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INTRODUCTION

Background

Based on the recognition of what makes students successful, the Baltimore County Public Schools identifies three core goals.

1. *Improve achievement for all students*
2. *Maintain a safe and orderly learning environment in every school*
3. *Use resources effectively and efficiently*

These goals support the Baltimore County Public Schools' mission statement, which is to "provide a quality education for all students; one that develops the content knowledge, skills, and attitudes that will enable all students to reach their maximum potential as responsible, life-long learners and productive citizens."

Baltimore County Public Schools' *Blue Print for Progress, Focused on Quality: Committed to Excellence* serves as the framework for the school system's Master Plan for meeting its mission, and clearly delineates the school systems' performance goals.

Performance Goal 4 of the *Blue Print for Progress*, "All students will be educated in school environments that are safe and conducive to learning." is defined in the context of the following performance indicators and key strategies.

1. All schools and school communities will maintain safe, orderly, nurturing environments.
 - a. Utilize the Student Support Team to address the needs of students.
 - b. Provide integrated services for children and families with linkages to community wellness centers, health care, social services, child care services, recreational services, and law enforcement.

Performance Goal 5 of the *Blueprint for Progress*, "All students will graduate from high school." is a commitment to ensure all students will maximize their educational

opportunities. These expectations are defined in the context of the following performance indicators.

Provide supports and services, modifications, and adaptations of curriculum, instructional methodology, and/or materials based on student need.

1. Provide and implement 504 Plans which clearly outline goals, objectives, and accommodations to ensure that students will maximize their educational opportunities.

In 1999, BCPS assembled a multi-disciplinary task force, including parents and community members, to address the issue of ADHD and learning. The goals of the ADHD Task Force were to improve education and outcome for students with ADHD by:

- Developing processes to better screen, identify, and intervene with students exhibiting behaviors of inattention, hyperactivity and /or impulsivity
- Maintaining students who exhibit behaviors of inattention, hyperactivity and/or impulsivity in general education
- Reducing the number of inappropriate referrals to IEP Teams for special education services for students with ADHD
- Differentiating instruction to meet the learning needs of students with ADHD
- Providing resources for students, families, and school staff
- Strengthening the collaboration with parents while improving outcomes for students

The *ADHD Identification and Management Guide* supports Baltimore County Public Schools' goals, mission and strategic plan. The purpose of the Guide is to outline a process through which the Student Support Team (SST) can conduct screening, assessment, identification, intervention, and tracking of students who manifest behaviors of inattention, impulsivity, or hyperactivity which interfere with academic success. The Guide is also designed to increase teachers' ability to meet the needs of students who exhibit deficits in attention and concentration by differentiating instruction, providing needed accommodations and utilizing school resources that help to improve student behavior and academic performance. The Guide promotes collaboration with parents and the use of evidence-based interventions that support academic success in the general education setting.

Overview of ADHD

Definition

Attention Deficit /Hyperactivity Disorder (ADHD) has been recognized as a condition that impairs functioning by the US Department of Education, National Institutes of Health, the US Congress, the US Centers for Disease Control and Prevention, and all major medical and psychiatric, psychological, and educational associations. According to the *Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Text Revision (DSM-IV-TR)*, ADHD is a neurobehavioral disorder diagnosed on the basis of the following criteria.

- Symptoms of inattention and /or hyperactivity-impulsivity have persisted for at least six months to a degree that is maladaptive and inconsistent with the child's developmental level.
- Some inattentive and /or hyperactive-impulsive symptoms that have caused impairment were present before age seven.
- Significant impairment from the symptoms is present in two or more settings (home, school, social).
- Clinically significant impairment is clearly evident in social, academic, or occupational functioning.
- Symptoms do not occur exclusively during the course of a pervasive developmental disorder, schizophrenia, or other psychotic disorder, and are not more appropriately accounted for by another mental disorder (e.g., mood disorder, anxiety disorder, dissociate disorder, or a personality disorder).

Diagnosis

The *DSM-IV-TR* recognizes three types of ADHD.

1. ADHD, Predominately Inattentive Type
2. ADHD, Predominately Hyperactive- Impulsive Type
3. ADHD, Combined Type

ADHD, Predominately Inattentive Type is characterized by at least six of the following.

