



PREFACE

This program is a collaboration among Michigan Department of Education, K-12 Schools, Universities, and Advocacy Organizations representing people with disabilities, to create new partnerships between parents of children with disabilities and school personnel. This partnership is designed to identify and to overcome barriers to participation of all children in their least restrictive environment, including children with significant disabilities, and to provide all children with a free and appropriate public education.

Through a series of personnel development programs, this coordinated partnership will provide opportunities for parents and school personnel to build respectful relationships. It will help to identify different disability characteristics and to find the appropriate educational environment in which children with disabilities can be successfully included in the general education classroom.

The underlying intent of this partnership is to create a forum in which parents and school personnel build understanding and trust which can eliminate systemic barriers to full participation of all children in their least restrictive environment; creating a reasonable, accommodating and accepting general education program for children with and without disabilities.

ACKNOWLEDGEMENT

Patricia Baccus Luker developed this module. Tricia's oldest daughter, Jessica, who died in 1999 at age 24, had a rare metabolic disorder, epilepsy and severe cognitive impairments. Jessica's needs and determination helped make Tricia an expert in all areas of caring for children with disabilities, including accessing health care resources, special education, care giving services, and family emotional needs. Since 1993, Tricia has created and administered parent and family training and information programs through the Michigan Protection and Advocacy Service and the Epilepsy Foundation of Michigan. Tricia's commitment to empowering families and people with disabilities has been consistently demonstrated through virtually thousands of contacts with other parents and families needing help or information. Tricia writes a monthly book review column for *Exceptional Parent Magazine* and is a regular contributor to the magazine. She provides consulting services for various corporations on disability issues.

Ms. Luker wishes to express her gratitude to the Beach Center at the University of Kansas and its co-directors, Rud and Ann Turnbull for their support, technical assistance and sharing of their resources. Their commitment to meeting the needs of all children has made life better for families everywhere.

A COMPREHENSIVE PARENT-PROFESSIONAL SERVICES SYSTEM
Facilitator Module Guide for Parent Professional Partnerships
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Section One

How to Use This Guide

This guide was designed to encourage and support the development of meaningful parent-professional partnerships that will build problem-solving strategies and enhance the capacity to respond to the educational needs of the child.

This and other Comprehensive Parent-Professional Services System modules have been developed to:

- ◆ be accessible – in terms of locations, formats, language, readability;
- ◆ be culturally competent;
- ◆ be sustainable at the local level beyond the life of the grant;
- ◆ address the changing needs of parents and their children from birth to age 26;
- ◆ focus on skills, strengths and capacities of parents, children, professionals and community members;
- ◆ reflect family-centered practices;
- ◆ support student participation and progress in the general curriculum (per IDEA '97).

This module is one of several designed to promote grass-roots educational advocacy opportunities and experiences for families and professionals striving to improve the quality of community education provided to students eligible to receive IDEA '97 services.

This Attention Deficit Hyperactivity Disorder [AD/HD] module concentrates on teaching a team-centered, problem-solving approach to understanding AD/HD using the following **We Can!** technique. These obligations, which are at the core of a successful parent-professional partnership, are to address:

1. **W**hat is the problem?
2. **E**valuation methods
3. **C**an anyone help?
4. **A**greement
5. **N**otice the results

The organizational format for each of these five activities includes learner objectives, suggested activities, necessary materials, proposed time frame and facilitator notes explaining how to conduct the activity. Masters for transparencies and handouts are included in the Appendices. As with all successful educational ventures, creativity and individuality are encouraged. Facilitators and participants are encouraged to take advantage of the unlimited resources available.

WE CAN!

What is the problem?

Evaluation methods

Can anyone help?

Agreement

Notice the results

Module Objective

This workshop identifies the key features of Attention Deficit Hyperactivity Disorder [AD/HD] and its associated learning and behavior challenges, and illustrates how to build successful collaborative efforts to address and resolve those challenges.

Module Overview

AD/HD is identified in the Diagnostic Statistical Manual [DSM-IV] as a psychiatric disorder generally marked by three predominant features; inattentiveness, impulsivity, and in many instances, restlessness or hyperactivity. The cause of AD/HD is unknown, but current research reflects that it is a neurobiologically based medical disorder, possibly of genetic origin, related to a chemical imbalance in the brain. Although AD/HD has long been recognized as a childhood disorder, the medical community has increasingly accepted that AD/HD can and does continue into adulthood. Here is how one writer, Edward M. Hallowell, M.D. describes the AD/HD experience.

... [I]t's like being super-charged all the time. You get one idea and you have to act on it, and then, what do you know, but you've got another idea before you've finished up with the first one, and so you go for that one, but of course a third idea intercepts the second, and you just have to follow that one, and pretty soon people are calling you disorganized and impulsive and all sorts of impolite words that miss the point completely. Because you're trying really hard. It's just that you have all these invisible vectors pulling you this way and that which makes it really hard to stay on task. [From *Think Fast! The ADD Experience*, Underwood Books, 1996).

