Where to go for further information





SFCD

Joan Cassel Memorial Library, Support for Families

Library Hours: MWF 9:30am - 4:30pm; T,TH 9:30am - 8:30pm; and when workshops/groups are on site

ADD/ADHD

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23 Sep 2014 2:47 PM

Category	Title	Call Number
Resource Type: Books		
ADD/ADHD	A.D.D. : The natural approach 12th printing	616 ANDERSON
ADD/ADHD	The A.D.D. Book : New Understandings, New Approaches To Parenting Your Child 1st ed.	618.92.8589.21 SEARS
ADD/ADHD	**ADD : helping your child untying the knot of attention deficits disorders	618.92.8589.20 UMANSKY
ADD/ADHD	ADD and the college student : a guide for high school and college students with attention deficit disorder	YOUTH 371.93.20 QUINN
ADD/ADHD	The ADD hyperactivity handbook for schools : effective strategies for identifying and teaching ADD students in elementary and secondary schools	371.93.20 PARKER
ADD/ADHD	ADD kaleidoscope : the many facets of adult attention deficit disorder	616.85.89.21 ANDREWS
ADD/ADHD	ADD success stories : a guide to fulfillment for families with Attention Deficit Disorder : maps, guidebooks, and travelogues for hunters in this farmer's world	616.85.89.20 HARTMANN
ADD/ADHD	ADD/ADHD behavior-change resource kit : ready-to-use strategies & activities for helping children with attention deficit disorder	618.92.8589.21 FLICK
ADD/ADHD	ADD/ADHD Drug Free : natural alternatives and practical exercises to Help Your child focus	618.92.8589.22 JACOBELLI
ADD/ADHD	The ADDED dimension : celebrating the opportunities, rewards, and challenges of the ADD experience 1st Fireside ed.	616.8589 KELLY
ADD/ADHD	ADHD & Me : What I Learned From Lighting Fires At The Dinner Table	YOUTHBIO 618.92.85890092 B TAYLOR
ADD/ADHD	ADHD in the schools : assessment and intervention strategies (The Guilford school practitioner series)	371.93.20 DUPAUL
ADD/ADHD	ADHD-- a teenager's guide	YOUTH 616.85.89.00835 CRIST
ADD/ADHD	ADHD/Hyperactivity a consumer's guide : for parents and teachers	649.153.20 GORDON
ADD/ADHD	Adolescents and ADD : gaining the advantage	YOUTH 371.94.20 QUINN
ADD/ADHD	Adult ADD : a reader friendly guide to identifying, understanding, and treating adult attention deficit disorder	616.85.89.20 WHITEMAN

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23 Sep 2014 2:47 PM

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ADD/ADHD	Adult ADD : A Reader Friendly Guide To Identifying, Understanding, And Treating Adult Attention Deficit Disorder	616.8589 Copy 2 NOVOTNI WHITEMAN, TOM.
ADD/ADHD	All about ADHD : the complete practical guide for classroom teachers (Teaching strategies)	371.93.20 PIFFNER
ADD/ADHD	All About Attention Deficit Disorder : Symptoms, Diagnosis, and Treatment: Children and Adults 2nd ed.	618 PHELAN
ADD/ADHD	All Dogs Have ADHD	CHILDREN 362.196.8589.22 HOOPMANN
ADD/ADHD	Alphabet soup : a recipe for understanding and treating attention deficit (hyperactivity) disorder ADD/ADHD a handbook for parents and teachers 1st ed.	649 JAVORSKY
ADD/ADHD	Answers to distraction Bantam trade paperback ed.	616.85.89.20 HALLOWELL
ADD/ADHD	The attending physician : attention deficit disorder : a guide for pediatricians and family physicians	REFERENC COPPS
ADD/ADHD	Attention deficit disorder : a different perception	616.85.89.20 HARTMANN
ADD/ADHD	Attention deficit disorder : ADHD and ADD syndromes 2nd ed.	618.92.8589.20 JORDAN
ADD/ADHD	Attention deficit disorder : helpful, practical information : a guide for parents & educators	616.85.89.20 MCEWAN
ADD/ADHD	Attention deficit disorder comes of age : toward the twenty-first century	TEACHER 618.92.8589.20 SHAYWITZ
ADD/ADHD	Attention deficit disorder... : a guide for health care consumers from TRANSACT health systems, inc	LIDEN
ADD/ADHD	Attention deficit disorders and hyperactivity in children (Pediatric habilitation ; v. 7)	618.92.8589.20 ACCARDO
ADD/ADHD	Attention deficit disorders evaluation scale : school version	618.92.8589075. 22 MCCARNEY
ADD/ADHD	Attention deficit disorders intervention manual 2nd ed.	618.92.8589.20 MCCARNEY
ADD/ADHD	Attention deficit disorders intervention manual : secondary-age student	JACKSON
ADD/ADHD	Attention deficit disorders, hyperactivity, and associated disorders : a handbook for parents and professionals 6th ed.	618.92.8589.20 COLEMAN
ADD/ADHD	Attention deficit hyperactivity disorder : questions & answers for parents	618.92.8589.20 GREENBERG
ADD/ADHD	**Attention deficit hyperactivity disorder : what every parent wants to know	618.92.8589.20 WODRICH
ADD/ADHD	**Attention deficits, learning disabilities, and Ritalin : a practical guide 2nd ed.	616.85.889.20 JOHNSTON
ADD/ADHD	Attention without tension : a teacher's handbook on attention disorders (ADHD and ADD) Rev.	COPELAND