- Fails to give close attention to details or makes careless mistakes.
- Has difficulty sustaining attention in tasks or play activities.
- Does not seem to listen when spoken to directly.
- Does not follow instructions and fails to complete schoolwork, homework, and chores.
- Has difficulty organizing tasks and activities.

- Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.
- Loses things necessary for tasks or activities.
- Is easily distracted by extraneous stimuli.
- Is forgetful in daily activities.

ADHD, Predominately Hyperactive-Impulsive Type is characterized by at least six of the following.

- Fidgets with hands or feet or squirms in seat.
- Leaves seat in classroom or in other situations in which remaining seated is expected.
- Runs about or climbs excessively in situations in which it is inappropriate.
- Has difficulty playing or engaging in leisure activities quietly.
- Appears “on the go” or acts as if “driven by a motor”.
- Talks excessively.
- Blurts out answers before the questions have been posed.
- Has difficulty awaiting turn.
- Interrupts or intrudes on others.

ADHD, Combined Type is characterized by at least six of the above symptoms from each category.

ADHD can be diagnosed and documented for educational purposes as outlined in PS 107 and PS 114 by a:

- Licensed Physician
- Licensed Nurse Practitioner
- Certified School Psychologist
- Licensed Psychologist

Treatment

Outcomes for students with ADHD are improved if treatment is a collaborative effort between the student, parents, school personnel and health care providers. There are four recognized components of ADHD treatment.

- Pharmacologic therapy
- Behavioral interventions
- Educational accommodations
- Counseling

Statistical Data

ADHD has been researched extensively, and a significant body of literature exists about the condition. The following selected data describes some of the known information.

The American Academy of Pediatrics (July, 2005) reports that:

- ADHD is the most commonly diagnosed mental health disorder of childhood.
- 4-12% of school-age children are affected by ADHD.
- Boys are diagnosed 3 times more often than girls.

The Maryland Center for ADD (July, 2005) reports the following:

- On average, at least one child in a classroom in the US is affected by ADHD.
- Up to 30% of students with ADHD are not hyperactive, but have difficulty with attention and concentration.
- ADHD is not curable, but is manageable with a variety of coordinated interventions.
- ADHD often continues into adolescence and adulthood requiring lifelong physical and emotional adjustments.
- Children with ADHD usually have one relative with ADHD.

According to the National Association of School Psychologists (2001), evaluation of attention issues is best determined through a comprehensive assessment approach involving:

- Parent and student interviews
- Formal observations in multiple settings
- Rating scales completed by parents and teachers
- Developmental, school and medical histories
- Formal assessments

Wolraich and his colleagues (*Pediatrics*, June, 2005) report that research studies indicate that up to one third of all children and adolescents diagnosed with ADHD also meet the diagnostic criteria for other co-occurring disorders such as oppositional defiant disorder, conduct disorder, learning disorders, anxiety disorders, obsessive-compulsive disorders, depression, and substance use disorders.

Four years of data collection (2001–2005) compiled by the Office of Health Services from the annual reports of school nurses indicates that:

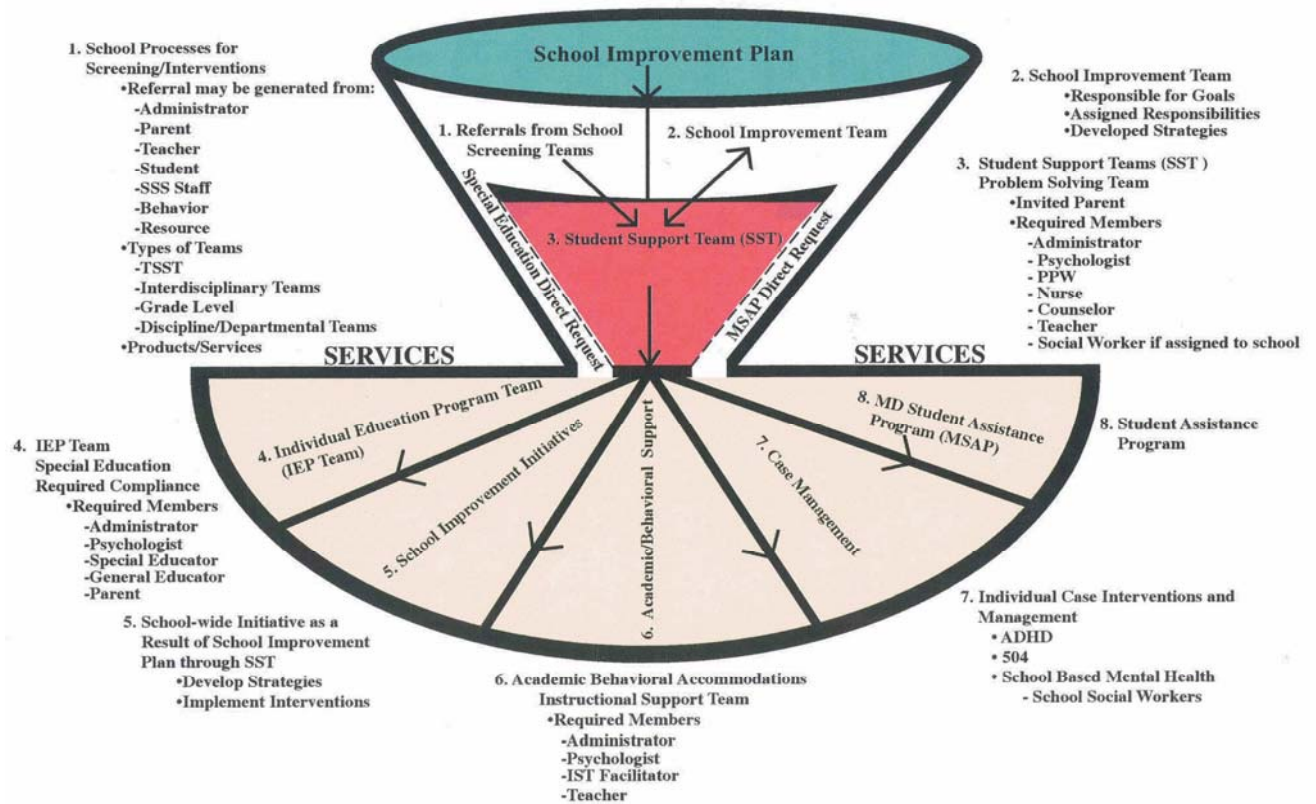
- Currently, approximately 9% of students enrolled in Baltimore County Public Schools are known to have been diagnosed with ADHD.
- During these four years, there has been an increase of 1267 students with known ADHD diagnoses.
- An increasing number of students have received interventions and accommodations through student support plans and 504 plans.

SCREENING AND INTERVENTION FOR INATTENTIVE, IMPULSIVE AND/OR HYPERACTIVE BEHAVIORS THROUGH STUDENT SUPPORT TEAM

BCPS Student Support Team Model

Baltimore County Public Schools have a long history of creating and modeling interdisciplinary approaches to address problems of individual students, groups of students, and school wide issues. These interdisciplinary approaches have evolved over time into a student support team model that brings together the efforts of school staff and Student Support Services staff to assist students in an organized and cooperative manner.