Dr. Hallowell also observes:

What is it like to have ADD? Buzzing. Being here and there and everywhere. Someone once said, "Time is the thing that keeps everything from happening all at once." Time parcels moments out into separate bits so that we can do one thing at a time. In ADD, this does not happen. In ADD, time collapses. Time becomes a black hole. To the person with ADD it feels as if everything is happening all at once. This creates a sense of inner turmoil or even panic. The individual loses perspective and the ability to prioritize. He or she is always on the go, trying to keep the world from caving in on top. (*Ibid.*)

While inattentiveness, impulsiveness and restlessness/hyperactivity are recognized as the primary AD/HD symptoms, other secondary or sub-symptoms are often present, including disorganization, inconsistency, lack of follow-through, thrill seeking, impatience, procrastination, hyperfocusing and forgetfulness. Students who have AD/HD frequently lack the ability to assess their organizational needs and habits, and might be completely oblivious to other AD/HD-related behavior.

This module, using the WE CAN approach, helps teachers and parents identify AD/HD behavior in order for them to help the student develop strategies to change counterproductive behavior. By using this module, it is hoped that the student will take responsibility for, and self-accommodate his/her behaviors related to AD/HD.

Learner Objectives

- 1:** Understand AD/HD and how it may impact on student behavior, academic outcomes and life style.
 - ◆ DSM IV definition
 - ◆ Predominantly inattentive
 - ◆ Predominately hyperactive/impulsive
 - ◆ Combined type

- 2:** Learn how to identify and evaluate behavior and academic challenges associated with AD/HD
 - ◆ Identify behaviors at home
 - ◆ Identify behaviors at school
 - ◆ Evaluate behavior impact and AD/HD manifestations
 - ◆ Account for cultural, ethnic or economic factors

- 3:** Identify culturally competent problem-solvers, programs and resources
 - ◆ Problem solvers at school and home
 - ◆ Community resources and professionals
 - ◆ Understand problem-solving programs

- 4:** Using collaborative approach identify and implement culturally sensitive and appropriate problem-solving strategies
 - ◆ Practice persistence
 - ◆ Practice adaptability
 - ◆ Accept that behaviors or academic performance are related to or caused by AD/HD
 - ◆ Identify and apply strategies to specific AD/HD challenges

- 5:** Identify culturally sensitive and appropriate evaluation strategies that permit persistence, adaptability and acceptance of AD/HD and its impact.
 - ◆ Identify effective parent-school professional reporting strategies
 - ◆ Reinforce practice of persistence, adaptability and acceptance

SECTION TWO: ACTIVITIES

The activities in this module involve the use of case studies. The three case studies appearing in this section will be used for the case study-based activities. Where small group formation is used in activities, it is suggested that the workshop facilitator reconvene the same small groups using the same case study throughout the workshop activities.

1. WHAT IS THE PROBLEM?

INTRODUCTION AND PURPOSE

This activity is to help team members identify what AD/HD is and how it appears in children. The Diagnostic Statistical Manual IV definition is introduced and discussed and the primary conduct issues are fleshed out.

OBJECTIVES:

- ◆ Be able to identify common behavior or academic performance characteristics that are associated with AD/HD.
- ◆ Understand possible medical/psychological/genetic origin of AD/HD.

MATERIALS

EQUIPMENT

Overhead Projector
Magic Markers
Post It Sheets

TRANSPARENCIES

Objectives
Behavior examples of predominantly inattentive; predominately hyperactive/impulsive; combined type

HAND OUTS

DSM IV diagnostic criteria
Three case studies

SUGGESTED TIME

15-20 minutes [with larger groups this process may take a little longer]

FACILITATOR NOTES AND PROCESS

1. Have the group read the three case studies.
2. Pass out magic markers and poster board to each group.
3. Divide the group into three smaller groups. Have each group select a case study.
4. Ask them to identify what they believe might be “problem behaviors” or points of concern from their case study and list them on their board.
5. Reassemble the group and compare observations.
6. Introduce formal DSM IV criteria and apply criteria to listed behaviors.
7. Highlight identified behaviors that show selective attention, distractibility, impulsivity or hyperactivity.

**Identify common
behavior or academic
performance
characteristics that are
associated with
Attention
Deficit/Hyperactivity
Disorder [AD/HD]**

**Understand possible
medical/psychological/
genetic origins of AD/HD**

AD/HD Transparency – Activity 1

TRAIT	INATTENTIVE TYPE	HYPERACTIVE -IMPULSIVE TYPE
Decision making	Sluggish	Impulsive
Boundaries	Honors boundaries, polite, obedient	Intrusive, rebellious
Assertion	Underassertive, Overly polite, docile	Bossy, irritating
Attention seeking	Modest, shy, socially withdrawn	Shows off, egotistical, best at worst
Popularity	Bonds but doesn't attract	Attracts new friends but doesn't bond
Most common diagnosis	Depression, Energy focused inward	Oppositional-defiant or conduct disorder

Note: Reprinted with permission from John F. Taylor, Ph.D., Salem, OR. For more information, see his book, Helping Your Hyperactive ADD Child. (1997). Rockin, CA: Prima.

