



ADHD Fact Sheet for Parents and Teachers

Attention Deficit Hyperactivity Disorder (ADHD) is the most recent term for a specific developmental disorder affecting children and adults that is comprised of deficits in sustained attention, impulse control, and the regulation of activity level to situational demands. This disorder has had numerous different labels over the past century, including Hyperkinetic Reaction of Childhood, Hyperactivity or Hyperactive Child Syndrome, Minimal Brain Dysfunction, and Attention Deficit Disorder (with or without Hyperactivity).

ADHD occurs in approximately 3-7 percent of the population, with a gender-bias ratio of 4-7 boys to every one girl. It is found in almost all countries and ethnic groups. It is more commonly seen in individuals with a history of conduct disorder, learning disabilities, tics, or Tourette's syndrome.

Major Characteristics

- 1. *Poor sustained attention or persistence of efforts to tasks***, particularly those that are relatively tedious and protracted. This is frequently seen in the individual's becoming rapidly bored with repetitive tasks, shifting from one uncompleted activity to another, frequently losing concentration during lengthy tasks, and failing to complete routine assignments without supervision.
- 2. *Impaired impulse control or delay of gratification***. This is often noted in the individual's inability to stop and think before acting; to wait one's turn while playing or conversing with others; to work for larger, longer-term rewards rather than opting for smaller, immediate ones; and to inhibit behavior as a situation demands.
- 3. *Excessive task-irrelevant activity or activity poorly regulated to situational demands***. Individuals with ADHD are typically noted to be excessively fidgety, restless, and "on the go." They display excessive movement that is not required to complete a task, such as wriggling feet and legs, tapping fingers and objects, rocking or shifting position while performing relatively boring tasks. Trouble sitting still or inhibiting movement as a situation demands is often seen in younger children with ADHD.
- 4. *Deficient rule-following***. ADHD individuals frequently have difficulty following through on instructions or assignments, particularly without supervision. This is not due to poor language comprehension, defiance, or memory impairment. It seems as if instructions do not regulate behavior as well in ADHD individuals.
- 5. *Greater than normal variability during task performance***. Although there is not yet a consensus for including this characteristic with the others of ADHD, much research has accumulated to suggest that ADHD individuals show wide swings or considerably greater variation in the quality, accuracy, and speed that they perform assigned work. This may be seen in highly variable school or work performance where the person fails to maintain a relatively even level of accuracy over time in performing repetitive or tedious tasks. Although non-ADHD individuals, particularly young children, may show some of these features, the ADHD individual will display them with a considerably greater degree of frequency and intensity.

Other Characteristics



1. **Early onset of the major characteristics.** Many ADHD individuals have exhibited their particular problems since early childhood (mean age of onset is three to four years). The vast majority have had their difficulties since seven years of age.
2. **Situational variation.** The major characteristics are often displayed differently depending on the situation. Impairments are likely to be seen involving one-to-one contact in activities with others, particularly if an authority figure, such as a father, is involved. ADHD individuals do better when activities are novel, highly interesting, or involve an immediate reward for completing them. Relatively repetitive activities and familiar or uninteresting activities tend to be problematic.
3. **Relatively chronic course.** Most children with ADHD manifest their characteristics throughout childhood and adolescence. Although the major features improve with age, most ADHD individuals remain behind others their age in their ability to sustain attention, inhibit behavior, and regulate their activity level.

Adult Outcome

It has been estimated that between 15 and 50 percent of children with ADHD ultimately outgrow their problems or at least achieve a point in life where their symptoms are no longer maladaptive. Most ADHD individuals will continue to display their characteristics into young adulthood, however. Between 35 and 60 percent of ADHD individuals may have problems with aggressiveness, conduct, and legal or social norms during adolescence, and 25 percent are likely to become antisocial in adulthood. The most common area of maladjustment for ADHD adolescents is in school, where they are more likely to be provided special education, retained in grade, suspended for inappropriate conduct, or expelled. ADHD children are also known to drop out of school altogether.

ADHD individuals have less educational attainment by adulthood than matched samples of normal individuals followed over the same time period. Studies estimate that 15-30 percent of ADHD children will display a learning disability (i.e., a delay in reading, math, spelling, writing, or language) in addition to their other ADHD features. Among ADHD individuals who develop conduct disorders or antisocial behavior in adolescence, substance abuse--especially using cigarettes and alcohol--is more common than the general population. ADHD individuals without conduct disorder show no tendency toward substance abuse than normal people.

Etiologies

ADHD appears to have a strong biological basis and is likely to be inherited in many cases. In others cases, it may be associated with pregnancy or birth complications. In a few cases, ADHD arises as a direct result of disease or trauma to the central nervous system. Research has largely discounted the popular notion that ADHD is caused by food additives, such as preservatives or sugar. While a few individuals have their ADHD features exacerbated by allergies, these allergies are not the cause of the disorder. Individuals with seizures or Epilepsy, or others, who must take sedatives or anticonvulsant medications, may develop ADHD as a side effect of their medication, or find that their pre-existing ADHD features are exacerbated by these medicines.

Treatment

Although no treatments have been found to cure this disability, many exist that have shown some effectiveness in reducing the level of symptoms, or the degree those symptoms impair a normal lifestyle. The most substantiated treatment is the use of stimulant medications. It is often recommended that other treatments be used before or in conjunction with the stimulant



medications. These other treatments include training the parents of ADHD children in more effective child-management skills, modifying classroom behavior-management methods used by teachers, adjusting the length and the number of assignments given to ADHD children at one time, and providing special educational services to ADHD children who are more seriously affected.

ADHD Information for Kids

Many kids have trouble sitting still, keeping their minds on their work, and remembering directions. Sometimes, the reason is that they have Attention Deficit Hyperactivity Disorder or **ADHD** for short.

Kids with ADHD find it difficult to sit still, ***even when they really want to***. They also find it hard to pay attention, ***even when they really try***.

Kids with ADHD often have a terrible time with homework and class work. Since they have trouble sitting still and paying attention, they get bored quickly. So, it's hard for them to concentrate or stick with things that are not very interesting to them.

Kids who have ADHD sometimes have a harder time controlling themselves, too. They may act without thinking about what will happen later. This often causes problems. With ADHD kids, their motor goes so fast that they have trouble putting on the brakes and slowing down, but they just can't wait!

How does ADHD happen? Kids with ADHD are normal just like everyone else. It's just that a small part of their brain is not working so well. This is the part of the brain that helps people sit still, pay attention, and control themselves. Most of the brain of a kid with ADHD is working fine and is very healthy, just like everyone else.

If you have ADHD, it doesn't mean that you can't sit still or pay attention like other kids. It just means that you will have to learn some special tricks in order to be able to do these things.

The most important thing to remember is that there is plenty that parents and teachers can do to help kids with ADHD, and there is plenty that you can do to help yourself.