BALTIMORE COUNTY PUBLIC SCHOOLS TEAMING MODEL *Student Support Team (SST)*

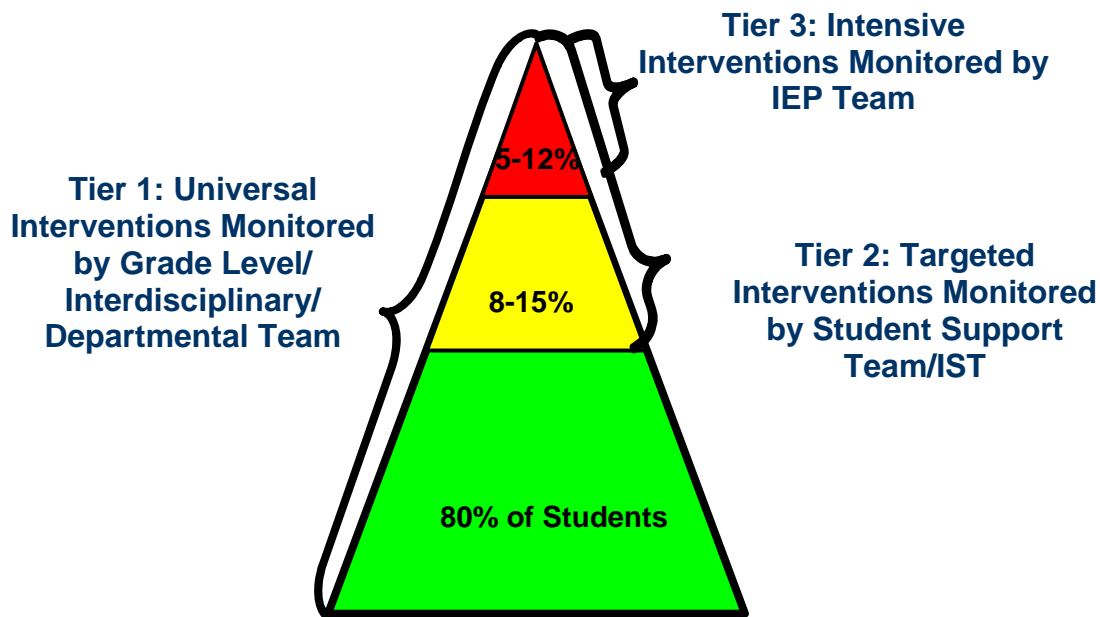


By definition, the Student Support Team (SST) is a planned means of combining the knowledge and competencies of school staff and Student Support Services staff to deal effectively with complex problems of students at multiple levels of prevention, early intervention, and intensive intervention within the school. The implementation of the Student Support Team is consistent with the Maryland State Board of Education regulation mandating the provision of a coordinated pupil services program for all students, including the use of preventive and remedial approaches

to meet student needs, as well as alternative and supplemental programs for students at risk (COMAR: 13 a.05.05.01).

The BCPS Student Support Team model provides structure and organization to the teaming process within schools and across the system, connects teacher level teams with interdisciplinary SST and IEP teams, and uses a systematic, data-based problem solving approach to student interventions within the context of school improvement.

General Education Intervention



The BCPS Student Support Team model has evolved into a three tiered process that promotes screening and intervention in general education prior to referral to IEP. Tier 1 and tier 2 are designed to: provide early and systematic intervention to students in their classrooms; eliminate inappropriate referrals for special education testing; reduce unnecessary or overly restrictive placement in special education; and, increase the classroom teacher's capacity to instruct all students.

Tier 1 refers to universal interventions for all students monitored by the grade level, interdisciplinary, or departmental teams. The grade level, interdisciplinary, or departmental team:

- Monitors and tracks all student progress
- Reviews code of behavior, expectations for behavior, and classroom management systems

- Analyzes individual or group data to determine whether core curriculum and differentiation strategies are being implemented as recommended
- Suggests the implementation of universal interventions for academic and behavioral needs of all students

Tier 2 refers to targeted interventions for specific students monitored by the Student Support Team. The SST:

- Processes referrals, gathers information, conducts curriculum-based and behavioral assessments, develops student interventions, and monitors response to intervention
- Develops and reviews student support plans and 504 plans for eligible students
- Coordinates resources to address student needs and school wide issues related to school improvement

Tier 3 refers to intensive special education services for students with educational disabilities monitored by the IEP team. The IEP team:

- Accepts referrals when the student demonstrates a lack of response to interventions at tier 1 and tier 2, and is suspected of exhibiting an educational disability as defined by IDEA
- Reviews available information and conducts assessments as necessary
- Determines disability, develops an IEP, and provides special education instruction and related services as eligible

If the parent/guardian requests a screening because they suspect their child has an educational disability and is in need of special education services, go directly to the IEP team.

Grade Level/Interdisciplinary/Departmental Team

The grade level, interdisciplinary, or departmental team monitors student behavior that is inattentive, impulsive, and/or hyperactive and interferes with learning and achievement.

- Inattentive behaviors can include: fails to pay attention to details; makes careless mistakes; has difficulty sustaining attention in tasks or play; does not seem to

listen when spoken to directly; fails to follow instructions and complete tasks; has difficulty planning and organizing; loses things necessary for tasks and activities frequently; is distracted by noises or extraneous stimuli; is forgetful during activities.

- Impulsive behaviors can include: blurts out answers before the questions have been asked; has difficulty waiting for turn; interrupts or intrudes on others.
- Hyperactive behaviors can include: fidgets with hands, feet or other objects; moves in seat; leaves seat; runs about or climbs excessively; has difficulty playing or engaging in leisure activities quietly; appears “on the go” or acts as if “driven by motor”; talks excessively.

