Accommodating Students with ADHD in General Education Classrooms

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Research Question: How can a general education teacher most effectively accommodate students who exhibit ADHD symptoms?

Introduction

Attention Deficit Hyperactivity Disorder, also referred to as ADHD, is defined as a "brain disorder marked by an ongoing pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development" (NIMH, n.d.). The standard curriculum of general education often provides barriers to learning for these individuals which can interfere with their success in academia. The common core curriculum causes barriers for these students because it is based on the "normative" student and how they learn. However, the common core curriculum should not be based solely on the "normative" student because the neuroscience researchers have proved that each individual, despite a disability or not, learn in alternate ways (CAST, 2011). Thus, the curriculum should allow for students to receive or express information in multiple styles and manners best suited for their learning needs. As a result of this deficiency in the common core curriculum, Universal Design for Learning (UDL) provides checkpoints for the teacher to ensure that every student is provided with the appropriate support accommodations. This paper will examine the learning characteristics of students with ADHD, how to identify the supports that students with ADHD would benefit from receiving in a general education classroom, and finally, offer an effective framework for addressing flaws found in the curriculum so as to meet the needs of all students including those with ADHD. Students with ADHD are completely capable of learning and thriving in an inclusion classroom when the appropriate UDL supports are effectively delivered.

Characteristics of ADHD and Resulting Barriers to Learning

Attention Deficit Hyperactivity Disorder, also referred to as ADHD, falls under the category of "other health impairment". The most commonly identified neurobehavioral disorder for children in the United States is known as the Attention Deficit Hyperactivity Disorder (ADHD) (Pastor, Reuben, Duran, & Hawkins, 2015). Roughly 5% of children worldwide are diagnosed with ADHD (Sciberras, Efron, Schilpzand, Anderson, Jongeling, Hazell, & Nicholson, 2013). In fact, it is suggested that in North America in each general education classroom there is at the minimum one student that classifies as having ADHD (Murphy, 2015). Under the category of specific disability, the definition of ADHD includes students having significant difficulty with focusing and displaying either one or both of these factors: inattention and hyperactivity-impulsivity (Vaughn et al., 2011, p. 179). There are three categorized subtypes of ADHD, which are ADHD-C (students displaying both inattention and impulsivity), ADHD-I (students mainly identifying as the inattentive type), and ADHD-H (students mostly exhibiting hyperactive) (Sciberras et al., 2013). ADHD is also characterized by insufficiencies in one's executive functions and motivation which is reinforced by disordered fronto-striato-cerebellar brain circuitry (Sciberras et al., 2013). Children are typically diagnosed with ADHD during elementary school, and there has been an increase in diagnoses in the past few years in children ages two to five (Murphy, 2015). This suggests that the significant increase of people being diagnosed with ADHD is the result of advancements in research on this disability and parents', teachers', and doctors' improved and amplified knowledge and recognition of this disability.

It is common for individuals who are not diagnosed with ADHD to display symptoms of ADHD but in order to be diagnosed with ADHD, an individual has to display symptoms frequently and within multiple settings such as in school, at work, at home, and in other activities

(Block, 2016). According to DSM-5, for a child to be diagnosed with ADHD he or she must display a minimum of six symptoms for longer than six months (Block, Macdonald, & Piotrowski, 2016). The symptoms of ADHD are divided into three characteristics: inattention, hyperactivity, and impulsiveness (Block et al., 2016). Once the symptom criteria are met, a formal diagnosis can be made by an appropriate medical professional.