There are certain medicines, for example, that sometimes help kids with ADHD. These medicines help you do the things that you would like to do--like sit still, pay attention, keep your mind on what you are doing, and be able to remember things.

Almost all medicines have what are called "side effects." These are things that happen that nobody likes about the medicine. With the usual medicine for ADHD, the main side effects are that you may get less sleepy and less hungry than you did before you started taking the medicine. This may not happen at all, but if it does, remember that it often goes away after about two weeks. If you ever take the medicine, and you feel funny or weird or different, you should let your parent or teacher



know right away. It is also real important that the medicine be taken in a certain way. So make sure that you follow the doctor's directions.

Remember, many people have this problem, and many of them do just fine. If you listen to what your parents, teachers, and doctors tell you, you will do just fine too!

Fred Hirshberg, PhD

Learning Resources

SOCIETIES WHICH HELP PARENTS AND CHILDREN

C.H.A.D.D.

- CHADD of Northern California: TOLL FREE 1-888-759-9758 or 510-291-2950
- Northern California Website: www.chaddnorcal.org
- National: 1-800-223-4050; Website: www.chadd.org

Learning Disabilities Association (LDA)

- East Bay LDA (Oakland): (510) 433-7934

International Dyslexia Association

- Northern California Branch (Palo Alto): (650) 328-7667
- National Headquarters (Baltimore): (410) 296-0232

SHARE

- Parent Support Group (Primarily for non-Verbal Learning Disabilities): (925) 827-4273

REFERENCE AND RESOURCE MATERIAL

Attention Deficit/Hyperactivity Disorder

- Barkley, Russell, *Your Defiant Child: Eight Steps to Better Behavior*
- Dendy, Chris, *Teenagers with ADD: A Parents Guide*
- Hallowell, Edward and Ratey, John, *Driven to Distraction*
- Phelan, Thomas, *All About Attention Deficit Disorder*, 1996
- Snyder, J. Marlene, *AD/HD and Driving.*, 2001
- Wilens, Timothy, *Straight Talk about Psychiatric Medications for Kids*, 1998
- Zental, Sydney, *Seven Steps to Homework Success*, 1999
- *ADHD: What Do We Know?* Video available in the Health Education Library
- *Medication for ADD.* Video available in the Health Education Library
- *Understanding A.D.D.* Video available in the Health Education Library

Learning Disabilities

- Armstrong, Thomas, *In Their Own Way*, St. Martin's Press, N.Y., 1987.
- *Misunderstood Minds* Video in the Health Education Library



- Osman, Betty, *No One to Play With: The Social Side of Learning Disabilities*, Random House, 1982.

ADD Warehouse: 1-800-233-9273
Website: www.addwarehouse.com

Explanation to Students and Ideas to Help in School

- Levine, Mel, *All Kinds of Minds* - Good for children with ADD or learning difficulties about ages 6-11
- Levine, Mel, *Keeping A Head in School*. - Good for children with ADD or learning difficulties about ages 12-18
- Nadeau, Kathleen, *Learning to Slow down and Pay Attention*. - Good for children with ADD about 6 or 7-10 years old
- Quinn, Patricia, *Putting on the Brakes* - Good for children with ADD about ages 8-13)
- Gordon, Michael, *I Would if I Could* - Good for children with ADD about 11-15 years old
- Nadeau, Kathleen, et al. *School Strategies for ADD Teens*. Chesapeake Psychological Publications (703/642-6697) - Good for adolescents in grades 6-12. Ideas for parents, adolescents and the school
- Nadeau, Kathleen. *Survival Guide for College Students with ADD or LD*. Magination Press - Good guide to help those with ADD or LD who are in college
- *Jumpin' Johnny Get Back to Work* - (Video for children about 6-11 years in the Health Ed Library)
- *ADHD in Adolescence: Our Point of View* - Video for teens in the Health Ed. Library
- *How Difficult Can This Be?* - Video for teens with ADHD or Learning Disabilities in the Health Ed Library

Due Process and Legal Rights

- Latham, Peter and Latham Patricia, *Learning Disabilities and the Law*

Typing: Computer Programs

- Mavis Beacon Teaches Typing (Probably the best program)
- Mario Teaches Typing

Libros en Espanol (Books in Spanish)

- Bauermeister, Jose, *Hiperactivo, Impulsivo, Distruido. Me concoces? Guia acerca del deficit atencional para padres, maestros y profesionales*
- Parker, Harvey, *Cuaderno de Trabajo para Padres, Maestros y Ninos sobre el Trastorno de Bajo Nivel de Atencion (ADD) o Hiperactividad*

ADD Warehouse 1-800-233-9273



Website: www.addwarehouse.com/

ADHD Referral Sources

Advocate

- CASE..... 415-928-2273
- DREDF.....510-644-2555
- Linda Wurzbach (Danville)..... 925-855-0304
- Karen Mahoney-Wilson (Pleasanton)..... 925-426-5559

Special Education Lawyers

- Sarah Clarke (Berkeley).....510-548-2004
- Kathryn Dobel (Berkeley)..... 510-548-2004

Education Therapy (Further List Available)

- Active Reading Clinic (Judy Kranzler,PH)..... 925-944-5559
- Education Resources Consultants..... 925-837-5575
(Beth Compton in Danville)
- Delta Learning Center (Antioch)..... 925-757-1310
- Margie Kaplan(Orinda)..... 925-254-2230
- Speech Pathology Group (Walnut Creek)..... 925-945-1474

Evaluations

- Clare Ames-Klein, PhD (ADD/Educ, Lafayette)..... 925-283-6300
- Brad Berman, MD (ADD/Educ, & Devel. Eval.,WC)..... 925-279-3480
- Lawrence Diller, MD (ADD Eval., WC)..... 925-945-6060
- Insights Clinic (ADD/Educ, WC)..... 925-988-0494
- Margie Kaplan (Educ. Eval.,Orinda)..... 925-254-2230
- Carole King, Ph. D. (Educ. Eval. Oakland)..... 510-836-0239
- Diane Kosters, Ph.D. (ADD/Educ. Eval. WC)..... 925-946-9660
- Gary Landman, MD (ADD/Educ. Eval. Orinda)..... 925-253-1041
- Michael Levin, MD (ADD Eval. San Ramon)..... 925-277-0730
- Dimitra Loomis, MS (Sp & Lang Eval, Oak)..... 510-452-1047
- Arlee Maier Ph.D.(ADD/Educ Eval, WC)..... 925-947-5765
- David O'Grady Ph.D.(Neuropsych Eval Child/Adult, WC).. 925-256-9696
- Robert Picker, MD (Adult ADD Eval., Pl. Hill)..... 925-945-1447
- Jill Saltmarsh, M.S. (Educ. Eval., Orinda)..... 925-254-5322
- SPECTRUM (Behavioral Assessmt in School, Brkly)... 510-845-1321
- Speech Pathology Group (Sp & Lang, Walnut Creek)....925-945-1474
- Joan Watson Ph.D. (Educ. Eval., Laf)..... 925-284-1611
- Rochelle WolkPh.D.(Neuropsychology Eval., Oak)..... 510-658-7445