The grade level, interdisciplinary, or departmental team may:

- Review and analyze student data regarding behavioral and academic progress
- Review whether behavioral expectations are being communicated to the student as code of behavior and classroom rules
- Review whether academic content is being presented at an appropriate instructional level with differentiation strategies
- Consult with the school nurse regarding health issues
- Consult with school counselor, school social worker, or school psychologist regarding academic expectations and adjustment issues
- Consult with or refer to the PPW for family issues
- Recommend specific instructional interventions to address behaviors
- Support teacher in monitoring interventions
- Communicate with parent/guardian
- Refer to the Student Support Team when lack of response to tier 1 interventions has been documented

*The forms referred to in the following section
can be found in the pocket of this Guide.*

Student Support Team

Students with inattentive, impulsive, and/or hyperactive behaviors are referred to the Student Support Team when they do not respond to classroom management and interventions within the classroom and these behaviors continue to interfere with learning and achievement. The process of screening students for attention concerns or ADHD through the Student Support Team begins with a request by the parent/guardian or a referral through the grade level, interdisciplinary, or departmental team.

A school staff member from the grade level, interdisciplinary, or departmental team should complete and submit the Referral To Student Support Team Form to the Student Support Team chair. The SST chair or designee will:

- Schedule a SST screening team meeting if necessary to screen information or schedule an initial SST team meeting.
- Consult with the parent/guardian and invite the parent/guardian to the initial SST team meeting.
- Distribute the Student Support Team Teacher Input Form to all of the student's teachers.
- Refer to IEP team if the student has not responded to evidence based interventions, is suspected of an idea disability, and is in need of special education services.

Initial Meeting

The Student Support team will:

- Review all data regarding behavior, learning, and response to interventions provided by teachers and parents/guardians.
- Review any information provided by health care providers.
- Review relevant information from the student record including educational, developmental, health, and social history.
- Determine if the ADHD Rating Scale-IV should be completed for screening of behaviors. Parents/guardians should be invited to the SST meeting and involved in decisions regarding the use of the screening measure. The school nurse will disseminate, collect, and score the home and school versions of the ADHD Rating Scale-IV prior to the SST review meeting.

Parents/guardians may request completion of the Classroom Teacher's Checklist of Student's Behavior (BEBCO 159) at any time to provide information to the student's health care provider. If health care providers prefer other rating scales, school nurses will comply as requested by parents/guardians. School staff should not encourage parents or guardians to seek assistance from the student's health care provider assistance outside the Student Support Team process.

- Determine if additional information or classroom observation is needed.
- Determine follow up steps including referral to school staff or development of a student support plan. Use the Student Support Team Student Support Plan Form to specify goals, interventions, accommodations, strategies, and supports to be implemented in the classroom and school settings.
- Refer to the IEP team if the student has not responded to evidence based interventions, is suspected of an idea disability, and may be in need of special education services.

Progress Review Meeting

The Student Support team will:

- Review any new data regarding behavior, learning and response to interventions provided by teachers, parents/guardians, health care providers, or others.
- Review the results of the ADHD Rating Scale for screening of behaviors.
- Send information to the health care provider, if requested by the parent/guardian. The parent/guardian will complete The Release of Information Form (BEBCO 007) and the school nurse will send the ADHD Rating Scale Summary, accompanied by the Health Care Provider Information Letter. Supporting data from the team meeting may also be sent.

If the student meets the ADHD screening criteria the SST may:

- Develop or revise the Student Support Plan utilizing the information from the ADHD Rating Scale and response to interventions, accommodations, strategies, and supports being implemented in the classroom and school settings. Use the Student Support Plan Review Form when reviewing and revising student support plans to note progress towards goals and changes in interventions, accommodations, strategies, and supports.

- Identify assessments to be conducted (e.g., observations, rating scales, educational assessments, curriculum-based assessments, Functional Behavioral Assessment [FBA]). Required parent permission for assessments will be obtained using the Parent/Guardian Permission for Student Support Team Assessment Form.
- Identify the need for psychological assessment as determined by the school psychologist. If a psychological assessment is indicated, the SST Chair or designee will complete the Referral to Psychological Services Form.

If the student does not meet the screening criteria, the team will make recommendations/referrals to meet behavior and academic needs.

