

**Attention-Deficit/Hyperactivity  
Disorder**

**(AD/HD)**

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AD/HD

# Maine Parent Federation



## Information Disclaimer

The purpose of the information packet is to provide individuals with reader friendly information. We believe that a good overview is a realistic one. For this reason we have included a variety of information that may include the more difficult characteristics of a diagnosis or topic along with medical, educational and best practice information.

All information contained in this packet is for general knowledge, personal education and enrichment purposes. It is not intended to be a substitute for professional advice. For specific advice, diagnosis and treatment you should consult with a qualified professional.

When this packet was developed, Maine Parent Federation made every effort to ensure that the information contained in this packet was accurate, current and reliable. Packets are reviewed and updated periodically as changes occur.

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## Disclaimer

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# AD/HD

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## **AD/HD**

### **Attention-Deficit Hyperactivity Disorder**

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Website: [www.parentcenterhub.org](http://www.parentcenterhub.org)

#### **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.

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### 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)

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**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..

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

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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](#)). 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.

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### 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)]

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### 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.

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.



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### **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.

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### 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](mailto: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](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](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](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](http://helpguide.org/mental/adhd_add_teaching_strategies.htm)

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*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>

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### What is ADHD?

Used with permission by: Nemour's Foundation  
Website: <http://kidshealth.org>

Lisa's son Jack had always been a handful. Even as a preschooler, he would tear through the house like a tornado, shouting, roughhousing, and climbing the furniture. No toy or activity ever held his interest for more than a few minutes and he would often dart off without warning, seemingly unaware of the dangers of a busy street or a crowded mall.

It was exhausting to parent Jack, but Lisa hadn't been too concerned back then. Boys will be boys, she figured. But at age 8, he was no easier to handle. It was a struggle to get Jack to settle down long enough to complete even the simplest tasks, from chores to homework. When his teacher's comments about his inattention and disruptive behavior in class became too frequent to ignore, Lisa took Jack to the doctor, who recommended an evaluation for attention deficit hyperactivity disorder (ADHD).

ADHD is a common behavioral disorder that affects an estimated 8% to 10% of school-age children. Boys are about three times more likely than girls to be diagnosed with it, though it's not yet understood why.

Kids with ADHD act without thinking, are hyperactive, and have trouble focusing. They may understand what's expected of them but have trouble following through because they can't sit still, pay attention, or attend to details.

Of course, all kids (especially younger ones) act this way at times, particularly when they're anxious or excited. But the difference with ADHD is that symptoms are present over a longer period of time and occur in different settings. They impair a child's ability to function socially, academically, and at home.

The good news is that with proper treatment, kids with ADHD can learn to successfully live with and manage their symptoms.

### Symptoms

ADHD used to be known as **attention deficit disorder**, or **ADD**. In 1994, it was renamed ADHD and broken down into three subtypes, each with its own pattern of behaviors:

#### 1. an inattentive type, with signs that include:

- inability to pay attention to details or a tendency to make careless errors in schoolwork or other activities
- difficulty with sustained attention in tasks or play activities
- apparent listening problems
- difficulty following instructions
- problems with organization
- avoidance or dislike of tasks that require mental effort
- tendency to lose things like toys, notebooks, or homework
- distractibility
- forgetfulness in daily activities

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### 2. a hyperactive-impulsive type, with signs that include:

- fidgeting or squirming
- difficulty remaining seated
- excessive running or climbing
- difficulty playing quietly
- always seeming to be "on the go"
- excessive talking
- blurting out answers before hearing the full question
- difficulty waiting for a turn or in line
- problems with interrupting or intruding

### 3. a combined type, which involves a combination of the other two types and is the most common

Although it can be challenging to raise kids with ADHD, it's important to remember they aren't "bad," "acting out," or being difficult on purpose. And they have difficulty controlling their behavior without medication or behavioral therapy.