Psychologists/Behavioral

- Dr. Donner (Pre-teens&Teens w anger prob.)..... 925-484-5441
- Dr. Niva Dotan (Walnut Creek)..... 925-988-0494
- Dr. Robert Fields (Pleasanton)..... 925-743-1370 (925-830-3780: Pgr)
- Glenn Gelfenbein (Berkeley, sp. interest in motivation).. 510-528-6095
- Margaret Joehnk (Concord)..... 925-295-8570
- Dr. Andrew Pojman (Walnut Creek)..... 925-944-1800
- Melinda White (Berkeley)..... 510-548-4088

Occupational Therapy

1. Denise Killingsworth.....925-932-4815
2. Linda Symon (Clayton)..... 925-672-2305

Schools

1. Beacon School (Oakland)..... 510-437-2311
2. Berean Christian H.S. (Walnut Creek)..... 925-945-6464
3. Charles Armstrong (Belmont)..... 415-592-7570
4. East Bay School of the Arts Middle School (Berkeley) ... 510-653-6647
5. Hyde School (Bath, Maine)..... 207-443-5584

6. McAteer School for the Arts (SF)..... 415-821-6324
7. New Vistas (Martinez).....925-370-7767
8. North Bay 2ary School (Orinda)..... 925-254-7553
9. Orion Academy (Moraga) (9-12 for Asperger's and NLD) 925-377-0789
10. Raskob Institute (Oakland)..... 510-436-1275
11. Sunny Hills (Residential Care in San Anselmo)..... 415-457-3700 ext. 186

Miscellaneous

1. ADD SUPPORT GROUPS
 - CHADD (Concord)..... 925-472-9444
 - (Alameda county) 925-484-2173
 - (San Joaquin county)..... 888-759-9758
 - SHARE (Contra Costa)..... 925-827-4273
2. ADULT ADD
 - Pat Churchill..... 510-674-9610
 - Rich Tonkin..... 925-428-2270
 - CHADD in Concord..... 925-472-9444
3. COLLEGE SUPPORT
 - Kathleen Costa (DVC Counseling Dept)..... Call DVC for
Phone No.
4. COMPUTERS
 - Vicki Casella (S.F. State, Computers)..... 415/338-1890
 - Center for Applied Technology (Berkeley)..... 510/841-3224
5. DANCE
 - Grace Crews..... 925-685-8358



6.	EDUCATIONAL CONSULTANTS	
	Jean Samuelson (Walnut Creek).....	925-284-5197
	Jeanne Hughes, RN (Lafayette).....	925-283-3909
7.	FENCING	
	Sword Play: George Platt (Concord).....	925-687-9883
8.	GYMNASTICS	
	Encore Gymnastics: Gay (Concord).....	925-932-1033
9.	KARATE	
	W.C. Rec. Dept: Preston Jones.....	925-734-3413
	Don Rethage (Antioch).....	925-778-9477
10.	PIANO	
	Martha Erwin (Pleasant Hill).....	925-937-2147
11.	THEATER	
	Belasco Theater.....	925-256-9516



CH.A.D.D. Children and Adults with Attention Deficit Disorder

CH.A.D.D. is a non-profit, tax-exempt support group for parents of children with attention deficits. As an organization, the primary objectives are:

1. To maintain a support group for parents who have children with attention deficits and adults with attention deficits;
2. To provide a forum for continuing education for parents and professionals;
3. To be a community resource for information about attention deficit disorders;
4. To foster the objective that the best educational experiences should be available to children with the disorders so that their specific difficulties will be recognized and appropriately managed within educational settings.

CH.A.D.D. was started in 1987 by parents of children with attention deficits and by professionals who had an interest in working with these children. News of CH.A.D.D. meetings spread quickly and soon chapters began to form nationwide. Each chapter holds monthly meetings where speakers' present information on a variety of topics associated with the disorders. These topics range from family interactions and behavioral management to medical treatment protocols.

Children with attention deficits come in all sizes, shapes, and ages. They don't all have that mischievous "Dennis the Menace" look, and they're not always just a blur of activity or a frenzy of excitement. Sometimes they're just sitting quietly in front of the television for hours, or seriously concentrating on the latest video game or teen magazine. Often, they're affectionate, caring, and well behaved. Children with attention deficits have a wonderful, joyous, spontaneous side to their personality, but they can also be a handful to raise.

CH.A.D.D. offers a variety of different memberships (prices may have changed):

- Family Membership--\$35.00 per year;
- Professional Membership--\$65.00 per year;
- International Membership--\$100.00 per year;
- Organizational Membership--\$200.00 per year.

Members receive:

- Regular CH.A.D.D. newsletter
- "Attention" our quarterly magazine
- Complete CH.A.D.D. fact sheet series
- Regular updates on breaking news
- Reduced registration for the CH.A.D.D.
- Free membership in your local CH.A.D.D. chapter

**C.H.A.D.D.
8181 Professional Place, Suite 201
Landover, MD 20785
(800) 233-4050
301-306-7070**



FAX 301-306-7090

School Management of Children with Attention Deficits

1. ADHD children should have preferential seating as close to the teacher as possible. Since they often reflect the behaviors of children near them, ADHD children should also have students with good work habits sitting next to them.
2. ADHD children respond best to precisely specified rules with clear consequences. The consequences need to be reasonable and meaningful to the child.
3. Since ADHD children are slow to respond to rewards and punishments, they need immediate, frequent, and consistent feedback in order to get them to respond to the teacher's demands.
4. Often these children can benefit from regular, non accusatory feedback from the teacher. Terms such as bad or good should be avoided. It is better to inform a child that his or her problem is "out of control," rather than admonish the child in a moralistic manner.
5. Children with attention deficits should not be humiliated publicly in the classroom. It is inappropriate to call on them while their attention is drifting or to be too critical of them in front of their peers. Such humiliation is one of the major causes of secondary anxiety and deterioration of self-esteem.
6. The teacher should have periodic one-to-one meetings to discuss the child's attention deficits. When a child appears to be tuning out or acting impulsively during class, the teacher should provide a confidential signal (such as placing a hand on the child's shoulder) as a way of letting the child know that the problem is getting out of control.
7. Children with attention deficits are easily overwhelmed by large amounts of work. It may be best to divide tasks into small chunks with frequent teacher feedback. Also, they may need to be given un-timed tests. If this cuts too much into class time, the child may be allowed to finish the test at home with a parent serving as the proctor.
8. Homework can be a major problem for ADHD children, as it can take them two to three times as long for them to do assignments. Shortening homework assignments, especially avoiding long repetitive tasks, may be necessary.
9. Getting homework assignments home and back to school can be a major problem for these children. It may be important for the teacher to check that the child has gotten the assignment written down correctly, and that the written assignment has been placed in a predetermined slot in his or her backpack or sack. Parents should be encouraged to use the same routine when an assignment has been completed at home to ensure that the work gets back to school.
10. ADHD children thrive best on predictability and routine. However, since many children with attention deficits have abundantly rich imaginations and a high level of creativity, routine in the classroom should not be so rigid as to stifle their inventiveness.