Inattention symptoms result in individuals making errors often and lacking the ability to focus on details in certain settings such as school, in social settings, or at work (Block et al., 2016). Individuals with ADHD have a short attention span, especially in group conversation situations (Block et al., 2016). Some other characteristics of ADHD related to inattention symptoms are difficulty with organization, inability to be attentive to small details, difficulty with following instructions, difficulty with completing tasks, distractibility, forgetfulness, and a poor sense of time (Block et al., 2016). All of these symptoms naturally affect and build on one another. Typically, one with ADHD does not fully complete tasks or avoids them all together because the skill of focusing for a long duration that is required to complete that task is practically nonexistent. Even the anticipation of having difficulty completing a task may be an obstacle to attempting that task. Also, individuals have a difficult time finishing a task that requires a lot of organization and planning (Block et al., 2016). It is suggested that individuals with ADHD often get distracted from their present task since such an individual notices and pays attention to unnecessary sights, sounds, and smells (Block et al., 2016). Being distracted can make someone lose his or her train of thought. It takes more time and effort to refocus one's attention, and at that point he or she is often exhausted and wants to move onto something else. Also, if the tasks are not fun or entertaining, it is hard for the individual to have a long attention span often resulting in activity not being finished (Block et al., 2016). Despite being given both

instruction and reminders of daily activities, individuals with ADHD often forget and overlook routine activities such as hygiene (showering, brushing teeth, and washing hands), manners, and dressing properly (Block et al., 2016). Lastly, individuals with ADHD lack time management skills because they assume there is more time to complete a task than there truly is which often makes them late with assignments, meeting with people on time, and being on time for appointments (Block et al., 2016).

Individuals with ADHD frequently have hyperactivity symptoms, although not all individuals diagnosed with ADHD display these symptoms (Block et al., 2016). Hyperactivity refers to one being overexcited or having or exhibiting excess energy levels. It is common for these individuals to fidget, squirm, constantly talk, interrupt conversations, and move excessively during inappropriate settings (Block et al., 2016). An example of interrupting conversations is when a student interrupts the teacher during a lesson and asks a question not related to the topic. An example of moving around for non-important motives during inappropriate settings often refers to an individual getting out of their seat and walking around the classroom while he or she should be paying attention to a lesson or to his or her assignment (Block et al., 2016).

Furthermore, impulsiveness is a key characteristic and symptom of ADHD (Block et al., 2016). Individuals with ADHD experience impulsive behavior habitually by being thoughtless of, or disregarding, the consequences of his or her actions and words (Block et al., 2016). Some examples of impulsive behavior are shouting out answers in class, inviting oneself into other people's conversations and activities, failing to wait for his or her turn when standing in line (Block et al., 2016). Due to poor impulse regulation, these actions are made by an individual in the spur of the moment (Block et al., 2016).

Children with ADHD typically aspire to behave better, focus on academics, and have noble relationships with peers, adults, and family but often struggle to do so because of the recurring symptoms (Block et al., 2016). ADHD can be considered a disorder that makes it difficult for one to restrict his or her impulsive behavior, off-task behavior, or undesirable attention (Block et al., 2016). Therefore, an individual with ADHD cannot differentiate significant from insignificant stimuli and cannot distinguish appropriate from inappropriate responses to those stimuli (Block et al., 2016). Unfortunately, due to all these symptoms, children with ADHD often get labeled as immature (Block et al., 2016). Some individuals might have some or all three of the ADHD-defining symptoms, but with the proper assistance and support at school and home, he or she can overcome or improve these symptoms. As children become adolescents, hyperactivity symptoms often improve, but symptoms of impulsive behavior and inattention often remain (Block et al., 2016). With the proper learning supports in place for students with ADHD, these students are more likely to succeed in the general education classroom.