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23 Sep 2014 2:47 PM

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ADD/ADHD	The attention zone : a parents' guide to attention deficit/hyperactivity disorder	618.92.8589.21 COHEN
ADD/ADHD	**Attention, please! : a comprehensive guide for successfully parenting children with attention disorders & hyperactivity 1st ed.	COPELAND
ADD/ADHD	Attention-deficit hyperactivity disorder : a clinical guide to diagnosis and treatment	616.85.89.20 SILVER
ADD/ADHD	Attention-deficit hyperactivity disorder in adults	616.85.89.20 WENDER
ADD/ADHD	Attentional deficit disorder in children and adolescents	618.92.8589.20 FADELY
ADD/ADHD	The boy on the bus	CHILDREN LOSKI
ADD/ADHD	**Brain mechanisms, attention-deficit, and related mental disorders : a clinical and theoretical assessment of attention-deficit	618.92.8589.20 JOSEPH
ADD/ADHD	Bright--and behind : a book for children and parents learning to cope with reading and attention problems 1st ed.	CHILDREN 371.9'144'092 ROBERTS
ADD/ADHD	Buzz : A Year Of Paying Attention 1st ed.	618.928589 22 ELLISON, KATHER ELLISON
ADD/ADHD	Can anyone help my child? : therapies and treatment for attention deficit and other learning and behavioral disorders in children, adolescents, and adults Up/Rev/2nd	616.8589 OGAN
ADD/ADHD	Cerebrum : the Dana forum on brain science. vol. 2, no. 3 (summer 2000)	573.13 CEREBRUM
ADD/ADHD	Como ponerte los frenos : guía para jóvenes para comprender el trastorno de hiperactividad por déficit de atención (THDA)	CHILDREN 618.92.8589.20 QUINN
ADD/ADHD	Cómo pasar de grado : la lucha de un adolescente con el trastorno de bajo nivel de atención	YOUTH PARKER
ADD/ADHD	Daredevils and daydreamers : new perspectives on attention-deficit/hyperactivity disorder 1st ed.	616.8589 INGERSOLL
ADD/ADHD	The down & dirty guide to adult ADD.	GORDON
ADD/ADHD	Dr. Larry Silver's advice to parents on attention-deficit hyperactivity disorder	618.92.8589.20 SILVER
ADD/ADHD	Driven to distraction : recognizing and coping with attention deficit disorder from childhood through adulthood 1st Touchstone ed.	616.85.89.20 HALLOWELL
ADD/ADHD	Eagle eyes : a child's view of attention deficit disorder	CHILDREN [Fic].20 GEHRET
ADD/ADHD	Early childhood attention deficit disorders intervention manual	REFERENC 618.92.8589.20 MCCARNEY
ADD/ADHD	**Focus your energy : hunting for success in business with attention deficit disorder	650.1.087.5 HARTMANN
ADD/ADHD	Franklin is messy	CHILDREN [E].21 BOURGEOIS