## Diagnosis

Because there's no test that can determine the presence of ADHD, a diagnosis depends on a complete evaluation. Many children and adolescents diagnosed with ADHD are evaluated and treated by primary care doctors including pediatricians and family practitioners, but your child may also be referred to one of several different specialists (psychiatrists, psychologists, neurologists) especially when the diagnosis is in doubt, or if there are other concerns, such as Tourette syndrome, a learning disability, anxiety, or depression.

To be considered for a diagnosis of ADHD:

- a child must display behaviors from one of the three subtypes before age 7
- these behaviors must be more severe than in other kids the same age
- the behaviors must last for at least 6 months
- the behaviors must occur in and negatively affect at least two areas of a child's life (such as school, home, daycare settings, or friendships)

The behaviors must also not only be linked to stress at home. Kids who have experienced a [divorce](#), a [move](#), an illness, a change in school, or other significant life event may suddenly begin to act out or become forgetful. To avoid a misdiagnosis, it's important to consider whether these factors played a role in the onset of symptoms

First, your child's doctor may perform a physical examination and take a medical history that includes questions about any concerns and symptoms, your child's past health, your family's health, any medications your child is taking, any allergies your child may have, and other issues.

The doctor may also check [hearing](#) and [vision](#) so other medical conditions can be ruled out. Because some emotional conditions, such as extreme [stress](#), [depression](#), and [anxiety](#), can also look like ADHD, you'll likely be asked to fill out questionnaires to help rule them out.

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You'll be asked many questions about your child's development and behaviors at home, school, and among friends. Other adults who see your child regularly (like teachers, who are often the first to notice ADHD symptoms) probably will be consulted, too. An educational evaluation, which usually includes a school psychologist, may also be done. It's important for everyone involved to be as honest and thorough as possible about your child's strengths and weaknesses.

### Causes of ADHD

ADHD is **not** caused by poor parenting, too much sugar, or vaccines.

ADHD has biological origins that aren't yet clearly understood. No single cause has been identified, but researchers are exploring a number of possible genetic and environmental links. Studies have shown that many kids with ADHD have a close relative who also has the disorder.

Although experts are unsure whether this is a cause of the disorder, they have found that certain areas of the brain are about 5% to 10% smaller in size and activity in kids with ADHD. Chemical changes in the brain also have been found.

Research also links smoking during pregnancy to later ADHD in a child. Other risk factors may include [premature delivery](#), very low birth weight, and injuries to the brain at birth.

Some studies have even suggested a link between excessive early [television](#) watching and future attention problems. Parents should follow the American Academy of Pediatrics' (AAP) guidelines, which say that children under 2 years old should not have any "screen time" (TV, DVDs or videotapes, computers, or video games) and that kids 2 years and older should be limited to 1 to 2 hours per day, or less, of quality television programming.

### Related Problems

One of the difficulties in diagnosing ADHD is that it's often found in conjunction with other problems. These are called coexisting conditions, and about two thirds of kids with ADHD have one. The most common coexisting conditions are:

#### Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD)

At least 35% of kids with ADHD also have oppositional defiant disorder, which is characterized by stubbornness, outbursts of temper, and acts of defiance and rule breaking. Conduct disorder is similar but features more severe hostility and aggression. Kids who have conduct disorder are more likely to get in trouble with authority figures and, later, possibly with the law. Oppositional defiant disorder and conduct disorder are seen most commonly with the hyperactive and combined subtypes of ADHD.

### Mood Disorders

About 18% of kids with ADHD, particularly the inattentive subtype, also experience depression. They may feel inadequate, isolated, frustrated by school failures and social problems, and have low [self-esteem](#).

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### Anxiety Disorders

Anxiety disorders affect about 25% of kids with ADHD. Symptoms include excessive worry, fear, or panic, which can also lead to physical symptoms such as a racing heart, sweating, stomach pains, and diarrhea. Other forms of anxiety that can accompany ADHD are [obsessive-compulsive disorder](#) and [Tourette syndrome](#), as well as motor or vocal tics (movements or sounds that are repeated over and over). A child who has symptoms of these other conditions should be evaluated by a specialist.