Provision of school services or attendance in school may not be made contingent on the parent obtaining an evaluation or treatment from an outside provider. Regardless of the parent/guardian's decision regarding treatment, the school must offer appropriate services or programming for a student.

Additional Progress Review Meeting(s)

The Student Support Team may:

- Review assessment results.
- Review/revise the Student Support Plan using the Student Support Plan Review Form to note progress towards goals and changes in interventions, accommodations, strategies, and supports.
- Develop a 504 plan for eligible students diagnosed with ADHD and manifesting a substantial limitation to a major life activity such as learning as outlined in PS114.
- Develop a Behavior Intervention Plan as an outcome of the FBA.
- Identify time line for implementation, monitoring, and review of the Student Support Plan, 504 Plan, or Behavior Intervention Plan.
- Assist with medical management. The school nurse will distribute the Classroom Teacher's Checklist of Student's Behavior (BEBCO 159) to all teachers and send to the health care provider and parent/guardian as requested.
- Refer to IEP team if the student has not responded to evidence based interventions, is suspected of an idea disability, and is in need of special education services.

Description of Student Plans

Student Support Plans

- Student Support Plans are developed through the Student Support Team and need to include parent input.
- Identify one or two specific academic or behavioral goals for the student and outline the types of interventions, accommodations, strategies, and supports needed to meet these goals.
- Student Support Plans cannot include testing accommodations for MSA or HSA.

504 Plans

- Students diagnosed with ADHD can receive accommodations according to FAPE under Section 504 of the Rehabilitation Act of 1973.
- The student must have a physical or mental impairment which substantially limits one or more major life activities, have a record of such impairment, or be regarded as having such impairment.
- Testing accommodations for MSA or HSA can be included.

Functional Behavioral Assessment (FBA)/Behavior Intervention Plan (BIP)

- A functional behavioral assessment is a systematic process for collecting data, describing problem behaviors, and identifying the environmental factors and surrounding events associated with the behaviors. A functional behavioral assessment is necessary when there is insufficient information about the purpose and context of a student's behavior that is interfering with learning and achievement or has resulted in a significant disciplinary procedure.
- The assigned Student Support Team member (1) observes the behavior and specifies what behaviors are interfering with learning and achievement, (2) identifies which actions or events precede and follow the behavior, and (3) determines when, where, and how often the behavior occurs.
- Results of the FBA should be used by SST members, including parents/guardians, to develop an effective and efficient behavior intervention plan (US Department of Education, 2004).

Reporting and Tracking Requirements

Tracking Students

- For student's continued success, it is important that student plans and information are passed on to subsequent teachers and schools.
- The SST chair will document if the student: has been diagnosed with ADHD; has been referred for an IEP for ADHD; has a 504 Plan or Student Support Plan for ADHD; or has a student support plan for inattentive, impulsive, and/or hyperactive behaviors. It is recommended that the SST chair complete the Student Support Team Chair's Form at each Student Support Team meeting to update documentation over the course of the school year.
- It is recommended that the SST chair maintain a confidential list of students diagnosed with ADHD who have 504 plans or student support plans, and a confidential list of students with student support plans for inattentive, impulsive, and/or hyperactive behaviors. The confidential list of students with 504 plans or Student Support Plans should be shared with school staff through grade level teams, interdisciplinary teams, or other contacts as appropriate. 504 Plans and Student Support Plans should be reviewed by school staff at the beginning of the school year, and throughout the school year as appropriate.
- Students should be referred to the Student Support Team when there is poor response to interventions and accommodations included in the Student Support Plans and the 504 Plans. Students with 504 Plans should receive testing accommodations in the classroom and during standardized testing as indicated by the plan. It is recommended that 504 Plans are reviewed annually by the Student Support Team.
- The school nurse, as determined by the Department of Student Support Services, will complete and submit annual ADHD data.

Transitioning Students

- It is recommended that the Student Support Team chair submit a confidential list of students with 504 Plans and Student Support Plans for ADHD and Student Support Plans for inattentive, impulsive, and/or hyperactive behaviors to the SST chair of the receiving middle or high school to facilitate transition and continuity of services for these students. Students diagnosed with ADHD who have an IEP are transitioned through special education procedures.
- The school nurse will consult with the receiving school nurse regarding medical management.