Learning Supports

Students with ADHD are more likely to receive lower grades in academic subjects and lower scores on standardized tests than those students without ADHD (McKinley and Stormont, 2008). In addition, over half of students with ADHD that are in a general education classroom will experience failure in at least one grade level by the time he or she becomes an adolescent, thus these students are at higher risk of dropping out (McKinley and Stormont, 2008). As a result of these statistics, as well as the characteristics of individuals that identify as having ADHD, it is essential for teachers to deliver personalized accommodations and strategies such as adapting instruction, modifying assignments and assessments, using a variety of instructional resources,

and making alterations to the classroom structure (McKinley and Stormont, 2008). These accommodations have not been observed to negatively affect students without academic or social disabilities; the accommodations will only be beneficial to these unaffected students and their potential success in school. Also, legal requirements compel teachers to provide individualized supports to students with ADHD (McKinley and Stormont, 2008). Students with ADHD qualify for supports within Section 504 of the Rehabilitation Act of 1973. Section 504 of the Rehabilitation Act of 1973 requires, "that students with disabilities receive appropriate education services designed to meet their individual needs to the same extent as the needs of students without disabilities" (McKinley and Stormont, 2008). Under the Individuals with Disabilities Education Improvement Act of 2004 (IDEIA), students with ADHD also qualify for educational support in the category of "other health impairment" or another category which covers this disability (McKinley and Stormont, 2008). Students that are diagnosed with ADHD receive an Individualized Education Program (IEP) which provides special education and related services (McKinley and Stormont, 2008). The accommodations that students with ADHD can receive through Section 504 and IDEIA include "adaptations to classroom routines including instructional delivery, organizational support, and modification of assignments (e.g., reduced length, reduced time)" (McKinley and Stormont, 2008).

There is a framework for educators that provides the supports that are most effective for each individual student with ADHD, as well as the potential barriers to using these supports that these individual students might encounter in the general education classroom (McKinley and Stormont, 2008). The checklist was originally named the School Modifications Assessment Checklist (SMAC) but was revised by McKinley in 2003 and is now called the School Supports Checklist (SSC) (McKinley and Stormont, 2008). The SSC is a list of forty-one research based

support needs and potential barriers that students with ADHD might encounter in an inclusion classroom. The difference between SSC and the SMAC is that the SSC focuses specifically on supports and potential barriers with students with ADHD in second grade through fifth grade and contains content validity (McKinley and Stormont, 2008).

There are three purposes for the review of psychometric properties under the SSC which are face validity, content validity, and to reduce the length of the questionnaire (McKinley and Stormont, 2008). The first evaluation of the SSC was to make sure these supports and potential barriers to students' use that are diagnosed with ADHD were effective by using the knowledge of general and special elementary school educators (McKinley and Stormont, 2008). First, two educators reviewed the SSC and gave feedback and "were asked to delete any listed support that was unclear or invalid based on their district's curriculum" (McKinley and Stormont, 2008). The results of the feedback from the teachers influenced McKinley to delete eighteen items that were specifically identified as not promoting appropriate supports for students with ADHD in second grade through fifth grade (McKinley and Stormont, 2008). The next step in reviewing the effectiveness of the SSC was to establish content validity through a questionnaire of seventy-six items which was evaluated by a panel of five experts in the field of ADHD (McKinley and Stormont, 2008). The panel was requested to abolish any support if it were no different from the regular routine classroom strategies appropriate for all students, both with disabilities and without disabilities (McKinley and Stormont, 2008). This feedback resulted in keeping all of the supports. Lastly, to reduce the length of the questionnaire, McKinley omitted any supports or potential barriers that were indefinite and redundant (McKinley and Stormont, 2008). After this review process, McKinley "ran an internal consistency analysis after teachers completed the scales, obtaining an alpha of .92, which is high" (McKinley and Stormont, 2008).

When an educator is using the SSC, he or she first fills out a survey to rate how frequently he or she has used specific supports with students with ADHD (McKinley and Stormont, 2008) (See Figure 1). There is a scale of 1 to 5, rating how often the items are used from least (1) to greatest (5) (McKinley and Stormont, 2008). When supports are not often or never used, the teacher identifies from the options provided which barrier(s) is preventing the individual student from using that specific support using the list that McKinley created (McKinley and Stormont, 2008). McKinley created this list from "the list of codes from a synthesis of literature on teacher perceptions of barriers for inclusion: not enough time, need additional training, need additional materials, need smaller class size, student's needs require more support, and not appropriate for student" (McKinley and Stormont, 2008). There are a few purposes for using this questionnaire. A teacher can use it as a tool for assessing previously used successful strategies (McKinley and Stormont, 2008). A teacher can also use it to assist with planning supports for ADHD-affected students (McKinley and Stormont, 2008). Since the benefits of support techniques varies by individual with ADHD, the second purpose of this checklist is to identify potential barriers to using specific supports (McKinley and Stormont, 2008).