11. Every effort must be made to discover ways children with attention deficits can appear successful to themselves and to their classmates. Art work, story telling, musical ability, physical prowess, interesting hobbies or collections, or other indications of mastery must be discovered and displayed prominently so that these children do not come to feel deprived of success.
12. These children can benefit from doing errands, such as feeding the gerbils or taking messages to the main office. This also helps break their day into smaller units and allows for some diversion of overflow energy.
13. When there is a choice, selecting a teacher for a child with attention deficits can be most important. Ideally, he/she should be patient, tolerant of individual differences, and be willing to cope with relatively slow progress. Additionally, the ideal teacher should understand (or be willing to understand) the complexities of the ADHD child, and not be overly accusatory or moralistic. Whenever possible, the teacher should be primed for what is likely to be a substantial challenge, and he or she should be willing to accommodate problems without totally capitulating to them. In many respects, this describes an ideal teacher for any student. It may well be that children with attention deficits simply require the best available teacher.
14. The education of adolescents with attention deficits may be particularly challenging. Content-oriented teachers may feel less inclined to accommodate a child's difficulties with concentration, reflection, and persistence. It is especially important to advocate for older students with attention difficulties. Courses selected should not overwhelm the student with detail. Foreign languages can be particularly difficult for students with attention deficits because of the strenuous demands placed on attention and memory. Certain mathematics courses may also cause trouble unless a student is uniquely talented in that area. A combination of difficult subjects (such as a foreign language course and a difficult mathematics course) may especially be too much for certain teenagers with attention deficits, even though they are intellectually able to assimilate the material.



Adapted from: ***Developmental Variations and Learning Disorders***
By Melvin D. Levine, M.D.

Homework Assignment Help for Children with ADHD

Children with ADHD have problems with organizational skills and frequently have difficulty getting in homework assignments. This is not simply due to laziness or immaturity, but due to their attention deficit, which is neurologically based. Typically, ADHD children either lose the assignment or never write it down correctly. Even if they do get the work done at home, they often lose it or forget to bring it back to school. This is even true for ADHD children when they are in secondary school. Though teachers and parents often feel that the child should be "more responsible," it is usually unrealistic to expect that the ADHD child can get the homework done and back to class on his or her own. To help facilitate getting homework assignments back on time, the following suggestions are offered:

For the Teacher

- 1. Be sure that the child understands the assignment and has it in written form. This usually requires that you check with the child after class to make sure that the assignment is understood and written down.**
- 2. Be sure that the child takes the assignment home.** This usually requires that you check with child after school is out for the day so as to ensure that the assignment is being taken home. The child should have a folder or organizer in his or her backpack and there should be a slot for the homework assignment. Be sure that the child has the assignment placed in the homework slot before he/she leaves. If there are multiple classes or multiple subjects, there should be multiple slots.
- 3. Be sure that the child understands to bring the assignment back to school. If things have gone well at home, the child's homework should be in the homework slot in the backpack. Therefore, if the child isn't sure where the homework is, just have him/her check in the homework slot in the backpack.**

For the Parent(s)

- 1. Be sure that you check the assignment slot in the backpack when your child gets home from school, and make sure that all the work gets done. After each assignment is completed, be sure that it is placed back in the slot for completed homework in your child's backpack. Having a special slot for long term assignments separate from the daily assignments is also helpful.**
- 2. Be sure that the child brings the assignment back to school the next day. When all the homework is finished and in their slots in the backpack, place the backpack next to the front door so it will be picked up when your child returns to school.**
- 3. Encourage your child and reward him/her for finishing assignments and getting them back to school on time. Consider a star system whereby the child receives a star on a chart that is displayed at home for each homework assignment completed and returned to school. Start with a reward for getting the homework in one more day per week than the child has done previously. Every two or three weeks, increase the required minimum number of days of getting the homework in per week by one. Once the child has consistently been completing the assignments and returning them to class five days per week, see if he or**



she can start doing it without getting reminders from the teacher and eventually see if it can be done without reminders from you. Some children will never get this far, but a positive reinforcement system such as this will help your child improve his or her ability to get assignments in on time.



Study Tips for Younger Students

1. Be sure everything has a place and put everything in its place.
2. Always have what you need for class with you. Your notebook should always have:
 - Paper
 - Dividers
 - Homework behind subject divider
 - Assignment sheets
 - Zipper bag with:
 - 2 sharpened pencils
 - 2 grading pens or pencils
 - 1 eraser
 - 2 writing pens either black or blue
 - 1 pair of scissors
3. Take only what you need to class with you. Don't carry extras!
4. Clear your desk or work area of everything except what you must have to do your assignment.
5. Always put the largest items on the bottom.
6. Use an organizer box in your tote tray for glue, crayons, pencils, protractor, compass, etc.
7. Write the subject on the book's cover and on the spine of the book so you don't have to open each book to find the right one.
8. Always write needed school supplies on the bottom of your assignment sheet under "Things to Remember."



Tips for Studying and Managing Your Time

1. Plan a definite time for studying each day. This will discourage procrastination and prevent work from piling up.
2. Shorten your study time by knowing the purpose of each assignment, what to do, and how to do it before you leave class. Keep a record of all assignments in a special section of your notebook, and color code your notebooks with a different color for each subject.
3. Predicting the amount of time needed for each assignment causes you to work harder so that you save time. By timing your assignments you are more likely to concentrate and less likely to become bored.
4. Discover when it is the best time for you to study. Some people are night people and study better at night, while others are morning people and study better in the morning.
5. When studying at night, it may be better for you to watch TV first, study second, and then go to bed. You may remember more of what you have studied by using this technique.
6. Setting a "stopping time" at night will encourage hard work in anticipation of being through by a certain time. Sometimes you may even beat the clock. The increased impetus helps you concentrate.
7. Time yourself to see how long it takes you to read five pages of your textbook. This will help you estimate the time needed to complete a reading assignment. You may have to read some sections more than once. Even teachers have to reread material. Allow time for reflecting on what you read, too.
8. Pay attention to charts and diagrams. They can be shortcuts to understanding.
9. When a reading assignment is made, expect to have a discussion of the material or a quiz in class. Take a little time to review just before class so that you are ready to participate.
10. Every time you study, spend ten minutes in review of previous assignments. These "refresher shots" are the secret for long-term memory. This habit of frequent review also results in less time needed for studying for a major test.
11. After studying about 40 minutes, take a five minute break. This refreshes your mind so that you can concentrate better and finish faster.
12. Don't cram for hours the night before a test. Instead, distribute your study in half-hour segments over a period of days.