IMPLEMENTING INTERVENTIONS AND SUPPORTS FOR STUDENTS WITH INATTENTIVE, IMPULSIVE, AND/OR HYPERACTIVE BEHAVIORS AND ADHD DIAGNOSES

Positive Behavior Planning For the Classroom

Diversity is an asset to any school system or school. As diverse populations grow within schools, so does the need to implement interventions that specifically address the needs of students from various backgrounds. In the Baltimore County Schools, the student population represents a multitude of racial, ethnic, and religious groups who are further diversified by geographical area, local community identity, socioeconomic status, gender and age. Student's learning is influenced by cultural variability. In order to make interventions most effective, it is necessary to recognize the impact of cultural differences in areas such as multiple intelligence, discipline, student learning styles, and student learning preferences. Diversity within the classroom should stimulate educators and school based personnel to use relevant techniques and strategies to enhance success for ADHD students from all backgrounds.

Systems of positive behavioral interventions and support for all students, including students manifesting behaviors of inattention, impulsivity, and/or hyperactivity, should extend and support the school-wide system so that students may be successful across variations in curriculum, instructional styles, classroom routines, and in all school settings. Research tells us that there are some basic principles of effective instruction and positive classroom management systems that produce results.

- *Implement instruction that aligns with MSDE standards.*
- *Communicate expectations to students.*
- *Present content using effective instructional procedures and supports.*
- *Evaluate student progress on an ongoing basis.*
- *Involve students in the learning process.*

Principles that assist teachers in managing students with inattentive, impulsive and/or hyperactive behaviors are largely the same principles needed to manage the behavior of all students. To effectively meet the needs of these students in managing their behaviors, teachers need to be systematic in the applications of behavioral principles and consistent in providing positive and corrective strategies. At the same time,

teachers need to be attentive to the changing needs of the student for positive, preferably intrinsic, reinforcement.

To establish a classroom system of positive behavior interventions and supports:

- Keep students engaged in learning.
- Clearly state behavioral expectations.
- Positively reinforce appropriate behavior.
- Encourage consistent family support.
- Utilize developmentally and culturally appropriate interventions.
- Adopt classroom management and disciplinary practices that combine proactive, instructive, and corrective strategies.
- Consider environmental support.
- Establish predictable routines.
- Provide advance organizers/pre-corrections.
- Consistently enforce school/class rules.
- Correct rule violations and social behavior errors proactively.
- Promote cooperation among students rather than competition.
- Promote student involvement.
- Display warmth and acceptance toward students.
- Collect data to monitor intervention effectiveness and student outcomes.
- Request assistance for students who exhibit chronic and/or serious behavior.

Positive Behavior Planning Strategies And Techniques

In the process of establishing a classroom system of positive behavior interventions and supports, teachers need to try a variety of strategies or techniques to manage inattentive, impulsive, and/or hyperactive behaviors of individual students or groups of students. A number of strategies or techniques are suggested below for implementation

by teachers in the classroom and other school settings. It is recognized that the list is not all inclusive and can be used with most students.

Use peer involvement

- Promote tutoring (study buddies).
- Monitor, mentor and/or mediate with peers.
- Establish cooperative learning groups.

Provide positive reinforcement

- Be specific about the behavior being reinforced.
- Label the behavior you like.
- Reinforce behavior immediately and frequently.
- Reinforce effort.
- Reinforce improvement.
- Keep reinforcement uncontaminated by qualifiers or put-downs.
- Be sincere and appropriately enthusiastic; no backhanded compliments (it's about time you finished that assignment!).
- Positively reinforce at a ratio of 4 positives to one negative.

Respond to inappropriate attention-seeking behavior

- Ignore behaviors that do not bother other students.
- Use *P.E.P.* (Proximity, Eye contact, and Privacy) to avoid embarrassment, confrontations, and public criticism, thereby preserving student integrity. Always be conscious of culture when making eye contact.
- Always address student by name. Make eye contact and be aware of your non-verbal behavior when addressing the student.
- Use verbal and non-verbal cues to help students comply with expectations.
- Validate the student by providing unconditional, positive regard.
- Change student's seat.