It has been reported that many general education teachers lack sufficient knowledge in the field of ADHD to properly address these students' needs (McKinley and Stormont, 2008). The SSC can be used at the district or school levels to determine professional development necessities associated with accumulating supports for students with ADHD (McKinley and Stormont, 2008). In this case, a school administrator, district or school professional development committees, school psychologists, special educators, or teacher assistance teams would participate in evaluating teacher preparedness to work with ADHD-affected students (McKinley

and Stormont, 2008). The results could be used to start a conversation on how to increase the use of individualized supports with students that identify as having ADHD, as well as with the students who do not have an IEP (McKinley and Stormont, 2008). Also, the SSC can be used during collaboration planning between the general education teachers, special educators, and school psychologists (McKinley and Stormont, 2008). When teachers collaborate to review the SSC and if they are in favor for specific supports but have never thought of using them, the SSC provides awareness to enhancing an individual's support plan (McKinley and Stormont, 2008). Additionally, the collaboration team can assist in determining additional resources for teachers when they identify a support in the SSC as not being used often or at all (McKinley and Stormont, 2008). If a general educator identifies a support as not being used often or at all due to lack of training, he or she can receive training through consultations with special educators, school psychologists, research based reading materials, professional development workshops, and internet resources (McKinley and Stormont, 2008). There is also a support plan template for a student with ADHD that can be used with the SSC. To monitor the success of this support plan, the template lists the information that should be collected to be assessed and the date to review this data (McKinley and Stormont, 2008). For example, some data that can be collected includes, "homework completion, homework accuracy, in-class assignment completion, on-task behavior, and office referrals" (McKinley and Stormont, 2008). Lastly, educators can use the SSC to direct them in their preparation for state and district testing (McKinley and Stormont, 2008). IDEIA requires IEP teams to include a statement of modifications and accommodations that are necessary for students with disabilities to have the same opportunity and participation in state and district standardized tests as those students without disabilities (McKinley and Stormont, 2008). Since the law requires this level of parity, the SSC can be used as a reference in detecting

specific accommodations and modifications for each individual student with a disability. In addition, the SSC can be used as a reference for schools to identify testing accommodations for students' Section 504 plans (McKinley and Stormont, 2008). A few examples of accommodations and modifications that would be included in a students' statement or Section 504 plans are "changing the setting, response, or presentation; having the test administered apart from a group setting; reading directions to the student; extending the time allowed to take the test; and allowing the use of a calculator" (McKinley and Stormont, 2008).

Students that have ADHD embody a large proportion of the school population and each of them has different individual needs for supports (McKinley and Stormont, 2008). The SSC recognizes this and provides the educators with a variety of supports and potential barriers that can be customized to each individual student with ADHD (McKinley and Stormont, 2008). This suggests that the students will be receiving the best supports for their learning style, not the 'general' learning style of students with ADHD. The SSC has been verified as an effective implementation tool which influences the increasing use of individual supports with students with ADHD (McKinley and Stormont, 2008). A teacher using the SSC while incorporating the UDL framework in lesson planning will truly be valuable to students with ADHD and those without disabilities.