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23 Sep 2014 2:47 PM

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ADD/ADHD	The Gift Of ADHD : How To Transform Your Child's Problems Into Strengths	649.154.22 HONOS-WEBB, LAR HONOS-WEBB
ADD/ADHD	The Gift Of ADHD : How To Transform Your Child's Problems Into Strengths	649.154 22 HONOS-WEBB, LAR
ADD/ADHD	The Gift Of ADHD : How To Transform Your Child's Problems Into Strengths	649.154 22 Copy 3 HONOS-WEBB
ADD/ADHD	Girls' guide to ADHD : Don't lose this book! 1st ed.	YOUTH 618.92.8589.22 WALKER
ADD/ADHD	Give your ADD teen a chance : a guide for parents of teenagers with attention deficit disorder	616.85.89.00835 WEISS
ADD/ADHD	Handbook of hyperactivity in children	618.92.589.20 MATSON
ADD/ADHD	Help4ADD@high school	YOUTH 371.9.21 NADEAU
ADD/ADHD	Helping your hyperactive/attention deficit child [Rev. 2nd ed.]	618.92.8589.20 TAYLOR
ADD/ADHD	Hiperactivo, Impulsivo, Distráido : Me Conoces? : Guía Acerca Del Déficit Atencional Para Padres, Maestros Y Profesionales Segunda edición (2. ed.)	LANGUAGE 618.92.8589 22 BAUERMEISTER
ADD/ADHD	How to own and operate an attention deficit kid : A booklet for parents and teachers of children with attention deficit hyperactivity disorder because -- children with ADHD do not come with instructions and they should! Rev. ed	MAXEY
ADD/ADHD	How To Reach And Teach ADD Children : Practical Techniques, Strategies, and Interventions for Helping Children with Attention Problems and Hyperactivity	371.93 20 RIE RIEF, SANDRA F.
ADD/ADHD	Hyper kids : a workbook for parents and teachers how to recognize and respond to hyperactivity, attention deficit disorders, learning disabilities	SMITH
ADD/ADHD	**The hyperactive child book. : a pediatrician, a child psychologist, and a mother team up to offer the most practical, up-to-date guide to treating, educating, and living with your ADHD child 1st ed.	KENNEDY
ADD/ADHD	Hyperactivity : why won't my child pay attention?	618.92.8589.20 GOLDSTEIN
ADD/ADHD	I Don't Understand	CHILDREN INMAN
ADD/ADHD	Identification and treatment of attention deficit disorder (Child guidance mental health series)	618.92.8589.20 NUSSBAUM
ADD/ADHD	**It's nobody's fault : new hope and help for difficult children and their parents	618.9289 KOPLEWICZ

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23 Sep 2014 2:47 PM

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ADD/ADHD	**Jumpin' Johnny get back to work! : a child's guide to ADHD	CHILDREN GORDON
ADD/ADHD	**Learning to slow down and pay attention Rev. ed.	CHILDREN NADEAU
ADD/ADHD	Life at the Edge and Beyond : Living with ADHD and Asperger Syndrome Proof	Greenman
ADD/ADHD	**Lord, help me love this hyperactive child	618.92.8589.20 LANGSTON
ADD/ADHD	Making the grade : an adolescent's struggle with attention deficit disorder	YOUTH PARKER
ADD/ADHD	Management of children and adolescents with attention deficit-hyperactivity disorder 3rd ed.	618.92.8589.20 FRIEDMAN
ADD/ADHD	Maybe you know my kid : a parent's guide to identifying, understanding, and helping your child with attention-deficit hyperactivity disorder	649.153.20 FOWLER
ADD/ADHD	Maybe you know my teen : a parent's guide to helping your adolescent with Attention Deficit Hyperactivity Disorder 1st ed.	616.85.89.00835 FOWLER
ADD/ADHD	Medications for attention disorders (ADHD / ADD) and related medical problems (Tourette's Syndrome, Sleep Apnea, Seizure Disorders) [IN-LIB ONLY] : a comprehensive handbook 1st [Specialty Press] ed.	REFERENC COPELAND
ADD/ADHD	Moving beyond A.D.D./A.D.H.D. : an effective holistic mind-body approach	616.85.8906.21 DEBROITNER
ADD/ADHD	My Brother's A World-class Pain : A Sibling's Guide To ADHD	GORDON, MICHAEL GORDON
ADD/ADHD	The myth of the A.D.D. child : 50 ways to improve your child's behavior and attention span without drugs, labels, or coercion	618.92.8589.20 ARMSTRONG
ADD/ADHD	No more Ritalin : treating ADHD without drugs	618.92.858906.2 1 BLOCK
ADD/ADHD	On their own : creating an independent future for your adult child with learning disabilities and ADHD : a family guide 1st ed.	371.9.0474.22 FORD
ADD/ADHD	Only A Mother Could Love Him : ADD : Attention Deficit Disorder	BIOGRAPH POLIS, BENJAMIN POLIS
ADD/ADHD	Out of the fog : treatment options and coping strategies for adult attention deficit disorder 1st ed.	616.85.89.20 MURPHY
ADD/ADHD	A parent's guide to attention deficit disorders	618.92.8589.20 BAIN
ADD/ADHD	The parent's hyperactivity handbook : helping the fidgety child	618.92.8589.20 PALTIN
ADD/ADHD	Parenting a child with attention deficit	649.153.20 BOYLES