13. Since learning is cumulative, new ideas must be incorporated with previous learning from lectures, readings, and lab experiments. You have to continuously make the connections and associations in your own mind. Putting it all together is easier if you schedule time to read (to think, to reflect, to review) every day.

Parent Tips on How to Get Your Child Organized

Adapted from: Jensen, B. B. & Stumpf, S. M. (1987).

A Guidebook for Teaching Study Skills and Motivation (2nd ed.). Allyn and Bacon.

1. Check the supplies every six weeks (minimum). Provide the needed materials (just like clothing).
2. Develop a system of rewards that fits your values. Be consistent.
3. Schedule teacher conferences before problems develop.
4. Be involved in your child's school. Be a school volunteer if possible, but at least spend some time in your child's classroom to get a feel for what is going on there.
5. Keep homework time as positive as possible.
6. Provide adequate study space. If your child is distracted by objects in the bedroom, consider having your child study in another room.
7. Provide a special space to keep the notebook, and be sure that the child puts it there before going to bed. Make sure it is on the way out the door or even right in front of the door so that your child doesn't forget to take it to school the next day.
8. For long assignments, or for a student with a short attention span or a lack of confidence, set short-range goals and check your child frequently. Use a timer, if necessary, to help keep your child on task. After the time has elapsed, he/she can call you to check the work done for that time period.
9. Talk with and listen to your child about school every day. Avoid: "What did you do today?" or, "Do you have any homework?" Use: "Let's look at your assignment sheet"; or "I'd like to hear about your day."
10. Be a role model.
11. Be as consistent as possible.
12. Provide opportunities at home for increased self-responsibility (e.g., chores with consequences), and help with time management and goal setting (long and short range). Help your child set up his or her notebook. If your child has more than one notebook, use different colors for the different subjects. Write or type the following subjects on tabs for each divider and put them in order:



- Assignments
- Math
- Reading
- English
- Spelling
- Social Studies
- Science/Health
- Music

Also, if your child has more than one notebook, use different colors for the different subjects.

Step by Step Procedure for Initiating Help From the Public Schools

These steps may be helpful for parents to follow in gaining help for their child.

1. Contact your local school district. Usually the initial contact is made with the school district's Special Education office. You will want to talk with the director of Special Education or with that person's assistant. To ensure a successful interaction and follow-up, a phone call and a written communication should be made. Remember to date the letter and keep a copy of it for yourself.
2. Sign the necessary release form once you receive it. This form is required by law to allow the district to obtain whatever information is available from whomever you name.
3. Sign the release form to allow the district to conduct its own testing. If your child is already being seen by a therapist privately, specify that you do not want any testing conducted until after an exchange of information has occurred with your present therapist.
4. Wait. The school district has 50 calendar days to see your child and meet with you to determine eligibility for service and the plan of action.
5. The school district personnel should contact you in order to arrange a time to see your child. They may ask you to bring the child to the school office, or they may want to observe him/her in your home or in the nursery school setting. The following professionals may be involved: a speech therapist, an occupational therapist, a physical therapist, a psychologist, a resource specialist, a school nurse, and/or a classroom teacher.
6. When all of the data is collected, a second meeting will be arranged. This is identified as an Evaluation and Planning meeting (**E&P meeting**).



7. At this meeting, a decision will be made regarding:
 - (1.) Is your child eligible to receive service?
 - (2.) If so, what are his or her needs?
 - (3.) When, how, and by whom shall service be provided?All of this information will be written into the child's Individual Education Plan (IEP).
8. Sign the IEP and allow the school to begin services.

Note: It is well within your rights to ask to observe and approve the recommended plan for your child. If you approve, everything will move along smoothly. If you do not, you must argue against the recommendation on the basis of the child's needs, not on the basis of personal preference (i.e., you cannot necessarily insist, for example, on a specific teacher for your child). The more clearly you have your child's needs in mind, the better you can represent and serve him/her in the educational process.

<h2>IEP Request Letter</h2>

Date: _____

Dear _____:

I feel that my **son/daughter**, **name**, has a handicap, and I would like for **him/her** to be evaluated. I would prefer that this evaluation be a multidisciplinary one as provided by the federal statutes of IDEA and Section 504, and I would like for it to be conducted as promptly as possible.

I understand that this referral triggers all procedural safeguards under all federal statutes for my child and me.

Thank you very much for your assistance in this matter. I am awaiting your response.

Sincerely,



Your name

Note: You should mail this letter "certified--return receipt requested," either to the Superintendent or to the Director of Special Education of you local school district. Be sure you keep a copy of this letter and all written information regarding your child and his or her schooling.

Additionally, if you have specific concerns about your child (e.g., his or her ability to process language or visual stimuli, or other attention problems that you want to have evaluated), make sure that you mention these concerns in the letter so that you make it clear what specific problems you want assessed. The school could otherwise perform its standard evaluation that may not cover the problems that concern you most.

Planning for IEP Meetings

The following article first appeared in the **CH.A.D.D.er Box** and was written by **Matthew D. Cohen**, a founding partner of the Chicago law firm, Monahan & Cohen, which concentrates in health care, human services, disability rights, and special education law. Mr. Cohen has advocated for children with disabilities for over 13 years and has been involved in precedent-setting litigation in several states. He serves as a member of the national CH.A.D.D. Professional Advisory Board, the Illinois ADD Council, and the Northeast Suburban Illinois CH.A.D.D. Professional Advisory Board. He lectures on special education issues throughout the U.S., is an adjunct professor at Loyola University School of Law, and is the 1993 recipient of the Professional of the Year Award from Illinois TASH.

Readers are invited to send comments, questions, and reactions to:

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Chicago, Illinois, 60606.