UDL

Implementing the Universal Design for Learning (UDL) framework in the general education classroom will help teachers support the needs of both students with ADHD and those without ADHD or other disabilities. Universal Design for Learning is defined in The Higher Education Opportunities Act of 2008 (HEOA) as, "a scientifically valid framework for guiding educational practice that (A) provides flexibility in the ways information is presented, in the

ways student respond or demonstrate knowledge and skills, and in the ways students are engaged; and (B) reduces challenges in instruction, provides appropriate accommodations, supports, and challenges, and maintains high achievement expectations for all students, including students with disabilities and students who are limited English proficient" (Izzo, 2012). The framework of UDL includes instructional methods that provide students with options and alternatives to demonstrate their understanding of concepts and lessons (Izzo, 2012). UDL recognizes that each individual learns differently because each individual has diverse skills, needs, and interests related to learning (CAST, 2011). Students with ADHD can significantly benefit from a general education teacher who incorporates the UDL framework because the supports that a teacher will provide will minimize the barriers that the standard curriculum imposes on a student's effective classroom performance (CAST, 2011). Meanwhile, all students can still benefit from these supports because they might encounter similar barriers in the curriculum even though they may not have been diagnosed with ADHD.

Even though all the checkpoints in UDL benefit all students' learning needs, there are five checkpoints in particular that I believe are the most valuable checkpoints to incorporate into lessons to accommodate the needs of students with ADHD: 2.5- Illustrate through multiple media, 3.1- Activate or supply background knowledge, 5.1-Use multiple media for communication, 7.3- Minimize threats and distractions, and 9.3- Develop self-assessment and reflection (CAST, 2011).

In a general education classroom, students are often taught through the use of informational text. However, it has been suggested that using informational text for the majority of the concepts presented and taught is a weak framework for teaching. Check point 2.5, illustrating through multiple media, allows for students to interpret information using various

supports, such as teachers "making explicit links between information provided in texts and any accompanying representation of that information in illustrations, equations, charts, or diagrams" (CAST, 2011). Students with ADHD may be prone to get disengaged from lessons and assignments that are presented only in text form. Individuals who have a limited attention span when lessons are not fun or entertaining, or when information is overwhelming, would benefit from a support where information is presented differently (Block et al., 2016). Providing multiple media supports, such as illustrations, videos, and interactive learning tools will break down the barrier posed by a text-heavy curriculum.

Checkpoint 3.1, activating or supplying background knowledge, is another key support that benefits all students, but particularly those with ADHD. This support entails connecting new knowledge and learnings with pre-existing knowledge so that the students can make connections with materials they have already mastered or are familiar with (CAST, 2011). Students may be overwhelmed or intimidated with information that seems completely new and unfamiliar, resulting in disengagement or disinterest. These obstacles to engagement are also obstacles to learning and can be overcome, or at least minimized, by teaching techniques that link the new information with the student's existing knowledge base (CAST, 2011). If students are already predisposed to inattention like those with ADHD, they may respond more actively if they recognize material that is included a new lesson. Teachers can provide lessons that link students' interest to new materials which will further advance their level of engagement (CAST, 2011).

Checkpoint 5.1, varying the methods for response and navigations, is another checkpoint that will benefit students with ADHD and students without disabilities. This checkpoint reduces the imposed media-specific barriers within the curriculum on students with disabilities while increasing "the opportunities for all learners to develop a wider range of expression in a media-

rich world" (CAST, 2011). Students with ADHD can have a difficult time communicating their knowledge using the traditional style of pencil and paper mostly because it is not engaging enough for these individuals. However, this checkpoint will provide supports for these students to display their knowledge on lessons and assignments. One research based specific support that could potentially aid students with ADHD is an online program called Kerproof Teacher's Page (CAST, 2011). Kerproof Teacher's Page is a tool for students to communicate what they have learned by creating drawings, movies, cards, stories, and sketches (CAST 2011). This can permit all students, especially students with ADHD, to be engaged and interested in what they are learning, thus influencing them to complete assignments to their fullest potential.

