A guide to managing ADHD for SENCOs and teachers

Top tips for managing Oppositional Defiant Disorder

School diary

Top tips for homework

Top tips for friendship and peer relations
One of your students has been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD).

Much has been written about ADHD from the medical, developmental and educational perspectives and you may have already received training on this subject. The aim of this booklet is to help all staff involved in teaching and learning to support students with ADHD in a positive way.

I have recently updated this booklet to make sure it is in line with the current thinking and practices. Although the educational and healthcare teams managing a child will be best placed to support their specific needs we hope that the following information will help in the process.

Fintan O'Regan
Educational Consultant

Please note the information presented in the booklet is intended as a support to professional advice and care, it is not a substitute to medical advice and treatment.
What is ADHD?

It is widely accepted that Attention Deficit Hyperactivity Disorder or ADHD is a developmental condition that can be formally diagnosed.

ADHD is a term which is used to describe children who typically have the following problems:

- Overactive behaviour (Hyperactivity)
- Impulsive behaviour
- Difficulty in paying attention and distractibility (Inattention)

Children typically have a short attention span and so can find it hard to concentrate and learn especially in group situations. This obviously impacts on their education and many of these children underachieve at school.

It is important to recognise that not all children with ADHD have all the symptoms. There are three presentations of ADHD according to the American Psychiatric Association’s diagnostic scheme (DSM V) classification.1

ADHD is included in 2014 version of the SEND Code of Practice under the SEND category Social Emotional and Mental health

The 3 presentations of ADHD:

1. ADHD (Inattentive presentation) is a term used to describe children who mainly have problems with concentration and attention span but who are not usually impulsive or overactive.

2. ADHD (Hyperactive/impulsive presentation) describes children who predominantly have problems with overactive and impulsive development.

3. ADHD (Combined presentation) as the name suggests combines symptoms from the ADHD Hyperactive/Impulsive and ADHD Inattentive presentations and is the most severe form of the condition.

How do we know it is ADHD?

There are some pointers which lead medical and educational professionals to suspect a child has ADHD:

- Difficulty following instructions or completing tasks
- Short attention span and difficulty ‘sticking to’ an activity
- Difficulty organising tasks and activities
- Easily distracted and forgetful
- Often doesn’t listen when spoken to

Hyperactivity

- Fidgets, is restless and can’t sit still in class
- Can’t stop talking, noisy
- Runs about when it is inappropriate

Impulsiveness

- Interrupts others
- Blurs out answers without waiting for the question to be finished
- Difficulty in waiting or taking turns

Inattention
Is it definitely ADHD?

Unfortunately, there is not one definitive clinical test for ADHD so diagnosis can be difficult. Many children have problems with self-control from time to time and it is difficult to know when this is ‘ordinary’ development or when it could be as a result of ADHD.

There may be other causes of disruptive behaviour such as dyslexia, language or hearing difficulties, conduct disorder which need to be considered although these problems may affect children with ADHD also. For these reasons, a diagnosis of ADHD should only be made by a Child and Adolescent Psychiatrist, Paediatrician or other appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD and other mental health conditions.

The diagnosis requires:
- Clinical and psychosocial assessment
- Developmental and psychiatric history, and
- Observer reports.

It is likely that as the child’s teacher, you may be asked to provide information to enable the diagnosis to be made or progress to be monitored.

The diagnosis of ADHD can be confirmed upon meeting specific criteria (DSM V) and also the ADHD symptoms must have been present before the age of 12 years, for the duration of at least 6 months, occurring in more than one place (for example both at home and school), not appropriate to the child’s developmental age and must be seriously disruptive to child’s performance.\(^1\)

Are there any other problems?

ADHD affects children and adolescents in different ways and can often exist with other conditions.

“I drift off for a few minutes... when I come back round, everyone is two pages ahead of me.”

Lucy, 11

Children with ADHD often have other problems. Conditions which can co-exist or overlap with ADHD:
- Oppositional Defiant Disorder (the child is often defiant, oppositional, argumentative, angry, losing temper etc)
- Conduct Disorder (there are problems such as persistent and repetitive lying, stealing, truancy, bullying, vandalism, setting fire etc)
- Learning Disorders
- Developmental Co-ordination Disorder (co-ordination difficulties)
- Autism Spectrum Disorder/Asperger’s syndrome (social and communication difficulties)
- Anxiety
- Depression
- Tic Disorders (Tics are involuntary movement of muscles)
- Tourette’s Syndrome (the person has tics, involuntary and uncontrollable movements and sounds)
- Sleep Problems

What problems can ADHD cause?

The impact of ADHD goes beyond ‘inappropriate behaviour’ and problems at school. ADHD is a developmental condition which presents difficulties for the child and those around them. A diagnosis of ADHD will often lead to children being labelled as ‘difficult, demanding and defiant’ and stigmatised to a greater or lesser extent. Children with ADHD stand out from their peers and can struggle to ‘fit in’ at all stages of development and the impact of the condition and diagnosis can extend to their families and carers.

Children with severe ADHD can:
- Have low self-esteem
- Develop emotional and social problems
- Underachieve at school.
In adolescence and adulthood both those diagnosed and undiagnosed with ADHD in childhood are often associated with continuing emotional and social problems, including substance misuse, unemployment, and involvement in crime.

“I do things I don’t mean to do... and it makes me stick out.”
Jacob, 9

What causes ADHD?
ADHD is a well recognised developmental disorder that could result from a number of risk factors. It is often inherited and genetic factors are important in the causation of majority of children with ADHD. It tends to run in families and there is an increased frequency of ADHD in relatives of children with ADHD.