AD/HD Transparency – Activity 1

DIAGNOSTIC CRITERIA (DSM IV) FOR ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

A. Either (1) or (2):

- (1) Six (or more) of the following symptoms of **inattention** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

Inattention

- (a) often fails to give close attention to details or makes careless mistakes in school work or other activities
- (b) often has difficulty sustaining attention in tasks or play activities
- (c) often does not seem to listen when spoken to directly
- (d) often does not follow through on instructions and fails to finish school work, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- (e) often has difficulty organizing tasks and activities
- (f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- (g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books or tools)
- (h) is often easily distracted by extraneous stimuli
- (i) is often forgetful in daily activities

- (2) Six (or more) of the following symptoms of **hyperactivity-impulsivity** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level

Hyperactivity

- (a) often fidgets with hands or feet or squirms in seat
- (b) often leaves seat in classroom or in other situations in which remaining seated is expected
- (c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- (d) often has difficulty playing or engaging in leisure activities quietly
- (e) is often “on the go” or often acts as if “driven by a motor”
- (f) often talks excessively

Impulsivity

- (g) often blurts out answers before questions have been completed
- (h) often has difficulty awaiting turn
- (i) often interrupts or intrudes on others (e.g., butts into conversations or games)

- B.** Some hyperactivity-impulsive or inattentive symptoms that caused impairments were present before age 7 years.
- C.** Some impairment from the symptoms is present in two or more settings (e.g., at school and at home).
- D.** There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.

Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition, American Psychiatric Association

AD/HD Handout – Activity 1

CASE STUDY: AUDREY

Audrey is thirteen years old and never causes any problems for anybody. In fact much of the time, people tend to forget she's even there, she tends to be that quiet. Her mother is fond of saying that "Audrey lives in her own little world, why make it difficult for her?" Some teachers have described her as a "slow learner," and one insisted convincingly that she would benefit from intelligence testing. As a result, it was established that Audrey had an I.Q. in the average range although verbal skills were areas of relative weakness.

Relatives were relieved to find out that she did not have mental retardation, and everyone breathed a sigh of relief, but school performance was poor and getting poorer. Retention had been considered in early grades. Now everyone is concerned about whether Audrey has developed self-interventions or accommodations skills. Even though she had been spared the indignity of retention, school was getting harder and harder, and Audrey was pretty sure she was getting dumber and dumber.

Eighth grade had been a series of humiliations and failures, and there didn't seem to be much hope of things getting better in high school. More and more, in her daydreams, Audrey entertained the notion of idyllic time spent with a baby of her own. She started on a "thousand day countdown" – the amount of time before she would be able to drop out of school and proceed with her plans for personal happiness.

Her family planning teacher posed many hard questions when she learned of Audrey's plans, and suggested both a 504 evaluation and a vocational assessment. Audrey wasn't interested in either option, and neither were her parents. Audrey is now pregnant.

AD/HD Handout – Activity 1

CASE STUDY: LENNY

Lenny is eleven years old, and like a much younger child, he still “brailles” the world with his mouth – in other words, he frequently has a chewed up pen or some other ‘non-edible’ object sticking between his teeth. He also likes to drum his fingers, tap his toes, crack his knuckles, rock in his chair, and produce a wide variety of rhythmic, vocal noises. Still, he is totally sincere when he maintains “I’m not buggin’ anybody!”

When Lenny tells his teacher that he really did his homework, but just can’t find it, she believes him. Unfortunately, she can’t give him credit for what he doesn’t turn in, and his grades suffer even though he often does well on end of unit tests. He is always eager to participate in verbal review the day before the test, and his classmates tend to be amused by Lenny’s habit of raising his hand *before* the teachers asks a question – in fact, they think it’s so funny that now most of them are doing the same thing. The result is a classroom full of kids who are enjoying themselves, but hardly “on task”. Such group silliness seems to occur whenever Lenny is present, and adults (including his neighbor, his scoutmaster, and his Sunday School teacher) find it increasingly difficult to give him “the benefit of the doubt.”

Lenny is always able to recite the classroom rules (perhaps because he has been required to write them hundreds of times). Sadly, he has a much harder time following the rules. His Dad describes the situation quite succinctly when he tells school staff members “it’s not that he doesn’t know the rules, it’s that he doesn’t do what he knows” Everyone is convinced that Lenny is smart, so his transgressions are typically viewed as “willful misconduct.”

AD/HD Handout – Activity 1

CASE STUDY: PETE

For Pete, it was the best of times, and the worst of times - - and for Pete, life was like that most of the time. Yesterday, he was a hero. He had stolen three bases and smacked one out of the park at the bottom of the ninth to give his team a 9 to 8 victory. Today's playoff game was a different story. Pete was in deep left field when the new kid on the other team came up to bat. Just as the pitcher was winding up, a blue heron took wing from the marsh behind the ball field. Pete watched as the big, graceful bird circled low over his head.

Then he heard the crack of the bat, and saw little clouds of dust mark the path of the lightning fast ground ball that passed within feet of where he was standing. That was that, a 3 to 2 loss in the first game of the playoffs. No more games in the series for Pete's team, and no more accolades for Pete. Everyone said they were out of the series because Pete just didn't care.

Whenever Pete had two great games in a row, it haunted him for the rest of the season, because everyone said, "See, he can be a team player when he want to be." His problems aren't limited to sports, either. His grade point average in school always hovers right around 2.0, but Pete isn't really a "C" student. He gets lots of "A" and "B" grades—especially in the classes he is interested in, but he also gets too many "D" and "E" grades in those subjects which don't hold his interest. He learns math easily, and does pretty well on tests, but somehow he often forgets to do his math homework, and he pays the price in failing grades. Even when he remembers to do his math homework, he tries to "get it over with" as quickly as possible and makes lots of "careless mistakes".