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The multi-disciplinary conference, where the school district decides whether a child with an attention deficit disorder is eligible for special education services and develops a plan for providing services, is the focal point for all educational issues concerning the child. Unfortunately, many



parents participate in these meetings without adequate information, understanding of the process, or a strategy for how to obtain the services they seek for their child. This column will present practical steps which parents should take in preparing for a multi-disciplinary and/or IEP conference with their school district. These steps are not all inclusive, but cover some of the things parents should think about prior to attending these meetings:

1. Don't take anything for granted. Parents often assume that schools have adequate information, are operating with adequate resources, and/or will act in good faith. Without communicating any suspicion or distrust to the school district's staff, parents must come prepared.
2. Unfortunately, as indicated in prior columns, most educators are quite unfamiliar with ADD. Further, since some children with ADD may access services through Section 504 of the Rehabilitation Act of 1973, confusion is compounded because few school staff members are familiar with this law. For better or worse, therefore, it is incumbent upon the parents to come to the meeting well educated about ADD and about their legal rights. It may very well be necessary to assume the role of educator in relation to the school staff.
3. Whenever possible, build alliances with the school staff, preferably before any formal meeting are initiated. The more that the school staff is sympathetic to you (and supported by you), the more likely they are to develop a response to your child's needs that is consistent with your own desires.
4. Avoid surprises. It is important for you to know what the concerns are of the school staff prior to arriving at the staffing. Where possible, you should be aware of what proposals school staff are considering. Similarly, it is important that the school staff not be surprised with respect to your concerns. Any reports or evaluations that you have obtained should be shared with the school staff in advance. Under most circumstances, your desires with respect to your child should also have been communicated to the school prior to the staff meeting. You should also attempt to secure copies, several days in advance of the meeting, of all school district reports and evaluations that will be discussed or presented at the meeting. If you are using outside consultants, it is a good idea to review the school reports with these consultants prior to the meeting.
5. Recognize that the school district's staff often will have developed a preliminary plan for your child prior to the meeting. If you have followed steps three and four, you should be aware of these plans and may have been able to steer them in the direction you wish. However, remember that the IEP is not supposed to be predetermined. If the staff has predetermined the placement in a manner that you oppose, this may need to be addressed at a due process hearing.
6. Never go to a meeting alone. At least one other person should accompany you, both to provide emotional support and to take notes of what transpired. Do not assume that the official records of the meeting will accurately reflect what actually transpired. In addition, wherever possible, make sure that you receive a copy of the report prepared by the school district of the meeting before you depart.
7. Don't be afraid to ask questions, no matter how uninformed you feel they are. Make sure the school district staff explain test results and acronyms or abbreviations that they are using. If you are running out of time and feel that your concerns have not been adequately addressed, ask that the meeting be reconvened at a later date so that your concerns can be fully discussed. If the school district refuses to reconvene, ask that your request be recorded in the record. If the



school district refuses to do so, send the school district a letter indicating that that was your desire and that the school district refused your request.

8. If you have used independent evaluators, it is a generally good idea to have them attend these meetings.
9. Have a clear idea of what you are seeking before you arrive at the meeting. Ideally, you should have identified priority needs or deficits presented by your child, goals and objectives that you hope can be addressed during the course of the school year, and a set of educational interventions and services that you feel your child will need.
10. Know what options the school district typically offers to children with disabilities and whether these will be adequate to meet your child's needs. Be aware of the available curriculum for your child's grade level so that you can take advantage of the curricular grade offerings, which may be especially appropriate to meet your child's needs.
11. If the school district indicates that an outside medical evaluation is needed, insist that they pay for it. Any evaluation that is required to determine a child's eligibility for special education services must be paid for by the local school district. If the school district asks you to use your insurance, be aware that you cannot be required to use insurance if there is any adverse financial effect on you or your child. Insist that they pay for the out-of-pocket expenses that you may incur. In addition, be careful that use of your insurance will not affect future insurability or count against any ceilings in your insurance coverage. Remember that a free, appropriate public education means at no cost to you, including diagnostics. (Use of insurance benefits will be addressed in a future column.)
12. If disputes arise with the school district concerning the eligibility of your child for services or the nature of the services that the school proposes to provide, make every effort to resolve these disputes without using adversarial proceedings. Use informal negotiations or mediation where available. Try to meet with the school administrator in an attempt to resolve disputes. If all else fails, fully educate yourself about your rights and seek assistance from professional consultants and attorneys to advocate on your behalf.

The above steps are time consuming. They also require parents to become actively involved with their child's education. However, these steps will often make a significant difference in assuring that your child receives the education that he or she needs, and that you maintain effective and positive working relationships with school district staff.



How to Get More Information on IEP's

While reading through this section, you may feel that you need more information about IEP's or school programs. Knowing all of your rights and responsibilities under IDEA, which establishes your child's right to a free and appropriate education, is more than we can include in this manual. Parent advocates can provide you with more information for your individual situation. Watch for an IEP training workshop in your locale which are sponsored by DREDF or by a special education committee in your school district.

Contra Costa County is divided into three Special Education Local Plan Areas (SELPA). The SELPA is responsible for providing special education programs and is available to assist you. You may also call your local school district. The SELPA's are listed below, along with the communities they serve.

Alameda County SELPA (925) 426-9144

www.trivalleyselpa.org – Serves Alameda County Office of Education (ACOE), Dublin Unified School District, Livermore Valley Joint Unified School District, Mountain House Elementary School District, Pleasanton Unified School District, Sunol Glen Unified School District.

Contra Costa SELPA (925) 827-0949

Serves Orinda, Lafayette, Moraga, Alamo, Danville, Brentwood, Oakley, Bethel Island, Byron, Port Costa, Rodeo, parts of Walnut Creek and Martinez, Canyon, Pittsburg, Antioch, Crockett, Knightsen, and San Ramon.

Mt. Diablo Unified School District SELPA (925) 682-8000

Serves Concord, Clayton, Pleasant Hill, Bay Point, and parts of Walnut Creek and Martinez.

West Contra Costa Unified School District SELPA (510) 222-2161

Serves Kensington, El Cerrito, San Pablo, Richmond, Pinole, Hercules, and El Sobrante.

Community Advisory Committees

Each SELPA has a Community Advisory Committee (CAC) made up of parents and school administrators. If you want more information about special education programs in the SELPA serving your area, you can call the CAC:

Alameda County (Tri-valley) SELPA Please see their website for phone # in your School district

Contra Costa SELPA CAC (925) 625-4231

Mt. Diablo Unified School District CAC (925) 682-8000 ext. 4048

West Contra Costa Unified School District CAC (925) 233-2351 – This is a parent contact

San Joaquin County SELPA 2901 Arch-Airport Rd.

Sandee Kludt - Asst Supt Sp Ed/Selpa Director (209) 468-4925.



District Special Education Administrator. Contact: [Shirley Love](#) at (209) 468-4907

Parent(s)-Teacher Conference Guidelines

1. Identify problem(s) as specifically as possible:
 - A. What is the child doing (not doing) that he or she should not (should) be doing?
 - B. In what situations (e.g., classroom, recess, etc.)?
 - C. How is the child a disruption?
 - D. How often does problem behavior occur?
 - E. How long has this gone on?
2. Clarify the teacher's expectations regarding behavior and performance.
3. Explore the teacher's solutions to the problem (past and current):
 - A. What has been attempted?
 - B. What has worked?
4. Devise a plan to solve the problem:
 - A. Spend little, if any, time looking for why the problem exists (and spend no time trying to find fault or in defense of yourself);
 - B. Instead, look to understand the factors in the current situation that may be maintaining the problem, and explore solutions (as compared to causes);
 - C. Share your own experiences with what has worked (and what has not worked).