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23 Sep 2014 2:47 PM

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ADD/ADHD	Problem Solver Guide For Students With ADHD : Ready-to-use Interventions For Elementary And Secondary Students With Attention Deficit Hyperactivity Disorder	371.93.22 PARKER, HARVEY PARKER
ADD/ADHD	Putting on the brakes : young people's guide to understanding attention deficit hyperactivity disorder (ADHD)	YOUTH 618.92.8589.20 QUINN
ADD/ADHD	Rethinking attention deficit disorders	371.93.21 CHER KES-JULKOWS
ADD/ADHD	Ritalin-free kids : safe and effective homeopathic medicine for ADD and other behavioral and learning problems	616.85.8906.20 REICHENBERG- ULL
ADD/ADHD	Running on Ritalin : a physician reflects on children, society, and performance in a pill	618.92.8589.21 DILLER
ADD/ADHD	Ryan--a mother's story of her hyperactive	BIOGRAPH 362.1.989283.20 HUGHES
ADD/ADHD	School based assessment of attention deficit disorder (SuDoc ED 1.310/2:379886)	CARTER
ADD/ADHD	School strategies for ADD teens : guidelines for schools, parents & students grades 6-12	NADEAU
ADD/ADHD	Shelley, the hyperactive turtle (The Special needs collection)	CHILDREN 618.92.8589.19 MOSS
ADD/ADHD	Shelley, The Hyperactive Turtle [childrens] 2nd ed.	CHILDREN [E] 22 MOSS, DEBORAH M SCHWARTZ MOSS
ADD/ADHD	Sometimes I drive my mom crazy, but I know she's crazy about me : a self-esteem book for ADHD children	YOUTH 618.92.8589.21 SHAPIRO
ADD/ADHD	Sometimes i get all scribbly : living with attention deficit/hyperactivity disorder	NEUVILLE
ADD/ADHD	Sourcebook for children with attention deficit disorder : a management guide for early childhood professionals and parents	JONES
ADD/ADHD	Square peg in a round hole : coping With learning differences at home, in school and at work 1st ed.	SHREVE
ADD/ADHD	Step by Step Help for Children with ADHD : A Self-Help Manual for Parents Proof	Laver
ADD/ADHD	Success at last! : helping students with attention deficit (hyperactivity) disorders achieve their potential	371.93.20 WEAVER
ADD/ADHD	Taking A.D.D. To School [Childrens] : A School Story About Attention Deficit Disorder And ("Special Kids In School" Series) 1st ed.	CHILDREN 618.928589 21 RAVANELLI. WEINER, ELLEN.

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23 Sep 2014 2:47 PM

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ADD/ADHD	A teenager's guide to A.D.D. : understanding and treating attention deficit disorders through the teenage years	YOUTH 616 JOHNSON
ADD/ADHD	**Teenagers with ADD and ADHD : a guide for parents and professionals 2nd ed.	618.92.8589.22 ZEIGLER DENDY
ADD/ADHD	Thinking right among left brainers : one woman's experience of attention deficit disorder & dyslexia	LIGHT
ADD/ADHD	**Thom Hartmann's complete guide to ADHD : help for your family at home, school and work 1st ed.	649 HARTMANN
ADD/ADHD	Total concentration : how to understand attention deficit disorders with treatment guidelines for you and your doctor 1992 Trade paperback ed.	616.8589 LEVINSON
ADD/ADHD	When Moms And Kids Have ADD (ADHD) (ADD-friendly Living)	649.154.22 QUINN, PATRICIA QUINN
ADD/ADHD	When you worry about the child you love : emotional and learning problems in children	618.92.89.20 HALLOWELL
ADD/ADHD	Why Johnny can't concentrate : coping with attention deficit problems	153.1.523.20 MOSS
ADD/ADHD	Willie : raising and loving a child with attention deficit disorder	649.153.20 COLIN
ADD/ADHD	Windows into the A. D. D. Mind	AMEN
ADD/ADHD	Women with attention deficit disorder : embracing disorganization at home and in the workplace	616.85.89.0082 SOLDEN
ADD/ADHD	You & Your A.D.D. Child : How To Understand And Help Kids With Attention Deficit Disorder	618.928589 20 CAPEHART, JODY WARREN, PAUL, 1
ADD/ADHD	You mean i'm not lazy, stupid, or crazy?! : a self-help book for adults with attention deficit disorder	KELLY
ADD/ADHD	Zipper, the kid with ADHD	YOUTHFIC [Fic].21 JANOVER
Resource Type: Bound Materials		
ADD/ADHD	ADD/ADHD Information packet	LANGUAGE
ADD/ADHD	ADD/ADHD Information packet	LANGUAGE
ADD/ADHD	Adolescents and ADHD, approaches for 2006 : May 6th 2006, San Francisco	PROF DEV AHWG
ADD/ADHD	Understanding ADHD	PROF DEV PACER CENTER