### Learning Disabilities

About half of all kids with ADHD also have a specific learning disability. The most common learning problems are with reading ([dyslexia](#)) and [handwriting](#). Although ADHD isn't categorized as a learning disability, its interference with concentration and attention can make it even more difficult for a child to perform well in school.

If your child has ADHD and a coexisting condition, the doctor will carefully consider that when developing a treatment plan. Some treatments are better than others at addressing specific combinations of symptoms.

### Treating ADHD

ADHD can't be cured, but it *can* be successfully managed. Your child's doctor will work with you to develop an individualized, long-term plan. The goal is to help a child learn to control his or her own behavior and to help families create an atmosphere in which this is most likely to happen.

In most cases, ADHD is best treated with a combination of medication and behavior therapy. Any good treatment plan will require close follow-up and monitoring, and your doctor may make adjustments along the way. Because it's important for parents to actively participate in their child's treatment plan, parent education is also considered an important part of ADHD management.

Sometimes the symptoms of ADHD become less severe as a person grows older. Hyperactivity tends to get less as people grow up, although the problems with organization and attention often remain. More than half of kids who have ADHD will continue to have symptoms as young adults.

### Medications

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

- **Stimulants** are the best-known treatments — they've been used for more than 50 years in the treatment of ADHD. Some require several doses per day, each lasting about 4 hours; some last up to 12 hours. Possible side effects include decreased appetite, stomachache, irritability, and insomnia. There's currently no evidence of long-term side effects.
- **Nonstimulants** represent a good alternative to stimulants or are sometimes used along with a stimulant to treat ADHD. The first nonstimulant was approved for treating ADHD in 2003. They may have fewer side effects than stimulants and can last up to 24 hours.

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- **Antidepressants** are sometimes a treatment option; however, in 2004 the U.S. Food and Drug Administration (FDA) issued a warning that these drugs may lead to a rare increased risk of suicide in children and teens. If an antidepressant is recommended for your child, be sure to discuss these risks with your doctor.

Medications can affect kids differently, and a child may respond well to one but not another. When determining the correct treatment, the doctor might try various medications in various doses, especially if your child is being treated for ADHD along with another disorder.

### Behavioral Therapy

Research has shown that medications used to help curb impulsive behavior and attention difficulties are more effective when combined with behavioral therapy.

Behavioral therapy attempts to change behavior patterns by:

- reorganizing a child's home and school environment
- giving clear directions and commands
- setting up a system of consistent rewards for appropriate behaviors and negative consequences for inappropriate ones

Here are examples of behavioral strategies that may help a child with ADHD:

- **Create a routine.** Try to follow the same schedule every day, from wake-up time to bedtime. Post the schedule in a prominent place, so your child can see what's expected throughout the day and when it's time for homework, play, and chores.
- **Get organized.** 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 games, 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 (think baby steps rather than overnight success).
- **Discipline effectively.** Instead of yelling or spanking, use timeouts or removal of privileges as consequences for inappropriate behavior. Younger kids may simply need to be distracted or ignored until they display better 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.



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### Alternative Treatments

Currently, the only ADHD therapies that have been proven effective in scientific studies are medications and behavioral therapy. But your doctor may recommend additional treatments and interventions depending on your child's symptoms and needs. Some kids with ADHD, for example, may also need special educational interventions such as tutoring, [occupational therapy](#), etc. Every child's needs are different.

A number of other alternative therapies are promoted and tried by parents including: megavitamins, body treatments, diet manipulation, allergy treatment, chiropractic treatment, attention training, visual training, and traditional one-on-one "talking" psychotherapy. However, scientific research has **not** found them to be effective, and most have not been studied carefully, if at all.

Parents should always be wary of *any* therapy that promises an ADHD "cure." If you're interested in trying something new, speak with your doctor first.