Other risk factors include low birth weight, smoking, taking heroin or drinking alcohol during pregnancy, brain injury and lack of oxygen at birth, as well as some diseases such as epilepsy.

How many children are affected?
ADHD is estimated to affect about 2-5% (around 1 in 20) children at school. The ‘core developments’ are usually present before the child is 7 years of age and can persist throughout their school life. ADHD is more common in boys than girls (4:1). In some cases the condition can seem to affect the genders in different ways. Though both can have attentional problems, boys are often reported as exhibiting overactive features and as a result can be perceived as more difficult to manage. Though girls with ADHD can exhibit Hyperactive and Impulsive symptoms there will be a number with Inattentive symptoms which will be harder to detect in busy classrooms. As a result their needs are often overlooked.

“We all want to help him reach his potential.”
Philia, mother of Simon

How does a child with ADHD feel?
Having ADHD is no fun for those who have it. Children who have ADHD explain that they get lots of different thoughts at the same time. It’s confusing and they are always in trouble with someone. They feel unpopular and know that sometimes they are difficult to like.

It’s an alien universe

“How many children are affected?
ADHD is estimated to affect about 2-5%
around 1 in 20) children at school. The ‘core
developments’ are usually present before the child
is 7 years of age and can persist throughout their
school life. ADHD is more common in boys than
girls (4:1). In some cases the condition can seem
to affect the genders in different ways. Though
both can have attentional problems, boys are
often reported as exhibiting overactive features
and as a result can be perceived as more difficult
to manage. Though girls with ADHD can exhibit
Hyperactive and Impulsive symptoms there will be
a number with Inattentive symptoms which will be
harder to detect in busy classrooms. As a result
their needs are often overlooked.

“We all want to help him reach his potential.”
Philia, mother of Simon

How does a child with ADHD feel?
Having ADHD is no fun for those who have it. Children who have ADHD explain that they get lots of different thoughts at the same time. It’s confusing and they are always in trouble with someone. They feel unpopular and know that sometimes they are difficult to like.

It’s an alien universe

“I get picked on every day. I just get treated weird, like an alien.”
Jack, 13

From the child’s point of view nobody seems to understand them.

Working with children who have ADHD
Frequently asked questions

This is how they feel:

- Adults are always annoyed because you’ve forgotten something or done something silly. They spend ages telling you off and making you feel stupid
- It’s hard making and keeping friends. At school other kids wind you up because you are different
- You seem to get the blame for everything. It’s miserable and unfair
- If you had some type of physical disability that people could see, they’d understand, but as they can’t see that your brain isn’t receiving a perfect signal, you don’t get any sympathy at all!

Examples of the experiences of children are also noted in the NICE guidelines on diagnosis, management and treatment of ADHD.
How do teachers feel?

“I’m spending most of the class time every single day with one child; it’s just not fair on the others.”
Mr O’Leary, Teacher

A child with ADHD presents every teacher with a challenge; but ADHD can also present an opportunity to find ways of teaching and managing the child successfully.

Of course, it can be frustrating when a child seems to be constantly fidgeting, jumping up from their seat, interrupting and disrupting the whole class. It’s natural for you to feel that one child is in danger of holding all the others back.

Fairness is not giving every child the same rather it is giving every child what they need. Children with ADHD will usually require a greater level of need than their peers. The key will be finding the correct balance.

Adding to the frustration

- The child’s short attention span may mean that they are distractible and distracting to others
- Their work is often sloppy and not completed
- Their homework is lost, late or ignored
- The child with ADHD may often rock on his/her chair
- The child with ADHD may often lose books and materials
- The child with ADHD may often show a recklessness and impulsiveness that is ‘scary’
- Socially, the child with ADHD may make inappropriate comments which cause conflict and offence with classmates
- As the child with ADHD is often perceived as strange or quirky he/she is often a victim of teasing and bullying.

As a teacher you are an expert at dealing with a range of children and different types of learners and will have plenty of experience of managing challenging behaviour. You will probably find that the methods you already use with challenging children will benefit some children with ADHD, but you may want to consider additional solutions to manage specific cases.

One approach that may help teachers

The development of a child with ADHD can be frustrating and annoying; but the key issue to accept is that the child is not doing it on purpose. ADHD is a genuine medical condition which requires specific support depending on severity of the symptoms. Understanding and acceptance of the ADHD condition together with the desire to adapt teaching and learning strategies can enable many children with ADHD to learn effectively.

Since children with ADHD are so often in trouble, they are unable to deal with criticism and can become defiant and hostile. This can damage their whole attitude to school and to learning, and they may give up on education. It’s very important to show that education has not given up on them.

One technique that can help to look at the issues of ADHD as not so much as “a problem but as an opportunity” is called ‘reframing’. Here the key principles are to look for the positives wherever possible.

Look on the bright side

It’s not always easy or possible to review issues that irritate us in a positive way but it may be helpful to attempt to do so, for example:

- Regard the child who is easily distracted as having high levels of awareness and observation
- Think of the restless child as being energetic and lively
- When the child with ADHD goes off at a tangent, see it as a sign of individualism and independence
- If the child forgets things, consider that they’ve been absorbed in their own thoughts
- If the child starts interrupting, regard it as enthusiasm to contribute
- When work is sloppy, look for signs of effort despite difficulties
- Look on a child’s apparent selfishness as single-mindedness in pursuit of goals
- Try to reward good development and ignore the development that you don’t want.