Both students with ADHD and those without disabilities can be easily distracted which can threaten the absorption of material embraced in the curriculum. Checkpoint 7.3, minimize threats and distractions, can support overcoming these barriers. Specifically, students with ADHD can often get distracted and overwhelmed from their present task since these individuals notice and pay attention to unnecessary sights, sounds, and smells (Block et al., 2016). Given these distractions, these students need additional time to take in new information and while completing assignments. The supports in this checkpoint, such as varying the level of sensory stimulation, can be beneficial to these students and the rest of the students with other or without disabilities (CAST, 2011). Some research-based blogs focused on supports for this checkpoint that teachers can use to aid incorporating these supports in their classroom curriculum are: Classroom Distractions: How can we avoid them?, Sensory Processing Disorder: Tips for Teachers, and Superintendent Sheldon Berman Builds a Network of Caring School Communities (CAST, 2011).

Checkpoint 9.3, develop self-assessment and reflection, is an additional crucial support that assists all students, but predominantly those with ADHD. This support includes students being metacognitive of their success and progress in academia (CAST, 2011). Students with ADHD often are energetic and inattentive thus, requiring them to sit still, do assignments, or focus for long durations of time will trigger negative behavior (Block et al., 2016). However, in a general education classroom this often occurs but if these students are using self-assessments it permits them to reflect and be made aware of their negative behaviors, and how they are affecting other students and their own ability to learn. Many students struggle with behaving well and being cognitively aware of their inappropriate behaviors, so the self-assessment suggested by this checkpoint can help not only students with ADHD but also all types of students. For example, when a student misbehaves, using reflection sheets that require the student to state what their behavior was, how it affected themselves or other people in the classroom or both, and what they will do to avoid this happening again, can help the student keep track of their behaviors and make improvements for the future. This technique can help all students as well as help in overall classroom management.

Conclusion

Students who experience or exhibit the various symptoms of ADHD that present multiple obstacles to effective learning will benefit from teaching techniques beyond those often employed in general educations classrooms. Using the appropriate UDL supports with students with ADHD allows these students to achieve their fullest potential in a general education classroom without having the negative connotations and stigma associated with being labelled with a learning disability. It also allows students without disabilities to receive the supports that can possibly benefit how they learn as well. Overall, UDL is the perfect framework for general

education teachers to maximize the supports for each of the students and limit the barriers that often are presented by the standard common core curriculum.

Figure 1. The School Supports Checklist

The first purpose of this checklist is to determine how often you have used specific supports with students with attention deficit hyperactivity disorder (ADHD). The questionnaire can be used to assess general strategies that you have used in the past with all students you have taught. The questionnaire can also be applied to a specific student you are working with now to assist with planning. The second purpose of this checklist is to identify barriers to using specific supports. All supports will not be appropriate for every student with ADHD. For items rated as not often or never used, please give the reason using the list provided.

How Often Used

1 = Not often used or never used (reason)
2 = Monthly or intermittently
3 = Weekly
4 = 2 or 3 times per week
5 = Daily

Reasons Not Often Used or Never Used

a. Not enough time
b. Need additional training
c. Need additional resources
d. Need additional materials
e. Need smaller class size
f. Students' needs require more support
g. Not appropriate for student

Item	How Often Used	Reasons (code) "Not Often Used or Never Used"
1. Allow reduced standards for acceptable handwriting.	1 2 3 4 5 Why?	
2. Give fewer math problems at one time if rote material.	1 2 3 4 5 Why?	
3. Allow several shorter assignments in same time as other students are completing one longer task.	1 2 3 4 5 Why?	
4. Give more projects (e.g., build models, do experiments as homework, collect rocks or shells) instead of worksheets.	1 2 3 4 5 Why?	
5. Make child publicly accountable to someone else across school day for school conduct and performance goals.	1 2 3 4 5 Why?	
6. Point out cause and effect of behavior.	1 2 3 4 5 Why?	
7. Write assignments on the board, and make sure student copies them.	1 2 3 4 5 Why?	
8. Alternate low- and high-interest tasks.	1 2 3 4 5 Why?	
9. Use games to encourage attention and over-learn rote material.	1 2 3 4 5 Why?	
10. Use prompts for appropriate behavior.	1 2 3 4 5 Why?	
11. Instruct student on how to continue on easier parts of tasks (or do substitute task) while waiting for teacher help.	1 2 3 4 5 Why?	
12. Have a peer note taker or recorder of assignments for students.	1 2 3 4 5 Why?	
13. Ask student to explain back to you their understanding of the directions and/or assignments.	1 2 3 4 5 Why?	
14. Make student underline or rewrite directions before beginning.	1 2 3 4 5 Why?	
15. Use teaching activities that encourage active responding (talking, moving, organizing, working at the board).	1 2 3 4 5 Why?	
16. Allow directed movement in the classroom or a change in seating that is not disruptive.	1 2 3 4 5 Why?	
17. Allow standing during seatwork, especially during end of task.	1 2 3 4 5 Why?	