### Parent Training

Parenting a child with ADHD often brings special challenges. Kids with ADHD may not respond well to typical parenting practices. Also, because ADHD tends to run in families, parents may also have some problems with organization and consistency themselves and need active coaching to help learn these skills.

Experts recommend parent education and support groups to help family members accept the diagnosis and to teach them how to help kids organize their environment, develop problem-solving skills, and cope with frustrations. Training can also teach parents to respond appropriately to a child's most trying behaviors with calm disciplining techniques. Individual or family counseling can also be helpful.

### ADHD in the Classroom

As your child's most important advocate, you should become familiar with your child's medical, legal, and educational rights.

Kids with ADHD are eligible for [special services](#) or accommodations at school under the Individuals with Disabilities in Education Act (IDEA) and an anti-discrimination law known as Section 504. Keep in touch with teachers and school officials to monitor your child's progress.

In addition to using routines and a clear system of rewards, here are some other tips to share with teachers for classroom success:

- **Reduce seating distractions.** Lessening distractions might be as simple as seating your child near the teacher instead of near the window.
- **Use a homework folder for parent-teacher communications.** The teacher can include assignments and progress notes, and you can check to make sure all work is completed on time.
- **Break down assignments.** Keep instructions clear and brief, breaking down larger tasks into smaller, more manageable pieces.

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- **Give positive reinforcement.** Always be on the lookout for positive behaviors. Ask the teacher to offer praise when your child stays seated, doesn't call out, or waits his or her turn instead of criticizing when he or she doesn't.
- **Teach good study skills.** Underlining, note taking, and reading out loud can help your child stay focused and retain information.
- **Supervise.** Check that your child goes and comes from school with the correct books and materials. Sometimes kids are paired with a buddy to can help them stay on track.
- **Be sensitive to self-esteem issues.** Ask the teacher to provide feedback to your child in private, and avoid asking your child to perform a task in public that might be too difficult.
- **Involve the school counselor or psychologist.** He or she can help design behavioral programs to address specific problems in the classroom.

### Helping Your Child

You're a stronger advocate for your child when you foster good partnerships with everyone involved in your child's treatment — that includes teachers, doctors, therapists, and even other family members. Take advantage of all the support and education that's available, and you'll help your child navigate toward success.

Reviewed by: [Richard S. Kingsley, MD](#)

Date reviewed: January 2012

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### Legal Requirements for Identification of and Educational Services for Children with ADHD

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Two important federal mandates protect the rights of eligible children with ADHD—the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973 (Section 504). The regulations implementing these laws are 34 CFR sections 300 and 104, respectively, which require school districts to provide a “free appropriate public education” to students who meet their eligibility criteria. Although a child with ADHD may not be eligible for services under IDEA, he or she may meet the requirements of Section 504.

The requirements and qualifications for IDEA are more stringent than those of Section 504.

IDEA provides funds to state education agencies for the purpose of providing special education and related services to children evaluated in accordance with IDEA and found to have at least one of the 13 specific categories of disabilities, and who thus need special education and related services. Attention Deficit Hyperactivity Disorder may be considered under the specific category of “Other Health Impairment” (OHI), if the disability results in limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment and that is due to chronic or acute health problem

s.

Under IDEA, each public agency—that is, each school district—shall ensure that a full and individual evaluation is conducted for each child being considered for special education and related services. The child’s individualized education program (IEP) team uses the results of the evaluation to determine the educational needs of the child. The results of a medical doctor’s, psychologist’s, or other qualified professional’s assessment indicating a diagnosis of ADHD may be an important evaluation result, but the diagnosis does not automatically mean that a child is eligible for special education and related services. A group of qualified professionals and the parent of the child determine whether the child is an eligible child with a disability according to IDEA. Children with ADHD also may be eligible for services under the “Specific Learning Disability,” “Emotional Disturbance,” or other relevant disability categories of IDEA if they have those disabilities in addition to ADHD. After it has been determined that a child is eligible for special education and related services under IDEA, an IEP is developed that includes a statement of measurable annual goals, including benchmarks or short-term objectives that reflect the student’s needs. The IEP goals are determined with input from the parents and cannot be changed without the parents’ knowledge. Although children who are eligible under IDEA must have an IEP, students eligible under Section 504 are not required to have an IEP but must be provided regular or special education and related aids or services that are designed to meet their individual educational needs as adequately as the needs of nondisabled students are met.