Picture this:

ADHD is like a TV set that isn’t receiving a perfect signal. For the child it’s as if the channel keeps changing. Imagine you are watching the news on BBC1. Suddenly, somebody picks up the remote control and flicks over to ITV. A second later the programme changes to Channel 4 and then back to BBC1. Then it switches to BBC2. If you were asked about the news on BBC1 you might find it hard to remember.

For a child with ADHD the world is a constant stream of changing images and messages. It’s difficult to focus on one thing at a time because something new is always coming along. It’s all rather bewildering and it’s hard to keep pace.
Though some teachers will find it difficult to see the situation in this way, this more “half full” mindset approach may help to maintain a positive relationship with the child who has ADHD.

Set the right tone:
As teachers know, the most influential development in the class is their own. The way a teacher reacts to any child can strongly affect the way other classmates behave towards them. Although you may be very frustrated at times, it is best to try to show patience and tolerance. There’s a greater chance that the whole class will follow your example, making the child with ADHD feel less isolated.

“Not everyone likes me at school but at least my teacher is nice to me.”
Daniel, 15

How should we approach ADHD?
A diagnosis of ADHD can be an opportunity for teachers, students and parents to start again and build a better relationship. As with all good relationships, the keys are to understand the needs of others and to recognise the problems that they face.

When people understand that ADHD is not an excuse but an explanation of why the child behaves in a different way, this provides an opportunity to develop new methods for improved learning and development. This co-operative effort between all teachers, parents and all concerned with the welfare of the child will be of great benefit, when old attitudes of ‘them and ‘us’ become ‘we’.

ADHD as an explanation not an excuse
The emphasis should be firmly placed on recognising where problems exist and finding ways to solve them. The approach should be solution focussed and on missed opportunities for effective learning and development.

How can we get better development?
It has been said that children with ADHD do not have a problem with knowing what to do but rather a problem in doing what they know. As a result they need lots of praise and encouragement. You will find that once they feel you understand their difficulties they’ll be more likely to work with you rather than against you.

How can we build bridges with the child and the parents?
Having ADHD is not about “shame or blame” but means that there is a medical reason for the child’s performance and development. No one is at fault, neither the child nor the parents. As a result:

- Try to assure both the parents and the child that you have an understanding of the issues of ADHD
- Inform all colleagues, support staff and lunch assistants of the child’s difficulties so that everyone can prepare and adopt a consistent approach. This is an opportunity to have a fresh start and for everyone to be proactive rather than reactive
- Try talking regularly with the parents and the child, to let them feel you are concerned about how they are feeling and coping.

How can we get the message over loud and clear?
You will often need to address children with ADHD in the clearest possible way. Here are some options:

- Always address the child by name
- Keep all instructions short and simple i.e. “Pick up your books please”
- Try to make eye contact wherever possible
- Speak clearly and concisely, and maintain an even tone
- Don’t ask why, say what i.e. what should you be doing now
- Also use when, then, and either, or i.e. “Nathan when you have put the book away then you can have a drink, when you have put the chair under the table then you can go”
- Then give your instructions in a simple step-by-step way, pausing between each step and perhaps giving them the chance to do each activity.

So you might say, as in example below:
“Nathan, I want you to do these questions (PAUSE). First, I want you to get out your exercise book. (PAUSE) Next, I want you to turn to page 36 (PAUSE). Now I want you find the section questions 5 lines down from the top of the page (PAUSE). Then I want you to do questions 1, 2, 3. Thank you.”

Tell them when they’re good
Praise improves concentration skills in children with ADHD. When they do something well, tell them how pleased you are that they’ve done it. Praise in specific terms rather than generally i.e. that was a really interesting story with an exciting ending as opposed to well done. If they have behaved well during a lesson, say so but be precise about what they did when and where. The value to their self-esteem will be immense.
Always remember to praise effort rather than ability.
How do we set up a reward scheme?
Rewards change behaviour, and children with ADHD respond very well to incentives tied to short-term targets.
• Agree certain achievable targets such as sitting still for 10 minutes
• Negotiate rewards with the child and vary them regularly to keep up the interest
• Make sure the rewards are age appropriate.

Types of reward schemes:
- Stickers and/or points
- A certificate of merit or acknowledgement from the head teacher at assembly
- Additional computer time
- A choice of activity
- Free time

Try to catch them being good and take every chance to help the child recognise their achievement. Reward schemes could be used by any member of staff who works with the child. However, remember it’s not just the reward that matters, it is often who gives the reward.

“Today was a great day. I got three stickers and one was from Ms Frome.”
Samina, 8

How can we build on success?
Usually there is something that children with ADHD will do well. They may be good at painting, singing, swimming or computer games. Make your student feel he/she has a real talent. Create a feeling of success and it will boost confidence. Nothing succeeds like success!

“I love playing football and I really hope I can get on the team one day.”
Ed, 12

How can we deal with challenging development?
Although you need some degree of flexibility in dealing with children with ADHD you will often still need to address challenging development. However annoying they have been, it is important to make sure the child feels that it is his/her poor behaviour that you do not appreciate and not the child personally, as children with ADHD may be hypersensitive in these situations.

Rules and responsibilities
Many children with ADHD do not actually understand what is expected of them in terms of behaviour. So it may be helpful to sit down with the child to explain the issues specifically. Draw up a list of specific rules and responsibilities to address particular problems. Be crystal clear on what is and what is not acceptable.