ADD/ADHD

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23 Sep 2014 2:47 PM

Category	Title	Call Number
Resource Type: Electronic ADD/ADHD	Find the Genius in ADD [internet resource]	
Resource Type: VCDs ADD/ADHD	**Attention Deficit Hyperactivity Disorder [videorecording]	LANGUAGE LEBEN

135 lines printed

Websites, Organizations, and Other Resources - ADHD

ADHD-Specific

ADDitude Magazine

www.additudemag.com

Offers strategies and support for ADHD and LD, including both Adult ADHD and parenting children with ADHD, as well as information and advice from experts and practitioners in mental health and learning.

A.D.D. Warehouse

www.addwarehouse.com

Provides information on books, videos, training programs, games, professional texts and assessment materials for ADD/ADHD.

Centers for Disease Control and Prevention (CDC)

www.cdc.gov/ncbddd/adhd/facts.html

The CDC is the national public health institute of the United States and a federal agency under the Department of Health and Human Services. This specific section has basic information, research articles, data & statistics, medical recommendations, and free materials about ADHD.

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

www.chadd.org

www.chaddnorcal.org (Northern California chapter)

CHADD's website is a good place to begin when gathering information about Attention Deficit-Hyperactivity Disorder. Can link to a local CHADD chapter if interested in support groups and activities. Maintains a resource directory list for members.

National Resource Center (NRC) on ADHD: A Program of CHADD

www.help4adhd.org

The CDC-funded national clearinghouse for evidence-based information about ADHD. The NRC is a program of CHADD. Comprehensive information includes a glossary, "What We Know" info sheets, dealing with systems, diagnosis and treatment, and more.

GreatSchools

Learning Disabilities & ADHD Section

www.greatschools.org/articles/?topics=226&language=EN

GreatSchools is an independent nonprofit and a national source of school information for families. A section of their website contains a repository of articles about ADHD and Learning Disabilities. They also have adapted legacy resources from Schwab Learning.

Helpguide

www.helpguide.org/topics/adhd.htm

Started by two parents, Helpguide offers various articles regarding mental and physical wellness. This specific section describes both conventional and alternative management strategies for ADHD.

JAN (Job Accommodation Network)

www.askjan.org/media/adhd.html

JAN's Accommodation and Compliance Series is designed to help employers determine effective accommodations and comply with the Americans with Disabilities Act (ADA). Also helpful self-advocacy tool for employees with ADHD.

National Alliance on Mental Illness

www.nami.org/Template.cfm?Section=adhd

A grassroots mental health organization that advocates for access to services, treatment, supports and research. Includes website section on ADHD with podcasts and an online community.

National Attention Deficit Disorder Association

www.add.org

Provides information, resources and networking opportunities to adults with ADHD. Great resources for transition age youth with ADHD.

National Center for Learning Disabilities

“Co-Occurring Disorders: ADHD”

www.ncld.org/types-learning-disabilities/adhd-related-issues/adhd

ADHD and Learning Disabilities (LD) are not the same thing, but about one-third of people with LD have ADHD. Learn about the two often co-occurring disorders here.