Long written assignments are another stumbling block for Pete. Once, when cornered by his frustrated counselor who demanded an explanation, Pete shrugged and mumbled, "by the time they get from my head to my hands, my thoughts go adios." And it's not just his difficulty organizing his thoughts.

Handwriting has always been laborious for Pete. For years, teachers have been telling Pete not to press the pencil so hard—he *knows* he is supposed to use lighter pressure, but as he puts it, "knowin' ain't the same as doin'."

On one occasion, he overheard the Occupational Therapist say something about a big discrepancy between his gross motor skills and his fine motor skills, but he was sitting in the waiting room while his parents were talking to staff in the conference room, so he didn't have a chance to ask questions. He remains clueless regarding the significance of his motor skill discrepancy.

At present, Pete is thinking about dropping out of school to join the army, or to go work in the Alaskan oil fields, or to work on a fishing boat off the coast of Labrador, or to hike the Appalachian trail . . . Anything seems better than, as he puts it, "taking more heat" at home and at school. When asked if he thinks his escapist plans are realistic, his response is "I don't know, and I don't care"—and he's telling the truth!

AD/HD Handout – Activity 1

2. EVALUATION METHODS

INTRODUCTION AND PURPOSE

In this activity the team member will further delve into the three case studies to develop a practical understanding of AD/HD evaluation tools and classification.

OBJECTIVES

- ◆ Identify behaviors at home
- ◆ Identify behaviors at school
- ◆ Evaluate behavior impact and AD/HD manifestations
- ◆ Account for cultural, ethnic or economic factors
- ◆ Distinguish between predominantly inattentive and predominately hyperactive-impulsive behaviors

MATERIALS

EQUIPMENT

Overhead Projector

TRANSPARENCIES

Objectives

Evaluation format

Culture and AD/HD

HANDOUTS

Nondiscriminatory evaluation

AD/HD Student Support Information

SUGGESTED TIME

15-20 minutes [with larger groups this process may take a little longer]

FACILITATOR NOTES AND PROCESS

1. Pass out handout and show overhead discussing evaluation formats: psychological, individualized intelligence and achievement tests; behavior

rating or AD/HD-specific scales; teacher observation; family observation; curriculum-based assessment; and direct observation. Spend about 10-15 minutes discussing these evaluation formats and their value as tools in identifying and evaluating AD/HD.

2. Reconvene the small groups created in Activity #1 and have them review the characteristics identified in that activity and correlate them to the evaluation methods that could confirm the traits.
3. Introduce the Culture and AD/HD overheads. Stress that the overheads are merely examples. Ask participants to suggest other things that might lead to under or over diagnosis of AD/HD within cultures. Ask participants to suggest cultural variations that might change evaluation outcomes in various cultural settings based on their own experiences.
4. Reassemble the large group for the remaining time and confirm successful evaluation methods for the three case studies' characteristics.
5. As a group, discuss which AD/HD types apply to Audrey, Lenny and Pete.

- ◆ **Identify behaviors at home**
- ◆ **Identify behaviors at school**
- ◆ **Evaluate behavior impact and AD/HD manifestations**
- ◆ **Account for cultural, ethnic or economic factors**
- ◆ **Distinguish between predominantly inattentive and predominately hyperactive-impulsive behaviors**

AD/HD Transparency – Activity 2

ASSESSMENT MEASURES	FINDINGS THAT SUGGEST AD/HD
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PSYCHOLOGICAL EVALUATION	Psychiatrist or psychologist determine that student meets DSM-IV criteria for AD/HD
INDIVIDUALIZED INTELLIGENCE TESTS	Student's intelligence may range from below average to gifted
INDIVIDUALIZED ACHIEVEMENT TESTS	Performance on achievement tests may suggest that student's educational performance has been adversely affected by the condition
BEHAVIOR RATING OR AD/HD-SPECIFIC SCALES	The student scores in the significant range on measures of inattention or hyperactivity-impulsivity.
TEACHER OBSERVATION	The student's educational performance has been adversely affected by the condition. The behaviors have been present in more than one setting, were first observed before age seven, and have lasted for more than 6 months.
CURRICULUM-BASED ASSESSMENT	The student may be experiencing difficulty in one or more areas of the curriculum used by the local school district because the behaviors have caused the student to miss important skills
DIRECT OBSERVATION	The student exhibits inattention or hyperactivity-impulsivity during the observation

AD/HD Transparency – Activity 2

STUDENT SUPPORT INFORMATION

STUDENT NAME: _____

ACADEMIC SKILLS

Language Arts

- _____ Reading
- _____ Spelling
- _____ Writing

Mathematics

- _____ Computation
- _____ Reasoning/Application

COGNITIVE LEARNING

- _____ Difficulty using learning strategies
- _____ Inefficient task completion skills
- _____ Cognitive development delays
- _____ Difficulty generalizing skills across content areas
- _____ Slow rate of learning
- _____ Difficulty retaining skills
- _____ Difficulty developing social communication skills
- _____ Difficulty with self-management of personal care
- _____ Difficulty comprehending/understanding
- _____ Wide diversity in levels of functioning
- _____ Attention/Concentration concerns
- _____ Other:

SOCIAL EMOTIONAL

- _____ Emotional development delays
- _____ Inappropriate behavior
- _____ Problem solving/decision making skill difficulties
- _____ Social skill development delays
- _____ Ineffective use of classroom time
- _____ Poorly developed or immature self-concept
- _____ Poor self-esteem
- _____ Failure expectancy
- _____ Social isolation
- _____ Interpersonal relationship difficulties
- _____ Atypical behavior patterns
- _____ Other

PHYSICAL/SENSORY

- _____ Reduced mobility, strength, stamina or dexterity
- _____ Dependency for personal care and task completion
- _____ Special medical and other health related needs
- _____ Physical/Motor development difficulties
- _____ Personal management and daily living skill difficulty

- _____ Developmentally inappropriate degrees of activity
- _____ Developmentally inappropriate degrees of impulsivity
- _____ Other:

COMMUNICATION

- _____ Articulation difficulties
- _____ Inefficient communication
- _____ Social communication difficulties
- _____ Difficulty with receptive language
- _____ Delayed expressive language
- _____ Delayed development of abstract language
- _____ Difficulty maintaining and controlling use of personal communication system
- _____ Other:

Special education is working towards helping this student progress toward the following goals:

- 1.
- 2.
- 3.
- 4.

SUGGESTED ADAPTATIONS ARE ATTACHED.

Adapted from Holland Public Schools

AD/HD Handout- Activity 2

CULTURE AND AD/HD

“Cultural, ethnic, and economic factors may result in either over-diagnosis or under-diagnosis” of AD/HD

(Williams, Lerner, Wigal & Swanson. 1995)

- ◆ **Limited medical access prevents identification**
- ◆ **Cultural activity levels vary from same-age majority culture**

AD/HD Transparency – Activity 2

HISPANIC CULTURE AND AD/HD

Teachers rated one-fourth of all Hispanic children as having AD/HD symptoms.

- ◆ **More expressive than Anglo culture**
 - **Body movements**
 - **Gestures**
 - **Facial movements**

- ◆ **Hispanic/polychronic**
 - **More than one activity at a time**
Example: Seat work and talking

- ◆ **Anglo/monochronic**
 - **One activity at a time**
Example: Do one thing then do the next thing

Source: Bauermeister, 1995

AD/HD Transparency – Activity 2

AFRICAN-AMERICAN CULTURE AND AD/HD

- ◆ **Agitation**
- ◆ **Mood disturbances**
- ◆ **Under-achievement**
- ◆ **Lack of concentration**

**AD/HD or stress induced agitation
syndrome?**

**BEWARE OF CHARACTERISTICS
MIMICKING AD/HD**

Source: Barbarin and Soler, 1993

AD/HD Transparency – Activity 2

CULTURE, CAUTION AND AD/HD

Why expect wide variation within cultural groups?

Assessment tools should recognize:

- ◆ **Individuality**
- ◆ **Sub-cultures**

Need for cultural competence in subjective assessments:

- ◆ **Rater from same culture group**
- ◆ **Rate/observe with culture group peers**
- ◆ **Evaluation team member who is from same culture group or has culture group expertise**

Source: Turnbull & Turnbull, Council for Exceptional Children, 1992

AD/HD Transparency – Activity 2

3. CAN ANYONE HELP?

INTRODUCTION AND PURPOSE

This activity will help team participants identify people, resources and programs and how they are used to assist students in developing accommodation skills and strategies.

OBJECTIVES

- ◆ Identify key team players and roles
- ◆ Identify community and treatment resources
- ◆ Understand the benefit of collaborative problem solving approach in AD/HD accommodation process

MATERIALS

Equipment

Overhead Projector

Flip Chart

Transparencies

Objectives

Handouts

Collaboration tips

Suggested time

15-20 minutes [with larger groups this process may take a little longer]

Facilitator Notes and Process

1. Reconvene small groups and ask them to identify key people, treatment sources and programs to address previously identified AD/HD behavior characteristics. Allow 10-15 minutes for this activity
2. Reassemble team members and ask for reporting out. During this activity, emphasize or highlight those suggestions which use a multi-disciplinary focus (e.g., curriculum adjustment by teacher with family support and possible medical treatment intervention through therapy or medication)
3. Pass out *Tips for Collaboration* handout. Discuss roles of each collaborator. Ask participants to suggest other possible collaborators and ideas for their roles.