What about discipline?
Children with ADHD often feel that they are being picked on.
• With discipline be specific. As mentioned previously it’s best to tell them what they should be doing rather than what they shouldn’t; for example, instead of saying “Liam, can you stop talking and bothering Sadie?” say “Liam, please listen to me and finish the writing in your book”
• When you impose sanctions, it’s helpful to remind the child that poor development will have a consequence. Remember it is never the severity, but the certainty, if you say it you must follow through
• Sometimes dig for empathy for example if the child has knocked a pot of paint over a classmate, you could say: “I’m so upset/disappointed that this paint has gone all over Emma and caused such a mess on the floor.”

Remind children in specific terms
Children with ADHD may simply not be doing what you’ve asked because they have forgotten the specific task. Instead of telling them in broad terms to get on with their work, remind them of the actual task, specifically.

You could say:
“James, please open your maths book on page 24 and start doing the sums under the title ‘Fractions’.”

How do we deal with outbursts?
Children and adolescents with ADHD can have explosive outbursts. When things go wrong they may feel very frustrated and take it out on those around them. When the rage subsides they feel even more frustrated with themselves. However difficult it might be, you know that the most important behaviour to control during this time will be your own. Be calm, try not to show any emotion and show the student that you are in charge of the situation.
Time out or take a break
There will be occasions when the student is so unruly and awkward that they need to have time away from the other students.

The idea of taking time out or taking a break is to have a stimuli-free place, perhaps a quiet corner in the classroom, where the student goes for a short period of time. This should not exceed a time span which is more in minutes than the age of the child; for example, if the child is 5 years old 5 minutes should suffice. This place could be called the ‘thinking space or the time away corner. This technique can also be used with older students to create some head space.

Allow no conversation or involvement while the student is there.

When the time is up, move on with the lesson and do not refer to the recent issue. The slate is clean. It’s important that you welcome the student back into the class with warmth and carry on as usual. You could also suggest the student goes to the thinking space if they feel they need to. Also visual and counting approaches can be useful for time out processes as described in the ‘1, 2, 3 Magic’ programme, details which are included in the appendices.

How can we improve their skills?
With a differentiated approach to teaching and learning you can help the student with ADHD who may be having difficulty with basic academic skills. The important thing is to help them organise their thoughts and to be aware of what is expected of them.

In order to do this the two key terms are:
• Structure
• Flexibility.

How do we develop structure?
Children and adolescents with ADHD feel safe and secure if they know what to expect. With regular routines and rituals, they become more familiar with what they need to do. The more you can keep to routines and rituals, the better.

Any change simply creates distraction, uncertainty and confusion.

How do we develop structure?
Children and adolescents with ADHD feel safe and secure if they know what to expect. With regular routines and rituals, they become more familiar with what they need to do. The more you can keep to routines and rituals, the better.

Any change simply creates distraction, uncertainty and confusion.

How do we help them sort out their thoughts?
A major problem facing students with ADHD is that they have problems expressing their thoughts verbally and on paper.

They may also do things in the wrong order. Getting students with ADHD to learn how to develop a sequence of events in the right order will bring about real improvements in their academic performance.

One teacher talking about a student with ADHD said that “he is like a computer without the printer attached. He knows the answer in his head but he can’t give me the hard copy by writing it down on paper”.

A fun way of doing this is to ask the child to describe the sequence of events involved in various everyday activities; for example, you could ask them to explain step by step, how to clean their teeth, run a bath or play a computer game. You could also ask them to describe things in 30 seconds – like a day at school, their home or their favourite video.

How do we get them organised?
Developing a sequence of events is important so they can learn how to get organised. They need to understand that things are meant to happen in a certain order. Always begin with a simple overview of what you want them to achieve. Then create a framework with simple steps so that the student knows what is meant to happen next. For some students it helps them to say out loud what they are about to do next.
How can we support their memory weaknesses?

- Encourage your student to connect information or concepts being presented; for example, they’re more likely to remember that someone who had 6 wives and was a famous English King and is called Henry is a Horrid Henry as in the book series when they think of them.
- Mnemonics can also be useful as in Richard Of York Gave Battle In Vain or ROYGBIV for the order of the colours in the spectrum.
- Repeat directions individually.
- Use visual maps.
- Colour code their homework diary.
- Flash cards.

Make reminders and lists:

Post-it notes®, student diaries and taping instructions to their book bags can all serve as memory prompts. With adolescents it’s a good idea to plan things with them in advance. You can also help them draw up a checklist of things to do. As they grow older, lists can make their lives much easier.

Are there useful classroom strategies?

There are a number of strategies that you can do in the classroom to help improve the performance of children with ADHD. Obviously, how much you can do, will be restricted by the resources at your disposal, the size and nature of the classroom, the demands of the curriculum and the rest of the class, and the age of your students.

Where should you seat them?

Children with ADHD tend to get over-stimulated when working in group situations. As a result the following may help:

- Pair them with less distractible students who are likely to follow the teacher’s instructions.
- Seat them near the front of the classroom away from doors, windows and other distractions or in another area of the room which may be more suitable.
- It is often better to have them either sit at a single desk or at most a paired desk within the main classroom.
- There should also be another area or workstation set up facing the wall and away from the main classroom area where they can learn on occasions.

Giving previews

It is always worth trying to give students with ADHD a preview of what is going to happen in tasks, projects and lessons.

This will prepare them in advance of what will be expected of them and prevent them from a feeling of uncertainty and insecurity.

How can we keep them focused?

As students with ADHD get bored easily, it is important to try and keep your educational content stimulating and varied. In addition, in terms of teaching presentations change your tone of voice and your pace.