continues

FIGURE 1: THE SCHOOL SUPPORTS CHECKLIST (SSC) CONTINUED:

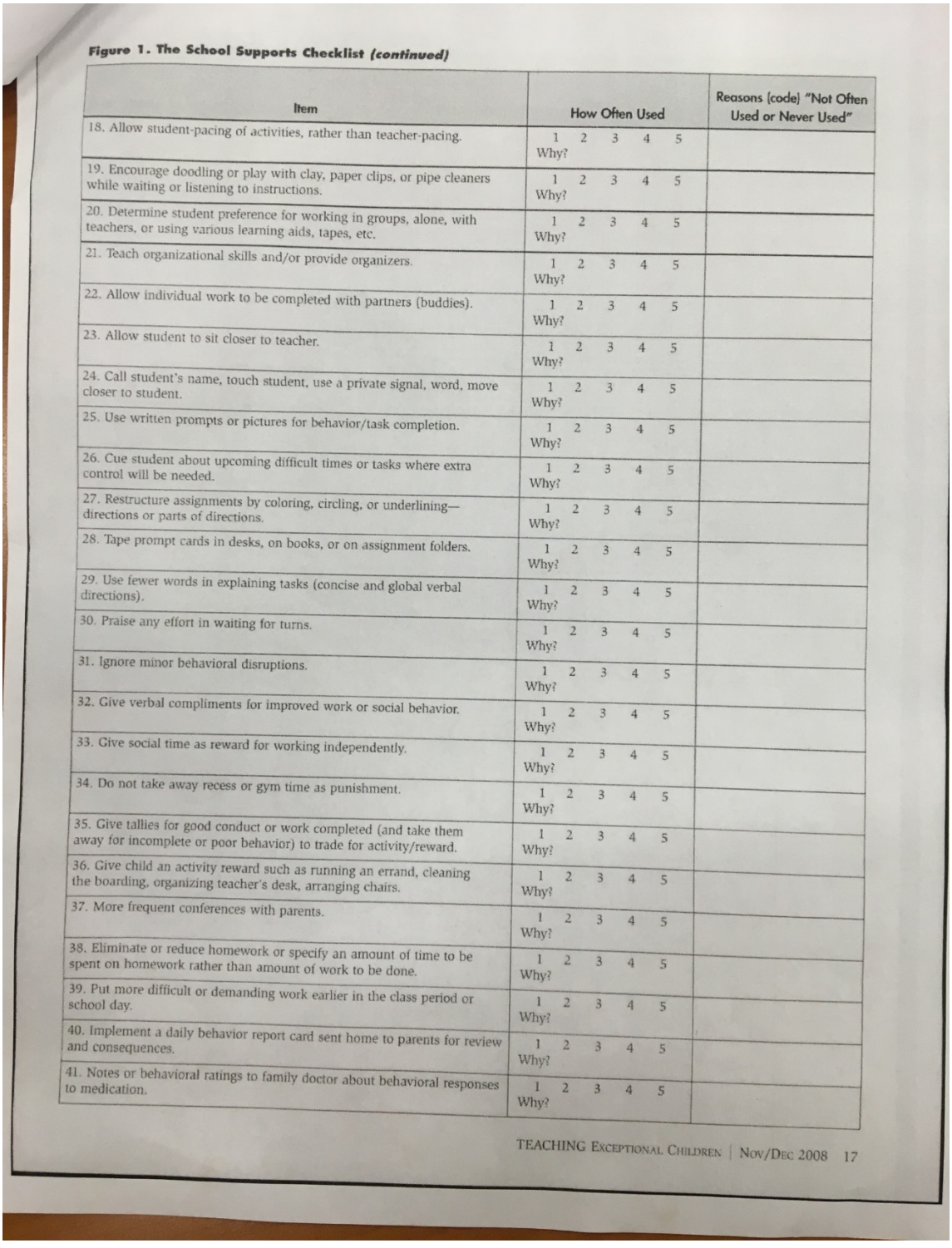

Figure 1. The School Supports Checklist *(continued)*

Item	How Often Used	Reasons (code) "Not Often Used or Never Used"
18. Allow student-pacing of activities, rather than teacher-pacing.	1 2 3 4 5 Why?	
19. Encourage doodling or play with clay, paper clips, or pipe cleaners while waiting or listening to instructions.	1 2 3 4 5 Why?	
20. Determine student preference for working in groups, alone, with teachers, or using various learning aids, tapes, etc.	1 2 3 4 5 Why?	
21. Teach organizational skills and/or provide organizers.	1 2 3 4 5 Why?	
22. Allow individual work to be completed with partners (buddies).	1 2 3 4 5 Why?	
23. Allow student to sit closer to teacher.	1 2 3 4 5 Why?	
24. Call student's name, touch student, use a private signal, word, move closer to student.	1 2 3 4 5 Why?	
25. Use written prompts or pictures for behavior/task completion.	1 2 3 4 5 Why?	
26. Cue student about upcoming difficult times or tasks where extra control will be needed.	1 2 3 4 5 Why?	
27. Restructure assignments by coloring, circling, or underlining—directions or parts of directions.	1 2 3 4 5 Why?	
28. Tape prompt cards in desks, on books, or on assignment folders.	1 2 3 4 5 Why?	
29. Use fewer words in explaining tasks (concise and global verbal directions).	1 2 3 4 5 Why?	
30. Praise any effort in waiting for turns.	1 2 3 4 5 Why?	