National Institute of Mental Health

www.nimh.nih.gov/health/topics/attention-deficit-hyperactivity-disorder-adhd/index.shtml

The National Institute of Mental Health (NIMH) is part of the National Institutes of Health (NIH), a component of the U.S. Department of Health and Human Services. This page contains general information about ADHD as well as ongoing clinical trials

Osher Center for Integrative Medicine, University of California San Francisco

www.osher.ucsf.edu/patient-care/treatments-services/pediatrics-2/neurodevelopmental-pediatrics-autism-adhd-and-related-conditions/

Alternative and integrative medicine approaches to ADHD. This page includes the presentation “Do 2.5 Million Children Really Need Ritalin? An Integrative Approach to ADHD.”

TeensHealth

www.kidshealth.org/teen/school_jobs/school/adhd.html

General informational article, but written directly for the child or teen with ADHD.

U.S. Department of Education

“Identifying and Treating Attention Deficit Hyperactivity Disorder: A Resource for School and Home”

www2.ed.gov/rschstat/research/pubs/adhd/adhd-identifying.html

This is the companion publication to the *Teaching Strategies* guide reprinted in this packet.

U.S. Food and Drug Administration (FDA)

Consumer Updates

www.fda.gov/ForConsumers/ConsumerUpdates/ucm269188.htm

The FDA is a federal agency of the U.S. Department of Health and Human Services that regulates and supervises food safety, medications, supplements, etc. in order to protect and promote public health. Look here for updates about ADHD medications (in consultation with your doctor).

Special Education

Building the Legacy: IDEA 2004

idea.ed.gov

This site provides information on major topics covered by IDEA 2004. It has excellent video clips on Early Intervening Services/RTI, Individualized Education Program, Discipline, Highly Qualified Teachers, Procedural Safeguards, and other important topics.

Community Alliance for Special Education (CASE) and Disability Rights California “Special Education Rights and Responsibilities Handbook”

www.disabilityrightsca.org/pubs/PublicationsSERREnglish.htm

This handbook thoroughly and extensively covers topics on basic rights, evaluations/assessments, eligibility, pre-school education services, and more in a Q&A format. These materials are based on special education laws and court decisions in effect at the time of publication.

The Education Resources Information Center (ERIC) Digests

www.eric.ed.gov

ERIC Digests are secondary research articles that synthesize research in specific topics of education. These are not the primary research articles, but they give an overview of the types of research being currently conducted in academic settings.

Office for Civil Rights (OCR), U.S. Department of Education

“Frequently Asked Questions about Section 504 and the Education of Children with Disabilities”

www2.ed.gov/about/offices/list/ocr/504faq.html

Explains what a 504 plan is, procedural safeguards, terminology, and evaluation information. OCR serves student populations facing discrimination as well as the advocates and institutions promoting systemic solutions to civil rights problems.

U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs

1-877-433-7827, edpubs.ed.gov

Website has U.S. Department of Education publications and other products. May also order paper copies. All publications are provided at no cost.

Wrightslaw Special Education Law and Education

www.wrightslaw.com

Parents, educators, advocates, and attorneys come to Wrightslaw for accurate, reliable information about special education law, education law, and advocacy for children with disabilities. Fantastic resource.

Parent to Parent

Center for Parent Information and Resources (CPIR)

www.parentcenterhub.org

Serves as a central resource of information and products to the community of Parent Training Information (PTI) Centers and the Community Parent Resource Centers (CPRCs). Find the parent center(s) in your state here.

San Francisco/California Region

California Foundation for Independent Living Centers

www.cfilc.org/find-ilc/

www.ilrcsf.org/ (San Francisco ILRC)

The mission of the California Foundation for Independent Living Centers is increasing access and equal opportunity for people with disabilities by building the capacity of Independent Living Centers. Go here to find the ILRC in your area.

Family Resource Center Network of California (FRCNCA)

www.frcnca.org

FRCNCA is a coalition of California's 47 Family Resource Centers. Early Start Family Resource Centers (ESFRC) provide parent to parent support, outreach, information and referral services to families of children with disabilities and the professionals who serve them.

Support for Families (SFCD)

1663 Mission St, 7th Floor, San Francisco, CA 94103

Tel: 415-920-5040

info@supportforfamilies.org

www.supportforfamilies.org

www.supportforfamilies.org/resource2/ (Bay Area Agency Directory, by Category)

www.supportforfamilies.org/internetguide/index.html (Even more online resources)

www.supportforfamilies.org/resources/assessments.html (Assessment Information for SF)

The family resource center and parent training information center for San Francisco County. Provides information, education, and support for families and professionals of children with disabilities, concerns, or special health care needs.