Students with ADHD often tend to respond better to concrete learning experiences. They often have high levels of creativity and welcome the chance to learn independently.

Encourage them to tell you if they do not understand what they are meant to be doing. The key is to reinforce the instructions as many times as possible and to remain positive at all times.
Are there typical classroom problems?
There are a number of typical problems facing the teachers of students with ADHD. Here are some techniques for dealing with them.

How do we deal with inattention?
- To encourage attention, provide students with a brief outline of the lesson at the beginning
- During the lesson, try to include a variety of activities
- Break everything into short chunks
- In some cases it can help to have non-vocal music playing either in the background or through a headset device
- Reduce expectations of written work and use alternative ways of recording information
- Review design of worksheets and tests
- Present only one or two activities per page
- Avoid unnecessary pictures or visual stimuli
- Give prompts
- Provide alternative environments for tests and exams
- If attention seems to be waning, use special cue phrases to stimulate interest. Such cues could include “Right, here we go”; “Wait for it”; “Now for the interesting bit”; “The next clip is amazing”; “We’re nearly there now” and many more of your tried and trusted attention-grabbers.

Walking round the classroom
- Instead of trying to get children with excessive motor activity to remain still, find them opportunities for regular seat breaks
- If something needs to be written on the whiteboard, ask them to do it
- Give them a job or task that allows them to be active in a controlled way during the lesson.

How do we deal with impulsiveness?
Children and adolescents with ADHD act first and think afterwards. As a result they will need help in processing their thoughts in order to hesitate before responding.

You can help students with ADHD by practising these processes with them. Take everyday situations stage by stage.

1. To stop and listen
2. To look and think
3. To decide and do.

This means learning to do things in 3 stages:

How do we deal with calling out in class?
Calling out and making inappropriate comments are common signs of impulsiveness. You may need to remind the whole class that doing this is unacceptable. If the student with ADHD continues to call out, don’t address the student personally. Instead address the problem in general terms. You might say: “It makes things very difficult when people call out and interrupt me when I am talking”. If you are running a reward scheme, establish a private signal in advance with the child so that they know that this sort of development will not win points. The signal could be something like visually tapping the reward card or some other pre-agreed sign.

You may help to get the student to verbalise everything they need to do.
How do we deal with their poor organisation?

Students with ADHD typically have problems organising themselves and they really need help with study skills as a result:

- For daily routines, stick a timetable to their desk
- When they are working on projects, draw up a checklist to ensure every point is covered
- To avoid confusion, don’t give them more than one assignment at a time
- Overall, concentrate on teaching them not what to learn but how to learn it

How do we deal with their difficulty settling?

It takes time for students with ADHD to settle in different places. It can be difficult for children with ADHD to wind down, especially after break time. Going from the relative calm of the classroom to the playground and back again can be quite difficult for students with ADHD to manage.

How do we deal with their fiddling and fidgeting?

It’s hard to stop students with ADHD fiddling and fidgeting and so therefore be proactive and not reactive to this. As a result it is a good idea to give them something for their hands to fiddle with.

Things like squeezable balls, tangle toys or small building blocks are some of a number of good options.

How do we deal with their difficulties with peers during and outside the classroom?

Students with ADHD are easy to distract and often overreact to teasing and bullying. Try to help them not to respond to teasing and make sure that other students are aware that they may be more sensitive to this type of development than other children in the class.

It is often advisable to structure unstructured time such as break time and lunch by having inside activities and clubs that students with ADHD may attend across the age range.

Rituals for learning and praising children with ADHD frequently in class may help raise their general levels of self-esteem and make them less vulnerable. If possible set them up with a ‘buddy’ or peer mentor, ideally from an older class, who can help to support them especially during more unstructured times such as breaks and lunchtimes. Try to involve them proactively in games and activities with close supervision and support from conflict.

How is ADHD treated?

Management of children and young people with ADHD may involve the following:

- Parent training / education programme – a structured training programme with developmental strategies to improve parenting skills in order to manage your child’s challenging behaviour.
- Educational interventions and support at school
- Psychological treatment to help your child cope with his/her feelings and development
- Social skills training – teaching people to be more socially aware in their relationships with other people
- Medication is also available to treat ADHD.
NICE (National Institute for Health and Clinical Excellence) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health and have produced national guidelines which recommend medication to be used in severe ADHD or moderate ADHD where developmental or other approaches have not proved effective.2

Medication may be a valuable addition to help children concentrate, learn and behave more effectively. Most children with ADHD respond well to medication but it should only be used as part of a wide range of psychological, educational and developmental therapies. A child and adolescent psychiatrist or paediatrician can assess if medication is appropriate.

Dietary fatty acids supplement is not recommended for the treatment of ADHD.

Medication is not recommended for pre-school children, instead, Developmental Parent Training is recommended for parents of children with symptoms of ADHD or Hyperkinetic Disorder.2

What kinds of medication are available to treat ADHD?
There are two types of medications - stimulant and non-stimulant - that are recommended as options for the treatment of ADHD.

The dose of medication will be tailored to the child’s or adolescent’s needs and may change as they get older, depending on their response and any side effects.

Why is taking the medication important?
To ensure that your student receives the full benefit of their medication, it is important that it is taken as prescribed. Some medications are taken before school and their effects last for the whole school day. Other medications last for a shorter amount of time and will have to be taken during the school day.

It is important to address any issues around taking medication at school to ensure that they do not miss a dose for any reason. The student’s doctor or parents will explain the dosing regimen and be grateful for your cooperation in ensuring your student takes the medication.