Section 504 was established to ensure a free appropriate education for all children who have an impairment—physical or mental—that substantially limits one or more major life activities. If it can be demonstrated that a child’s ADHD adversely affects his or her learning—a major life activity in the life of a child—the student may qualify for services under Section 504. To be considered eligible for Section 504, a student must be evaluated to ensure that the disability requires special education or related services or supplementary aids and services. Therefore, a child whose ADHD does not interfere with his or her learning process may not be eligible for special education and related services under IDEA or supplementary aids and services under Section 504.

## AD/HD

### State Resources

**The Bangor CHADD Chapter** meets the 2nd Tuesday of the month (Sept – May)

**Time:** from 7:00 to 8:30 pm.

**Where:** The meetings are held at 96 Harlow St., #7, in Bangor.

**Contact Us:** Call Barry Rubin for more information at (207) 990-1555

Do you need information and resource help? As a volunteer, I try to respond as quickly as possible to all requests about our local CHADD group.

However, if you have a more pressing need for information or assistance about the many aspects of dealing with AD/HD (including diagnosis, treatment options, educational rights, etc.), please contact CHADD's National Resource Center on AD/HD (NRC), online at [www.help4adhd.org](http://www.help4adhd.org) or by phone at 800-233-4050 (press option 2, Monday-Friday, 9am-5pm Eastern time).

The NRC is staffed by trained Health Information Specialists who can answer many of your questions about AD/HD and provide other helpful information and resources. (NOTE: although the NRC does not provide legal, medical or other professional advice, Specialists can offer ideas and suggestions to help you find what you are looking for).

#### **The G.E.A.R. Parent Network**

Through parent-to-parent sharing of experiences and knowledge, G.E.A.R. Parent Network empowers parents of children with behavioral health needs to build on their family's strengths and to advocate for their family's needs.

Phone: 1-800-264-9224 or 1-207-626-3448

Website: <http://gearparentnetwork.com>

#### **Maine Department of Education Special Services**

23 State House Station

Augusta, ME 04333-0023

Voice: (207) 624-6650

Website: [www.maine.gov/doe/specialed/](http://www.maine.gov/doe/specialed/)

**AD/HD  
National Resources**

**National Resource Center on ADHD**

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

4601 Presidents Drive, Suite 300

Lanham, MD 20706

Phone: 1-800-233-4050 (press option 2, Monday-Friday, 9am-5pm Eastern time).

Website: [www.help4adhd.org](http://www.help4adhd.org)

**Centers for Disease and Control (CDC)**

Website: [www.cdc.gov](http://www.cdc.gov)

**Nemour's Foundation**

Website: [www.kidshealth.org](http://www.kidshealth.org)

**HelpGuide.org**

Website: [http://helpguide.org/mental/adhd\\_add\\_adult\\_symptoms.htm](http://helpguide.org/mental/adhd_add_adult_symptoms.htm)

**US Department of Education**

Website: <http://www2.ed.gov/rschstat/research/pubs/adhd/adhd-identifying.html>

**AD/HD  
Maine Parent Federation Lending Library**

**Library Procedures**

The MPF Library is a valuable resource to families and professionals in Maine. The success of the library is greatly determined by the quality and availability of the materials we offer. To help us maintain our library, we ask that you follow these guidelines.

**How to Request Materials**

Call:	1-800-870-7746 or 207-588-1933	E-mail:	dnewcombe@mpf.org
		Fax:	207-588-1938
Write:	MPF Library PO Box 2067 Augusta, Maine 04338	Visit:	484 Maine Avenue, Suite 2D Farmingdale, Maine 04330
			Hours: 8:30 - 4:30 Mon. – Fri.