Conference Check List

Parent(s) should leave the conference knowing:

1. The child's strengths and weaknesses in the major subject areas;
2. If the child is regularly attending class;
3. If the child is regularly turning in assigned homework;
 - A. The quality of the child's work;
4. The nature of the child's peer relationships inside and outside of the classroom;



5. Any recent changes in learning progress or behavior.

Home Management for Children with Attention Deficits

1. Just as they need educational success, children with ADHD must have sufficient personal success in their lives. Their strengths must be recognized and used, even if the talents do not fit parental hopes or expectations. Artistic, athletic, or creative ability--of any kind--must be discerned and developed, even in the face of some opposition from the child.
2. Children should not be expected to recover overnight. Parents should not try to use threats such as "if you ever do this again, you will be in big trouble." Instead, parents should reinforce steady--though small--improvement (as opposed to only praising large gains). They should temper criticism with praise each day. The goals should be to progressively decrease the frequency and severity of maladaptive behavior.
3. Parents should not attempt to deal with all of the child's undesirable traits at the same time. They should select one or two traits that are most in need of careful management.
4. Every effort should be made to shape behaviors without seeking to extinguish the symptoms. For example, if a child is highly demanding and insatiable, a mother might say, "You seem to want things all the time. It uses up all of my energy and time. From now on, you should keep a notebook and write down all of the things you need or want. Every afternoon from 5:00 until 5:15, I will sit and listen to you and hear about all of the things you want or need." In this way, the intent is not to try to extinguish the child's insatiability, but, rather, to limit it.
5. Sleep problems need to be managed carefully. Children should not be made to feel guilty about having trouble falling asleep or waking up too early. As long as they bother no one else, they should be reassured that sleep is their own affair. If a lack of sleep interferes with school performance, medication to induce sounder sleep may be tried, along with other measures, such as the use of white noise, afternoon naps, and reading in bed.
6. Children with ADHD benefit from predictability and structure at home. Distinct schedules for getting up in the morning, doing homework in the evening, and fulfilling daily obligations have a beneficial impact. These children should be expected to assume responsibilities in a predictable manner.
7. A mother and father must have similar reactions to the child's various actions. This requires considerable discussion and planning by the parents.
8. Children with ADHD often have difficulty completing homework assignments. A preset routine for cognitive work each evening (except weekends) helps establish good study habits. If no homework has been assigned, children should maintain their routine and sit at a desk and work in a workbook or perform some other intellectual task. Their siblings should be working at the same time. There should be no distractions permitted during these homework hours. Additionally, children with ADHD should not have their desks in their bedrooms. This is too distracting. The bed is associated with sleep, and personal belongings are a constant temptation to daydream. Ideally, the desk should be situated in another room.



9. Anticipating every possible scenario in the home life of a child with attention deficits is not really possible. Parents may require counseling to help them with day-to-day management issues. The advice must be given by someone who has a good understanding of attention deficits; otherwise, the parents are likely to feel a sense of shame, leading to needless guilt.

Adapted from: *Developmental Variations and Learning Disorders*
By Melvin D. Levine, M.D

Information for Parents Regarding the Stimulant Medications: Ritalin, Dexedrine, and Adderall

What are stimulant medications?

Ritalin (methylphenidate), Dexedrine (dextroamphetamine), and Adderall (combination of amphetamine salts) are all in the stimulant class of medications. Stimulant medications can be useful for ADHD because they appear to stimulate those portions of the brain which are under functioning in children with ADHD. These particular stimulants are the most useful for ADHD.

How do these medications help children with ADHD?

These medicines improve the most common problems of ADHD. They increase attention span, decrease distractibility, allow children to finish work and chores more easily, help children to think before acting, decrease restlessness and fidgeting, and, in some children, decrease aggression. The results usually are that the children can perform better in school, do better with friends, and are more responsive and compliant at home.

Stimulant medications don't cure ADHD, but they help give the child better controls while the medicine is working. Most children will need other forms of support such as behavioral, school, and social skills help. Also, not all children with ADHD do well with stimulant medications. Either the effect is inadequate or the side effects are troublesome. Further, some children do well with one stimulant and not another. Fortunately, most children with ADHD do benefit from at least one of the three stimulants. But, if you feel your child is not doing well discuss the possibility of other types of medications or treatment approaches with your doctor.

How long do the medicines' effects last?

Methylphenidate (Ritalin) comes in several preparations: a short acting tablet which generally lasts 3 to 4 hours, Ritalin-SR and Metadate ER, tablets which generally last 5 or 6 hours, Metadate CD and Ritalin-LA, capsules which generally lasts 8 hours, and Concerta, a capsule which generally lasts 12 hours. Dextroamphetamine comes in two preparations: a short acting tablet which generally lasts 3 to 5 hours and a long acting capsule which generally lasts eight hours. Adderall also comes in two preparations: an intermediate acting tablet which may last between 4 and 8 hours, though usually 5 to 6 hours and a long acting capsule, Adderall XR which generally lasts 8-12 hours.

Are these medicines addicting?



Many parents are concerned that since these are stimulant medicines and are similar to drugs such as speed and cocaine, that they are addicting. Fortunately, when taken orally and in the doses prescribed, addiction has not been a problem with the ADHD stimulants. But there are adolescents who use these medicines improperly. Further, these medicines are sold illegally by teens. So, it is important that you discuss this with your adolescent to be sure the medication is kept safe and not given to others.

How will the doctor follow my child while on the medicine?

The physician (or nurse) will check height, weight, pulse, and blood pressure at check-ups. These evaluations are more frequent at the beginning of treatment. In time, if your child is doing well, those visits become less frequent and your child will probably be seen every 4-6 months. In order to assess the effectiveness of the medicine, your doctor will want to get feedback from your child's teacher, you and your child.

What would happen if my child took an overdose of the medicine?

Signs and symptoms of an overdose may include: fast heart beat, rise in blood pressure, irritability, muscle twitching, convulsions, confusion and hallucinations. Such reactions occur primarily following accidental ingestion of large amounts of medication. **This is an emergency condition and should be handled at a hospital.** Be sure that the medication is stored in a safe place, especially if you have younger children at home, though adolescent can misuse these medications.

What side effects do these medicines have?

Below is a list of side effects ranging from common to very rare. Some extremely rare side effects may not be listed here. Please talk to your doctor if you suspect that the medicine is causing a problem.

Common Side Effects

- **Decreased appetite:** This is a common problem that usually occurs at lunch when the medication is still active. Appetite tends to improve by dinner. Breakfast is rarely affected because the effects of the medication will have worn off by then. If possible, therefore, give your child a good breakfast. You may also find your child wanting a late evening snack, which is fine. Children will occasionally lose weight at the beginning of treatment, but this usually subsides after several months.
- **Insomnia or sleep disturbances:** Though this side effect is common, it is more likely to occur if an extra dose of medication is taken after school. Many children with ADHD have problems with sleep even without taking any medication, so that adjusting the medication may not help the insomnia. If the problem is severe, a mild sedative like Benadryl or possibly a medicine called Clonidine may be helpful.