Why is monitoring important?
It is important that a child/adolescent’s progress is monitored when they start treatment for their ADHD. The child/adolescent’s HCP (Healthcare Professional) will want to monitor not only their development and learning and whether their treatment is working, but also whether they are experiencing any side effects, if they are taking medication. The child’s parents may give you a monitoring booklet and ask you to complete it at school. It’s very straightforward.

The HCP will need to see this, so that treatment can be adjusted if necessary.

Any medication that is recommended by your student’s HCP has the potential to cause side effects. These can be different in each child. It is important that your student’s HCP is aware of any changes that occur, once they start taking their medication. So please try to keep a record of anything you notice at school.

What is the length of treatment?
If treatment improves your student’s development, it may be continued for several years as long as it is effective, but this can vary as every student is different. It is recommended for the child’s doctor to review at least annually the clinical need, benefits and side effects of medication, views of the child/adolescent, parent and teacher and the need for other developmental and psychological therapies.2

Health and Safety
Some children may have to take medication at school – this could mean a supply is kept at school. ADHD medications (stimulant) are controlled drugs so they must be kept in a locked container and, like all medications, they must be kept out of reach and sight of children.*2,5

*For more information about keeping drugs at school please read Managing Medicines in Schools (Primary Professional Development) by Joe Harvey.
Getting more information

More information on ADHD is available from a variety of sources. You may find the following useful:

Books for teachers and SENCOs

Successfully Managing ADHD: A Guide for SENCOs and Teachers (David Fulton/Nasen)
by Fintan O’Regan
published by Routledge, 2014

Attention Deficit/Hyperactivity Disorder – A Practical Guide for Teachers
by Paul Cooper and Katherine Bilton

How to Teach and Manage Children with ADHD
by Fintan O’Regan
published by LDA Learning, 2002

Challenging Behaviours
by Fintan O’Regan
published by Teachers Pocketbooks, 2006

Troubleshooting Challenging Behaviour
by Fintan O’Regan
published by Continuum International, 2007

The Small Change 2 BIG DIFFERENCE series
Hyperactive, Inattentive and Disorganised
by Fintan O’Regan
published by Special Direct, 2008

The Defiant Child: A Parent’s Guide to Oppositional Defiant Disorder
by Douglas Riley

Books for children

My Doctor Says I Have ADHD - A Child’s Journey
by Dr C R Yemula
published by Health Insights 4U Ltd. UK; 2008

Learning to Slow Down and Pay Attention: A Book for Kids About ADHD
by Kathleen G. Nadeau, Ellen B. Dixon
published by Magination Press (American Psychological Association); (3rd Revised Edition) 2004

Putting on the Brakes: Understanding and Taking Control of Your ADD/ADHD
by Patricia O. Quinn, Judith M. Stern
published by Magination Press (American Psychological Association); (3rd Edition) 2012

Attention Girls! A Guide to Learn All About AD/HD
by Patricia O. Quinn, MD
published by Magination Press (American Psychological Association); 2009

Books for parents/carers

Understanding ADHD
by Christopher Green and Kit Chee
published by Vermilion; (2nd Revised Edition) 1997

1-2-3 Magic: Effective Discipline for Children 2-12
by Thomas Phelan
published by Child Management Inc. (U.S.); (6th Revised Edition) 2016

by C R Yemula & L Doddamani
published by Health Insights 4U Ltd. UK; 2013

Support groups and other useful resources

ADDISS
www.addiss.co.uk
0208 952 2800

ADHD Foundation
www.adhdfoundation.org.uk
0157 237 2661

Young Minds
www.youngminds.org.uk
0808 802 5544

Contact a family
www.cafamily.org.uk
0808 808 3555

Professional Organisations

UKAP the UK ADHD Partnership
www.ukadhd.com

NASEN
www.nasen.org.uk
01827 311500

References
Top tips for managing Oppositional Defiant Disorder

Oppositional Defiant Disorder is term given to describe when a child/adolescent displays a certain pattern of behaviours that includes losing their temper frequently, defying adults, being easily annoyed and deliberately annoying others.

The key elements displayed by children with ODD include the following characteristics:

- Argues with Adults
- Refuses and Defies
- Angry and Defensive
- Spiteful and Vindictive

Children with ODD are often very challenging individuals however some key tips are as follows:

1. Have clear expectations of academic and development targets and agreed rewards and consequences
2. Make sure they are clear that they are responsible for their actions no matter “that she started it”, “I’m tired” etc…
3. Be consistent in your approach and handle disruptions with a response that includes no emotion and not too much talking. Consider non aggressive body language and offer the child an escape hatch to calm down
4. Catch them doing it right. Praise to correction of behaviour in a 4:1 ratio
5. Sometimes look for the draw. Very Defiant Children are into power. Let them save face by providing them with 2 options where either one is ok with you
6. Know that your job is to set boundaries but the child/adolescent’s job is to test them but that discipline means being prepared to make unpopular decisions
7. Use assertiveness as opposed to aggressiveness but eliminate sarcasm and other forms of put downs
8. Don’t ask “Why?” ask “What?” “What should you be doing now?” and use Either/Or and When/Then “Lewis either put the phone in your bag or on my desk” “Sheena when you have put the chair back under the table then you can go”
9. If it’s not working in class get to know them better. “Everybody has a price” and “everybody listens to someone” find out what motivates them and who has influence with them
10. It’s not behaviour management it’s mood management, their mood, your mood and the mood of the others. Analyse your own mood and don’t take it personally it is not about you it is about them.
This monitoring booklet can help your student's progress. The Health Care Professional (HCP) needs to know what effect the medication is having on your student's development and whether there are any side-effects.