31. Ignore minor behavioral disruptions.	1 2 3 4 5 Why?	
32. Give verbal compliments for improved work or social behavior.	1 2 3 4 5 Why?	
33. Give social time as reward for working independently.	1 2 3 4 5 Why?	
34. Do not take away recess or gym time as punishment.	1 2 3 4 5 Why?	
35. Give tallies for good conduct or work completed (and take them away for incomplete or poor behavior) to trade for activity/reward.	1 2 3 4 5 Why?	
36. Give child an activity reward such as running an errand, cleaning the boarding, organizing teacher's desk, arranging chairs.	1 2 3 4 5 Why?	
37. More frequent conferences with parents.	1 2 3 4 5 Why?	
38. Eliminate or reduce homework or specify an amount of time to be spent on homework rather than amount of work to be done.	1 2 3 4 5 Why?	
39. Put more difficult or demanding work earlier in the class period or school day.	1 2 3 4 5 Why?	
40. Implement a daily behavior report card sent home to parents for review and consequences.	1 2 3 4 5 Why?	
41. Notes or behavioral ratings to family doctor about behavioral responses to medication.	1 2 3 4 5 Why?	

FIGURE 2: SUPPORT PLAN TEMPLATE

Figure 2. A Support Plan Template for a Student With ADHD

Items Selected for Student	Barriers	Strategies for Addressing Barriers	Person Responsible for Implementation	Data to Monitor Success

Date to review plan:

Additional notes:

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