**Identify key team players
and roles**

**Identify community and
treatment resources**

**Understand the benefit of
collaborative problem solving
approach in AD/HD
accommodation process.**

AD/HD Transparency – Activity 3

TIPS FOR COLLABORATION

Collaborators	Roles and Preparation	Possible Barriers	Solutions to Barriers	Modifications to Implementation	Ongoing Evaluation
Student	List concerns about and ideas for self-advocacy.	May resist learning self-advocacy skills due to previous experiences, low self-esteem, and/or learned helplessness.	Work with therapist to overcome fears; urge student to participate in a support group for students with AD/HD.	Help student develop ownership of goals. Have the student role play self-advocacy in a safe environment before trying it in the real world.	Monitor student progress on specific skills. Have students determine how they will reward themselves when they achieve a goal.
Parent(s)	List ideas for encouraging self-advocacy at home.	May feel need to protect and advocate for student.	Encourage parents to share their vision for the child's future and consider what self-advocacy skills the student will need to achieve that vision.	Encourage parents to develop a plan for family meetings in which the student is encouraged to voice opinions and share ideas.	Have a conference with parents periodically to determine progress. Remember that parents need positive feedback too.
General Educator(s)	Find out what support would help the students with AD/HD.	May not believe the student needs supports.	May not recognize that providing accommodations can make instruction easier. Educate about law and how to provide appropriate and easy to implement accommodations.	Plan in-services for teachers about planning for students with AD/HD	Ask teachers to share examples of when students Advocated for themselves in their classes. Encourage responses.
Special Educator(s)	Identify skills needed for self-	May want to protect and advocate for students,	Remember that the ultimate goal of	Look for ways teachers might be encouraging dependency in	Have students share their self-

	advocacy, generate goals with student.	especially younger ones	special educators is to bring their students to the point of not needing them.	their students and determine a plan for change.	advocacy skills with younger students with AD/HD.
Student's physician	List what student needs to know and tell others about medication	May not have time to generate list.	Ask administrator to write a brief letter explaining importance of physician being on the student's school team.	Provide the physician with an easy-to-complete checklist of self-help skills related to use of medication and a self-addressed stamped envelope.	Check mastery of skills in a second column on the physician's self-help checklist.
Counselor Psychologist Psychiatrist	Identify personality traits that may inhibit or encourage self-advocacy.	Concern regarding privacy of information.	Make sure parents and student understand and agree to how the information will be shared and sign a release.	Encourage counselor participation in reducing student anxiety about self-advocacy.	Ask counselor periodically for suggestions for other team members to assist student in improving self-advocacy skills.

4. AGREEMENT

INTRODUCTION AND PURPOSE

This activity will help team participants to identify specific strategies and approaches to accommodate the needs of students who have AD/HD.

OBJECTIVES

- ◆ Identify how classroom and IEP strategies can help change AD/HD driven actions.
- ◆ Identify and apply strategies to specific AD/HD challenges.
- ◆ Accept the need to try new strategies often.

MATERIALS

EQUIPMENT

Overhead Projector

TRANSPARENCIES

Objectives

HANDOUTS

ADAPT Accommodation

Accommodations and modifications check list

SUGGESTED TIME

15-20 minutes [with larger groups this process may take a little longer]

FACILITATOR NOTES AND PROCESS

1. Introduce overheads on the IDEA/504 process. Explain how these requirements influence development of individualized educational plans. Discuss concept of individualized educational plans as flexible documents that can and should be adjusted when strategies don't work.
2. Discuss AD/HD-generated behavior challenges and how they impact school performance. Emphasize the difficulty that everyone (parent, professional and student) has in accepting AD/HD as a cause for behavior.
3. Introduce and discuss handouts on inattention; impulsivity; motor activity; mood; academic skills' organizational planning; compliance; and socialization.
4. Introduce and discuss handout on accommodations and modifications.
5. Reconvene small groups using the case studies and handout and ask them to identify strategies for use in their case study. Encourage them to devise other strategies not included in the handouts.
6. Reassemble team members and ask for reporting out.
7. Reemphasize need for persistence and flexibility in attempting individualized strategies to address AD/HD-related behavior challenges.

OVERVIEW OF IDEA AND SECTION 504

IDEA	§504
Preferral	Preferral
Referral	Referral
Evaluation or Re-eval	Evaluation or Re-eval
MET Meeting	
IEP Team Meeting	§504 Plan Meeting
Eligibility	Eligibility
Transition	
Goals and Objectives	Needs
Related Services	
Accommodations	Accommodations
LRE	LRE
Programs & Services	Service Plans
Agree/Disagree	Agree/Disagree
Due Process	Due Process

AD/HD Transparency – Activity 4

ACCOMMODATIONS FOR STUDENTS WITH AD/HD

INATTENTION

- ◆ Seat student in quiet area
- ◆ Seat student near good role model
- ◆ Seat student near “study buddy”
- ◆ Increase distance between desks
- ◆ Allow extra time to complete assigned work
- ◆ Shorten assignments or work periods to coincide with span of attention
- ◆ Break long assignments into smaller parts so student can see end to work
- ◆ Help student set short-term goals
- ◆ Give assignments one at a time to avoid work overload.
- ◆ Require fewer correct response for grade
- ◆ Reduce amount of homework
- ◆ Instruct student in self-monitoring, using cues
- ◆ Pair written instructions with oral instructions
- ◆ Provide peer assistance in note taking
- ◆ Give clear, concise instructions
- ◆ Try to draw student into lesson presentation
- ◆ Cue student to stay on task, i.e. private signal.