Please monitor your student's progress once a week over the next few weeks, preferably on the same day every week. This booklet will play an important role in informing the HCP about their well being at their next check up.

Each monitoring chart covers a week and different aspects of your student's behaviour. It also includes possible side-effects. If you have any concerns, please let their parents know as soon as possible.

Looking at your student over the week, please assess each statement on the chart and how well it relates to them during the last week. Then score the statements from 0 (Not at all) to 3 (All the time) by ticking the appropriate box for that statement. If you notice anything else, please write it down in the box at the bottom of the chart.
### Week 1 at school

<table>
<thead>
<tr>
<th>Developmental assessment</th>
<th>Never/seldom</th>
<th>Occasionally</th>
<th>Often/quite a bit</th>
<th>Very often/frequent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schoolwork is improving</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Works better in groups (than before)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noisy and excitable</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has frequent fights with classmates</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easily distracted from tasks</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficult to contain during break times</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disturbs children around them</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unable to pay attention in class</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unable to complete homework</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unable to sit through a whole period</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total (add scores in each column)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please tick boxes below if any of the following are observed and advise the child’s parent(s) and/or carer(s)

- Poor appetite
- Irritable
- Complains of stomach ache
- Complains of headache
- Palpitations
- Feeling/being sick
- Dry mouth/eyes
- Rash/joint pain

Flu symptoms
- Drowsy
- Increasingly emotional
- Stares a lot or daydreams
- Looks anxious
- Seems unsteady
- Displays twitches (tics)
- Increased aggression

Total (add scores in each column)

### Week 2 at school

<table>
<thead>
<tr>
<th>Developmental assessment</th>
<th>Never/seldom</th>
<th>Occasionally</th>
<th>Often/quite a bit</th>
<th>Very often/frequent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schoolwork is improving</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Works better in groups (than before)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noisy and excitable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has frequent fights with classmates</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easily distracted from tasks</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficult to contain during break times</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disturbs children around them</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unable to pay attention in class</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unable to complete homework</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unable to sit through a whole period</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total (add scores in each column)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please tick boxes below if any of the following are observed and advise the child’s parent(s) and/or carer(s)

- Poor appetite
- Irritable
- Complains of stomach ache
- Complains of headache
- Palpitations
- Feeling/being sick
- Dry mouth/eyes
- Rash/joint pain

Flu symptoms
- Drowsy
- Increasingly emotional
- Stares a lot or daydreams
- Looks anxious
- Seems unsteady
- Displays twitches (tics)
- Increased aggression
### Week 3 at school

**Date:** ........................................................

<table>
<thead>
<tr>
<th>Developmental assessment</th>
<th>Never/seldom</th>
<th>Occasionally</th>
<th>Often/quite a bit</th>
<th>Very often/frequent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schoolwork is improving</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>Works better in groups (than before)</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>Noisy and excitable</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Has frequent fights with classmates</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Easily distracted from tasks</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Difficult to contain during break times</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Disturbs children around them</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Unable to pay attention in class</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Unable to complete homework</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Unable to sit through a whole period</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
</tbody>
</table>

**Total (add scores in each column) + + + + + □**

Please tick boxes below if any of the following are observed and advise the child’s parent(s) and/or carer(s):

- Poor appetite
- Irritable
- Complains of stomach ache
- Complains of headache
- Palpitations
- Feeling/being sick
- Dry mouth/eyes
- Rash/joint pain

### Week 4 at school

**Date:** ........................................................

<table>
<thead>
<tr>
<th>Developmental assessment</th>
<th>Never/seldom</th>
<th>Occasionally</th>
<th>Often/quite a bit</th>
<th>Very often/frequent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schoolwork is improving</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>Works better in groups (than before)</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>Noisy and excitable</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Has frequent fights with classmates</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Easily distracted from tasks</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Difficult to contain during break times</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Disturbs children around them</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Unable to pay attention in class</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Unable to complete homework</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Unable to sit through a whole period</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
</tbody>
</table>

**Total (add scores in each column) + + + + + □**

Please tick boxes below if any of the following are observed and advise the child’s parent(s) and/or carer(s):

- Poor appetite
- Irritable
- Complains of stomach ache
- Complains of headache
- Palpitations
- Feeling/being sick
- Dry mouth/eyes
- Rash/joint pain

If your student experiences any problems with their medicine, these should be reported as soon as possible to their parent(s)/carer(s).
### Week 5 at school

#### Developmental assessment

<table>
<thead>
<tr>
<th></th>
<th>Never/seldom</th>
<th>Occasionally</th>
<th>Often/quite a bit</th>
<th>Very often/frequent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schoolwork is improving</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Works better in groups (than before)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Noisy and excitable</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Has frequent fights with classmates</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Easily distracted from tasks</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Difficult to contain during break times</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Disturbs children around them</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Unable to pay attention in class</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Unable to complete homework</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Unable to sit through a whole period</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

**Total (add scores in each column):**

<table>
<thead>
<tr>
<th></th>
<th>Score</th>
</tr>
</thead>
</table>

Please tick boxes below if any of the following are observed and advise the child’s parent(s) and/or carer(s):