Occasional Side Effects

- **Abdominal pain:** Abdominal pain is generally a temporary problem which subsides within two to three weeks. Occasionally, it may persist and it may be associated with constipation.
- **Emotional changes:** Some children become moody or depressed on medication. They may also get sleepy, "spacey," or overly focused. Furthermore, some children get irritable when the



medication wears off. Also, some children may become compulsive or obsessive. If any of these side effects are severe and persistent, the medication might be decreased or, in some cases, discontinued.

- **Headaches:** Headaches are more common in the first week that a stimulant is used. They usually stop occurring thereafter. If mild headaches continue to be a problem, they can be treated with Tylenol. If they persist and continue to bother the child (this is rare), then the medicine may need to be changed.

Rare Side Effects

- **Rise in blood pressure and pulse:** The medication may cause a rise in blood pressure and pulse depending on the dose administered. Even at higher doses of medication, however, the blood pressure or pulse increase is usually small and rarely dangerous.
- **Tics and Tourette's syndrome:** Tics are muscle twitches that may be brought on by stimulants. A more severe form of tic, Tourette's syndrome, is a long lasting tic that includes unusual sounds or grunts along with the muscle twitches. It is unclear how often the medication will actually cause tics or Tourette's syndrome, though it is probably extremely rare. One study in the late 1970's reported that only *one* out of 1500 people treated with stimulant medications developed a new irreversible tic. If a severe tic develops, the medication should be discontinued; if the tic is not severe, the medication can usually be continued.
- **Effects on growth:** There have been studies suggesting that long term medication therapy can diminish growth by about 2%. Most studies though have shown no effect. This problem may be more common in children who take medication seven days a week and during holidays and vacations. This appears to be a mild effect though and even those children whose growth slows down may well catch up during their teenage years. Further, new research indicates that the delay in growth is more likely due to the ADHD condition than the medications so that nearly all children on stimulants reach their expected height.

Very Rare Side Effects

- **Hives (welts)**
- **Decreased white blood count**
- **Irregular heart beats (more common in overdose)**
- **Hair loss**
- **Hallucinations (more common in overdose)**



Information for Teenagers Regarding the Stimulant Medications

Why am I taking this medication?

Your doctor has started you on a medication designed to help you pay attention at school and at home. It may make it easier for you to listen and follow directions, to think before you act, and to sit still for longer periods of time. Your doctor may have told you that you have an attention deficit disorder, or hyperactivity, which causes you some problems, particularly when there are many distractions.

What is the medication called and how will I take it?

The medication you are taking is one of a group of medicines known as stimulants. The three types are called **Ritalin** (also known as methylphenidate), **Adderall** (4 amphetamine salts), and **Dexedrine** (also known as dextro-amphetamine). After you take one of these, it works for a limited period of time to help you overcome the difficulty that you may have paying attention, being calm, or following instructions. Each of these medicines works for a certain length of time; therefore, your doctor will tell you to take it at specific times of the day (usually around breakfast and possibly at lunch and in the afternoon). **It is very important that you take it just the way your doctor tells you.**

How will the doctor follow my progress?

Before starting you on this medication, your doctor will talk with you and your parent(s). He or she will want to know your height, weight, heart rate, and blood pressure. You may also be asked to answer some written questions about your activities and about how you feel. Your teacher(s) may be asked to fill out a form about



your grades and behavior in school. Finally, a Psychologist may give you some tests to determine how you learn best.

Most doctors find that it is best if they see young people who are on Ritalin, Dexedrine, or Adderall on a regular basis for brief examinations. Your doctor will ask you (or your parents) for regular reports about how the medicine is or is not working. You should use these visits to share any concerns that you may have about your medicine or its effect on you. You should tell the doctor or nurse if it has been helpful or not. From time to time, your doctor will want to measure your body growth, including height and weight, and your body functioning, including heart rate and blood pressure. This is important to make sure that you stay in good health while on the medication.

It is very difficult to say how long you will be on this medication. We know that it is sometimes helpful for people even when they go to college and as they become adults. At any rate, this is a decision that will be made by your doctor as he or she monitors your progress.

Your doctor may talk to you about times about when you will not take your medication, such as during school breaks or vacations, or on the weekends. Since this is different for each person, be sure to ask your doctor if you do not understand this clearly.

How will the medication make me feel?

Aside from the ways that the medicine will help you, it may have other effects (called side effects) that may be uncomfortable. These effects are not harmful to your body and should not worry you. Many people never experience any of these side effects at all.

You may notice that you have more trouble getting to sleep at night or that you suddenly have more energy when it is time for bed. Your doctor can help you with this by changing the time of the day that you take your last dose of medicine.

You may find that you are not as hungry as you used to be, and that you do not want to eat at mealtimes. Try to eat a good breakfast, before you take the medicine. Try to eat *something* at lunch time. You may also be more hungry during the evening and want a snack after supper. Some people may get stomachaches and headaches, but eating regularly will usually help prevent those. If you have this kind of a problem, make sure that you mention it to the doctor. He or she may be able to help you work out a schedule of eating several smaller meals a day rather than three large ones. Your doctor may choose to change the dose of your medication, too.

You may feel unusually tired or slowed down during the day, especially during the first few weeks that you take the medicine. It is best to go about your daily routine (including sports), since this is not a sign that you are sick. A regular schedule of activity will help your body adjust to this feeling so that you will begin to not notice it. Regular activity will also help you sleep better at night.

If you notice that you have any uncontrollable movements of your muscles or your body that happen over and over again, you should tell your doctor right away. These include movements that you are not doing on purpose, and that are hard to stop. This is very uncommon and can be helped by adjusting, stopping, or changing the medicine.



This is a decision that your doctor should make, however, so don't change the way you take the medicine without consulting with your doctor first.

If you feel sad, or if nothing seems fun to you anymore tell your parent(s) or doctor.

How do I explain my medication to others?

The fact that this--or any other medication--is needed is a personal matter and does not necessarily need to be shared with others. Most certainly, however, this need for medicine is not something that someone should feel shame or embarrassment over. **Many children and teenagers are helped by stimulants** and they lead fun and normal lives. Although myths about these medicines exist, they are usually told by people who do not understand ADHD. If you have *any* concerns or worries about something that you have heard or read, you should discuss these concerns with your doctor.

Above all, it is important to understand that this medicine does not change who you are in any way. Any improvements you may make in school or other areas are your achievements, not those of the medicine. The medicine cannot *make* a person do anything: it only helps people do what they want to do in a quieter, calmer, more efficient, and more enjoyable way.