IMPULSIVENESS

- ◆ Ignore minor, inappropriate behavior
- ◆ Increase immediacy of rewards and consequences
- ◆ Use time-out procedure for misbehavior
- ◆ Supervise closely during transition times
- ◆ Use “prudent” reprimands for misbehavior (*i.e.*, avoid lecturing or criticism)
- ◆ Attend to positive behavior with compliments, etc.
- ◆ Acknowledge positive behavior of nearby students
- ◆ Seat student near role model or near teacher
- ◆ Set up behavior contract
- ◆ Instruct student in self-monitoring of behavior (*i.e.*, hand raising, calling out)
- ◆ Call on only when hand is raised to answer question

MOTOR ACTIVITY

- ◆ Allow student to stand at times while working
- ◆ Provide opportunity for “seat breaks” (*i.e.*, run errands, etc.)
- ◆ Provide short break between assignments
- ◆ Supervise closely during transition times
- ◆ Remind student to check over work product if performance is rushed and careless
- ◆ Give extra time to complete tasks (especially for students with slow motor tempo)

MOOD

- ◆ Provide reassurance and encouragement
- ◆ Frequently compliment positive behavior and work product
- ◆ Speak softly in non-threatening manner if student shows nervousness
- ◆ Review instructions when giving new assignments to make sure student comprehends directions.
- ◆ Look for opportunities for students to display leadership role in class
- ◆ Conference frequently with parents to learn about student’s interests and achievements outside of school
- ◆ Send positive notes home
- ◆ Make time to talk alone with student
- ◆ Encourage social interactions with classmates if student is withdrawn or excessively shy
- ◆ Reinforce frequently when signs of frustration are noticed
- ◆ Look for signs of stress build up and provide encouragement or reduced work load to alleviate pressure and avoid temper outbursts
- ◆ Spend more time talking to student who seems pent up or displays anger easily
- ◆ Provide brief training in anger control; use calming strategies (*i.e.*, tell nearby adult if angry)

ACADEMIC SKILLS

- ◆ If reading is weak: provide additional reading time; use “previewing” strategies; select text with less on a page; shorten amount of required reading; avoid oral reading
- ◆ If oral expression is weak: accept all oral responses; substitute display for oral report; encourage student to tell about new ideas or experiences; pick topics easy for the student to talk about
- ◆ If written language is weak: accept non-written forms for reports (*i.e.*, displays, oral, projects); accept use of typewriter, word processor, tape recorder; do not assign large quantity of written work; test with multiple-choice or fill-in questions
- ◆ If math is weak: allow use of calculator; use graph paper to space numbers; provide additional math time; provide immediate corrective feedback and instruction via modeling of the correct computational procedure

ORGANIZATIONAL PLANNING

- ◆ Ask parents to help encourage organization and to provide organization rules for home
- ◆ Encourage student to have notebook with dividers and folders for work.
- ◆ Provide student with homework assignment book.
- ◆ Supervise writing down homework assignments.
- ◆ Send daily/weekly progress reports home.
- ◆ Regularly check desk and notebook for neatness; encourage neatness rather than penalize sloppiness.
- ◆ Allow student to have extra set of books at home.
- ◆ Give assignments one at a time.
- ◆ Assist student in setting short-term goals.
- ◆ Do not penalize for poor handwriting if visual-motor defects are present.
- ◆ Encourage learning of keyboarding skills.
- ◆ Allow student to tape record assignments or homework.

COMPLIANCE

- ◆ Praise compliant behavior
- ◆ Provide immediate feedback
- ◆ Ignore minor misbehavior
- ◆ Use teacher attention to reinforce positive behavior
- ◆ Use “prudent” reprimands for misbehavior (*i.e.*, avoid lecturing or criticism).
- ◆ Acknowledge positive behavior of nearby student
- ◆ Supervise student closely during transition times
- ◆ Seat student near teacher
- ◆ Set up behavior support plan
- ◆ Teach student how to self-monitor behavior

SOCIALIZATION

- ◆ Praise appropriate behavior
- ◆ Monitor social interactions
- ◆ Set up social behavior goals with student, and implement a reward program
- ◆ Prompt appropriate social behavior either verbally or with private signal
- ◆ Encourage cooperative learning tasks with other students
- ◆ Provide small group social skills training
- ◆ Praise student frequently.
- ◆ Assign special responsibilities to student in presence of peer group so others observe student in a positive light

Note: From “Adapt: Accommodations to Help Students With Attention Deficit Disorders,” H.C. Parker, 1999, ADD Warehouse Articles on ADD [On-line]. Available: <http://www.addwarehouse.com>.

AD/HD Handout – Activity 4

ACCOMMODATIONS/MODIFICATIONS

Identify the supplemental aids and services necessary to enable _____
successful participation in general education.

PACING

- _____ Provide deadlines
- _____ Vary activity often
- _____ Omit assignments requiring
- _____ Adjust amount of work
- _____ Provide home set of text/
- _____ Other:

Environment

- _____ Plan seating strategically
 - _____ Bus
 - _____ Lunchroom
 - _____ Classroom
 - _____ Auditorium
- _____ After physical room arrangement
- _____ Define areas concretely
- _____ Reduce distractions
 - _____ Visual
 - _____ Spatial
 - _____ Auditory
 - _____ Movement
- _____ Teach positive rules for use of
- _____ Other:

Assignments

- _____ Give directions in small distinct steps (written, picture & verbal)
- _____ Provide print copy for oral direction
- _____ Reduce difficulty level
- _____ Shorten assignments
- _____ Reduce paper and pencil tasks
- _____ Read or tape record directions
- _____ Give extra cues or prompts
- _____ Allow student to record or type assignment
- _____ Adapt worksheets, packets
- _____ Provide alternate assignment/strategy when demands of class conflict with student capabilities
- _____ Limit penalizing for errors that reflect the student's disability
- _____ Provide samples of what an "A" _____ assignment looks like

PRESENTATION OF SUBJECT MATTER

- _____ Teach to student's learning style
 - _____ Visual
 - _____ Auditory

- _____ Tactile
- _____ Experiential
- _____ Use individual/small group instruction
- _____ Utilize specialized curriculum
- _____ Taped lectures/discussion for replay
- _____ Provide extra requirements
- _____ Apply reading/writing skills to practical situations
- _____ Present demonstrations (model)
- _____ Utilize manipulatives
- _____ Highlight critical information
- _____ Pre-teach vocabulary
- _____ Make/Use vocabulary files
- _____ Reduce language level or reading level of assignment
- _____ Use total communication/interpreter
- _____ Use facilitated communication
- _____ Share activities
- _____ Other:

Materials

- _____ Arrangement of material on page
- _____ space Note-taking assistance/carbonless or Xerox copy of lecture notes
- _____ Use supplementary materials
- _____ Taped text and/or other class
- _____ Typed copy of teacher material
- _____ Special equipment
 - _____ Electric typewriter
 - _____ Calculator
 - _____ Computer
 - _____ Video record
- _____ Augmentative communication
 - _____ electronic
 - _____ homemade
- _____ Telephone adaptations
- _____ Tape recorder
- _____ Other:

SELF MANAGEMENT/FOLLOW THROUGH

- _____ Follow visual daily schedule
- _____ Use calendars
- _____ Check often for understanding/review
- _____ Request parent reinforcement
- _____ Have student repeat directions
- _____ Teach study skills
- _____ Use study sheets to organize material
- _____ Design/Write/Use long-term assignment time lines
- _____ Review and practice in real situations
- _____ Plan for generalization
- _____ Teach skill in several settings/
environments
- _____ Other:

TESTING ADAPTATIONS

- _____ Oral responses
- _____ Taped
- _____ Read test to student
- _____ Preview of test language
- _____ Application I real setting
- _____ Administered by resource person
- _____ Extended time frame
- _____ Short answer
- _____ Multiple choice
- _____ Modified format
- _____ Shortened questions
- _____ Other:

MOTIVATIONS AND REINFORCEMENT

- _____ Verbal
- _____ Nonverbal
- _____ Positive reinforcement
- _____ Behavior support plan
- _____ Planned motivated
sequences of activities
- _____ Tap strengths/interests

SOCIAL INTERACTION SUPPORTS

- _____ Peer advocacy
- _____ Greetings
- _____ Sharing
- _____ Peer tutoring
- _____ Structured activities to create
opportunities of social interaction
- _____ Focus on social process rather than activity/end product
- _____ Structured, shared experiences in school, extracurricular
- _____ Partial participation
- _____ Cooperative learning groups
- _____ Use of multiple/rotating peers
- _____ Teach friendship skills/sharing/ negotiations
- _____ Teach social communication skills
- _____ Conversational turn taking
- _____ Negotiation
- _____ Other:

Adapted from Holland Public Schools

5. NOTICE THE RESULTS

INTRODUCTION AND PURPOSE

This activity will help team participants to create culturally sensitive evaluation strategies to measure the effectiveness of individualized educational and accommodation plans.

OBJECTIVES

- ◆ Identify culturally competent methods that measure whether accommodation strategies are working
- ◆ Identify essential people for effective evaluation
- ◆ Identify reporting strategies that aid evaluation on an on-going basis (daily, weekly, etc.)

MATERIALS

EQUIPMENT

Overhead projector

TRANSPARENCIES

Objectives

HANDOUTS

SUGGESTED TIME

15-20 minutes

FACILITATOR NOTES AND PROCESS

1. Reintroduce evaluation concepts identified in activity number two. Reintroduce student support information and cultural handouts from activity 2. Explain that it is necessary to evaluate program effectiveness. Explain that effective program evaluation uses the same tools used to identify students with AD/HD.
2. Reconvene small groups and ask them to identify those evaluation strategies that present the best opportunity to determine whether the strategies identified in activity four are doing what they are supposed to do.
3. Reassemble team members and ask for reporting out. During the reporting out process, highlight those responses or suggestions that recognize the need for persistence, adaptability and acceptance of AD/HD as the cause of challenging behavior. Reemphasize the need for culturally competent evaluation strategies.
4. Summarize WE CAN as an on-going, collaborative activity requiring the cooperation of the student, the student's family members, school professionals and community service providers to provide successful, effective, inclusive learning strategies.

CONCLUSION

This workshop has identified and discussed the key features of AD/HD using the WE CAN approach. AD/HD is a highly individualized disorder, requiring highly individualized support plans and strategies. The collaborative efforts of student, family, school and community professionals requires cultural sensitivity, persistence, adaptability and acceptance of AD/HD as the source for behavior challenges normally associated with willful misconduct. IDEA '97 and Section 504 provide the formal structure for evaluating AD/HD's impact on individual student performance.