**Library Policy**

The complete library list is available in print or online at [www.startingpointsforme.org](http://www.startingpointsforme.org).

You may borrow two materials at a time. You are responsible for the cost of return postage.

Materials will be mailed out on the day you request them if they are available.

Materials are loaned for three weeks. If you need materials longer and call to check with us, we may be able to extend the due date if no one is waiting for them.

If materials are more than one week late we will ask you for a \$5 late fee donation payable to the MPF Library for every week the material is overdue. A reminder card will be mailed during the first week that materials are overdue.

We keep a waiting list for materials that are already on loan when you request them. You can ask that your name be added to the waiting list and materials will be mailed to you when they become available.

**About the Library List**

The library list is arranged by topic then listed alphabetically by title. Materials are not cross-referenced, so each title appears only once and you may have to check other sections.

**\* Please remember - we are always adding new materials and updating the library list.**

## AD/HD

The following materials on **AD/HD** are available from our library:

**50 Activities and Games for Kids with ADHD** by Patricia Quinn & Judith Stern (Children's Book)  
Games, puzzles, activities, articles, resources, and more! Offers practical tips for solving problems and getting organized.

**AD/HD & Driving** by J. Marlene Snyder, Ph.D. (Book)  
Discusses the additional challenges parents encounter when their teen with AD/HD is working towards a drivers license.

**ADD & ADHD Answer Book** by Susan Ashley, Ph.D. (Book)  
Professional answers to 275 of the top questions parents ask.

**A Day in the Life of an Adult with ADHD** by Vera Joffe & Monica Lachan (Book)  
A guide for adults with ADHD who are looking for strategies to improve their lives.

**The ADHD Autism Connection** by Diane Kennedy (Book)  
New insights into the overwhelming number of similarities between autism and ADHD.

**ADHD in the Classroom** by Russell Barkley (Video)  
Classroom strategies for teachers.

**Daredevils and Daydreamers** by Barbara Ingersoll (Book)  
This book summarizes what we've learned in the past decade about ADHD and offers helpful information.

**Distant Drums, Different Drummers** by Barbara Ingersoll (Children's Book)  
A guide for young people with ADHD.

**Eagle Eyes** by Jeanne Gehret (Children's Book)  
A story about a boy who learns to recognize and control his ADD.

**Getting a Grip on ADD** by Kim Frank & Susan Smith (Children's Book)  
A kids guide to understanding and coping with attention disorders.

**Jumpin' Johnny Get Back to Work!** By Michael Gordon (Video and Children's Book)  
A child's guide to ADHD.

**Maybe You Know My Kid** by Mary Fowler (Book)  
A parent's guide to identifying, understanding and helping your child with ADD.

**My Brother's a World Class Pain** by Michael Gordon (Children's Book)  
A sibling's guide to ADHD.

**A New Look at ADHD** by Russell Barkley (Video)  
Inhibition, time and self-control: a totally new framework for understanding ADHD.

## AD/HD

**Put Yourself in Their Shoes** by Harvey Parker (Book)

Information on how ADHD affects the lives of adolescents at home, school, in the workplace, and in social relationships.

**Putting on the Brakes** by Quinn & Stern (Children's Book)

A guide for children, eight through thirteen that will help them understand ADHD.

**Sometimes I Drive My Mom Crazy.....But I Know She's Crazy About Me** by Lawrence Shaprio (Children's Book) – A book to booster the self-esteem in children with ADHD.

**Teenagers with ADD** by Chris Zeigler Dendy (Book)

A look at the special issues and challenges faced by teens, their families, teachers and treatment professionals.

**Zipper** by Caroline Hanover (Children's Book)

Follow the adventures of Zipper, as he learns important life lessons and works hard to reach his goals.

This is a partial list of the materials we have available on AD/HD. To view the complete library list, visit our website at [www.startingpointsforme.org](http://www.startingpointsforme.org).