San Francisco Unified School District (SFUSD)

Early Childhood Special Education Services

1520 Oakdale Ave, San Francisco, CA 94124; Tel: 415-401-2525; Fax: 415-920-5075

Special Education Central Office

3045 Santiago St, San Francisco, CA 94116; Tel: 415-759-2222; Fax: 415-242-2528

www.sfusd.edu/en/programs-and-services/special-education/overview.html

SFUSD Community Advisory Committee for Special Education (CAC)

www.cacspedsf.org

The purpose of the Community Advisory Committee (CAC) for Special Education is to champion effective special education programs and services and advise the Board of Education on priorities in the Special Education Local Plan Area (SELPA). The State Education Code mandates that each SELPA have a CAC and that a majority of CAC members are parents. *If you are not in San Francisco, ask your local school for information about your local Community Advisory Committee for Special Education.*

Since 1982, Support for Families has offered information, education, and parent-to-parent support free of charge to families and professionals of children with any kind of disability, concern, or special health care need in San Francisco.

All services are free of charge:

- Phone Line & Drop-In Center
- Information & Resources
- Resource Library
- Support Groups
- Parent Mentor Program
- Educational Workshops
- Family Special Events
- Short-term Counseling
- Community Outreach & Satellites



**SUPPORT FOR FAMILIES
OF CHILDREN WITH DISABILITIES**

1663 Mission St, 7th Floor
San Francisco, CA 94103
415-282-7494

415-920-5040 (Phoneline)
info@supportforfamilies.org
www.supportforfamilies.org

HOURS

MWF 9:30am – 4:30pm
TTH 12:30pm – 8:30pm

PUBLIC TRANSIT

BART: 16th St Mission (3 blocks to 13th)
MUNI: 14 Mission, 49 Van Ness, Van Ness Metro Station



FOLD

**PLACE
STAMP
HERE**



SUPPORT FOR FAMILIES OF
CHILDREN WITH DISABILITIES
1663 Mission St., 7th Floor
San Francisco, CA 94103

INFORMATION PACKET
EVALUATION

FOLD

TAPE TO SEAL



ADHD INFORMATION PACKET EVALUATION

1. Are you a: PARENT/CAREGIVER PROFESSIONAL OTHER (CIRCLE ONE)

2. This packet	Strongly Agree 👍	Agree	Neutral	Disagree	Strongly Disagree 👎	N/A
Helped increase my knowledge about my child's needs or disability, and/or the needs of children with disabilities and their families	5	4	3	2	1	N/A
Helped increase my feelings of support	5	4	3	2	1	N/A
Helped increase my knowledge of resources or services	5	4	3	2	1	N/A
Helped provide strategies to advocate for my child and/or children I serve as well as participate in the decision-making process	5	4	3	2	1	N/A
(The following questions are for <u>Parents/Caregivers Only</u>)						
Helped increase my ability to communicate with professionals	5	4	3	2	1	N/A
Helped increase my knowledge of parent participation activities at the school as well as school reform	5	4	3	2	1	N/A
(The following questions are for <u>Professionals Only</u>)						
Helped increase my ability to communicate with families and service providers	5	4	3	2	1	N/A
Helped increase my knowledge of family-centered care	5	4	3	2	1	N/A

3. On a scale of 1 to 5, with 5 being the best, how would you rate the value of this packet?

Great Value 👍 5 4 3 2 1 👎 Little Value

Comments:

4. On a scale of 1 to 5, with 5 being the best, how would you rate the quality of this packet?

Great Quality 👍 5 4 3 2 1 👎 Little Quality

Comments:

5. Would you recommend this packet to others? Yes No

6. What did you find **most** useful?

7. What did you find **least** useful?

8. Any other articles or information you would like to see?

9. Has this information made it more likely that special education issues can be resolved without having to go to Fair Hearing? Yes No Not Applicable

If not, why not?

(Optional Information) Name:

Phone Number:

Evaluations help us improve our services and report back to our funders, which allows us to continue to provide our services - including these packets - free of charge. **Please complete and return this evaluation in one of four ways:**

1. Mail this evaluation to our office by folding this sheet of paper into thirds (see other side of page).
1. Scan or take a photo of this evaluation and email it to newsletter@supportforfamilies.org
2. Fax this evaluation to 415-282-1226
3. Or fill out the evaluation online: www.surveymonkey.com/s/sfcd-info-packet

THANK YOU!