- Poor appetite
- Irritable
- Complains of stomach ache
- Complains of headache
- Palpitations
- Feeling/being sick
- Dry mouth/eyes
- Rash/joint pain
- Flu symptoms
- Drowsy
- Increasingly emotional
- Stares a lot or daydreams
- Looks anxious
- Seems unsteady
- Displays twitches (tics)
- Increased aggression
- Palpitations
- Feeling/being sick
- Dry mouth/eyes
- Rash/joint pain
- Flu symptoms
- Drowsy
- Increasingly emotional
- Stares a lot or daydreams
- Looks anxious
- Seems unsteady
- Displays twitches (tics)
- Increased aggression

### Week 6 at school

#### Developmental assessment

<table>
<thead>
<tr>
<th></th>
<th>Never/seldom</th>
<th>Occasionally</th>
<th>Often/quite a bit</th>
<th>Very often/frequent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schoolwork is improving</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Works better in groups (than before)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Noisy and excitable</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Has frequent fights with classmates</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Easily distracted from tasks</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Difficult to contain during break times</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Disturbs children around them</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Unable to pay attention in class</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Unable to complete homework</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Unable to sit through a whole period</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

**Total (add scores in each column):**

<table>
<thead>
<tr>
<th></th>
<th>Score</th>
</tr>
</thead>
</table>

Please tick boxes below if any of the following are observed and advise the child’s parent(s) and/or carer(s):

- Poor appetite
- Irritable
- Complains of stomach ache
- Complains of headache
- Palpitations
- Feeling/being sick
- Dry mouth/eyes
- Rash/joint pain
- Flu symptoms
- Drowsy
- Increasingly emotional
- Stares a lot or daydreams
- Looks anxious
- Seems unsteady
- Displays twitches (tics)
- Increased aggression
### Week 7 at school

#### Date: ..................................................

<table>
<thead>
<tr>
<th>Developmental assessment</th>
<th>Never/seldom</th>
<th>Occasionally</th>
<th>Often/quite a bit</th>
<th>Very often/frequent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schoolwork is improving</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>Works better in groups (than before)</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>Noisy and excitable</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Has frequent fights with classmates</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Easily distracted from tasks</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Difficult to contain during break times</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Disturbs children around them</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Unable to pay attention in class</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Unable to complete homework</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Unable to sit through a whole period</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td><strong>Total (add scores in each column)</strong></td>
<td>___ + ___ + ___ + ___</td>
<td>□</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please tick boxes below if any of the following are observed and advise the child's parent(s) and/or carer(s):

- Poor appetite
- Irritable
- Complains of stomach ache
- Complains of headache
- Palpitations
- Feeling/being sick
- Dry mouth/eyes
- Rash/joint pain
- Flu symptoms
- Drowsy
- Increasingly emotional
- Stares a lot or daydreams
- Looks anxious
- Seems unsteady
- Displays twitches (tics)
- Increased aggression

### Week 8 at school

#### Date: ..................................................

<table>
<thead>
<tr>
<th>Developmental assessment</th>
<th>Never/seldom</th>
<th>Occasionally</th>
<th>Often/quite a bit</th>
<th>Very often/frequent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schoolwork is improving</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>Works better in groups (than before)</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>Noisy and excitable</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Has frequent fights with classmates</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Easily distracted from tasks</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Difficult to contain during break times</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Disturbs children around them</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Unable to pay attention in class</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Unable to complete homework</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>Unable to sit through a whole period</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td><strong>Total (add scores in each column)</strong></td>
<td>___ + ___ + ___ + ___</td>
<td>□</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please tick boxes below if any of the following are observed and advise the child's parent(s) and/or carer(s):

- Poor appetite
- Irritable
- Complains of stomach ache
- Complains of headache
- Palpitations
- Feeling/being sick
- Dry mouth/eyes
- Rash/joint pain
- Flu symptoms
- Drowsy
- Increasingly emotional
- Stares a lot or daydreams
- Looks anxious
- Seems unsteady
- Displays twitches (tics)
- Increased aggression

If your student experiences any problems with their medicine, these should be reported as soon as possible to their parent(s)/carer(s).
Top tips for friendship and peer relations

Students with ADHD often find it difficult to make and keep friendships. This is often more of a concern to teachers and parents than even academic issues.

Social Skills can be difficult for students with ADHD who cannot always wait to take their turn, blurt out inappropriate comments and may be overtly antagonistic and even aggressive.

As a result the following ideas may help to improve friendships and peer relations in schools:

1. **Structure unstructured time**
   - Break time/lunch times can be tricky parts of day unless careful thought is given to the amount of free time and groups that students with ADHD have access to. As a result it is a good idea to create options for inside activities and clubs.

2. **Assign a student with ADHD a study buddy and/or peer mentor**
   - This is a good idea to have both during class time and break time. Students with ADHD who have difficulties with study skills and socialisation should be assigned another student who could act as an "auxiliary organiser" in the classroom and advocate in the playground. The peer mentor could be rotated on weekly basis.

3. **Educate the other students about differences in learning styles such as ADHD**
   - Schools are inclusive environments. As a result all students should receive information regarding issues such as ASD and ADHD and how they affect people as part of PHSE classes. Circle Time is also an opportunity to discuss these issues.

4. **Have specific support and plans for situations such as Field trips and Sports**
   - Planning for these in advance will prevent situations occurring in terms of proactive supervision, groupings and activities.

5. **Plan groups carefully**
   - Students with ADHD can often do well in 1-1 situations so often a group of 2 is the best arrangement. The other common issue is that students with ADHD often appear to socialise more effectively with older and younger students rather than their peers. This is something to consider during break and lunchtimes in terms of groups.

6. **Teach social skills**
   - The issue of helping students recognise the need for impulse control and to listen more effectively does take time but this will pay long term dividends in the end in terms of helping to forge successful friendships.