- Use humor and provide student the opportunity for laughter.
- Use spontaneity to maintain attention and control.
 - Turn out the lights.
 - Play music.
 - Intentionally lower your voice almost to a whisper.
 - Change your voice.
 - Stop teaching temporarily.
- Redirect the student from undesirable behavior.
 - Ask the student a simple, pertinent question.
 - Ask a favor (an errand, chore).
- Change the activity (works for many students).
- Give choices, i.e., amount, location, time.

Communicate clear and explicit behavioral expectations

- State If/Then--" When you have completed the task, then you can use the computer."
- Use "Target-Stop-Do"-- "John, stop making noise, look at the test."
- Catch him/her doing something good and say, "I like the way you are.... Thank you."
- Only set rules that you can enforce when making a request of the student. Be direct, firm, and respectful.
- Use natural and logical consequences when offenses occur.
- Consequences should be respectful, reasonable, reliably enforced.
- Help students clarify choices and the consequences of those choices, and encourage students to make good decisions.
- Allow students the opportunity for self-expression and validate students feelings.

Prepare students for successful transitions throughout the school day

- Give short prompts.
- Provide clear rules and expectations.

- Model desired behavior.
- Have the student lead the group or walk with a partner.
- Reinforce success often.
- Provide motor or tactile stimulation.

Avoid power struggles

- Acknowledge the student's power.
- Monitor rate and volume of speech.
- Realize you cannot "make" anyone do anything.
- Encourage delayed gratification by designating a time and place for discussion and problem-solving.
- Schedule a student/parent conference.
- Use empathy- (i.e. agree, yes I am, you may be right).
- Validate student's point of view- (i.e. to you it seems stupid, to me it is very important) and assist student with other points of view.
- Avoid circular debating.
- Express confidence in student's ability to meet expectations.
- Use a closing statement-"We can talk later if you like."
- Rephrase, reflect, and review student's consequences of choices.
- Remove the audience.
- Be flexible. Model negotiating skills such as compromise and decision-making skills.
- Avoid giving ultimatums.

Provide time-out periods

- Recognize time-out as a process, which allows time for the student to calm down, reflect and make appropriate choices with the goal of returning to instruction.
- Use the Language of Choice when implementing a time out: "*John*, you may *stop* arguing or may *go* to the chill out area. You decide."
- Individualize time out according to student need.
- Make the time-out as brief as possible, i.e., 2-5 minutes.
- Have a designated area.
- Ignore the student while in the time-out if appropriate.
- Have an alternative time-out area outside the room.
- Document the antecedents to the behavior, the behavior, and any consequences related to the behavior according to the school/classroom designated system.
- Reconnect with the student after the time-out is completed.
- Reinforce positive behavior as soon as possible after the time-out.

Structure a token economy

- Explain the concept of a token economy to the student.
- Target the problem behavior with the assistance/input of the student.
- Select a secondary reinforcer, i.e., tokens, poker chips, stickers etc.
- Utilize social reinforcers i.e. praise, special tasks, social lunches, etc.
- Assign value to the tokens (number of tokens earned for a desired behavior during a designated period of time).
- Make a reinforcement list for which the tokens can be exchanged, with student input.
- Agree upon a time frame to exchange tokens for primary reinforcer. (The time frame for cashing in should initially be short and gradually lengthen.)

- Assess continuously the student's understanding of the entire system.
- Evaluate the effectiveness of the token economy system on an ongoing basis.

Construct behavioral contracts

- Discuss the nature, purpose, and motivation for beginning a contract.
- Jointly select 2 to 3 target behaviors identifying only those behaviors over which the student has some control.
- Demonstrate the behaviors and ask the student to role-play the behaviors.
- Decide how you will measure and record data.
- Jointly decide on the reinforcer list.
- Create a contract. Spell out student and teacher expectations and consequences.
- Build in expectations of all parties: teacher/staff, student, and parent.
- Review/revise the contract daily and weekly as needed.

Implement individual monitoring strategies

- Expect the student with ADHD to develop an adequate level of self-control, otherwise referred to as self-discipline.
 - Self-Monitoring: the student learns to observe and record his/her own target behaviors.
 - Self-Reinforcement: the student reinforces his or her own positive performance.
 - Self-Instruction: assist the student in using "stop-look-listen" skills to complete a task.
- Model positive skills that the student will emulate.
- Support the student's performance with constructive feedback.

Additional Interventions in Consultation with Student Support Services Staff

Students with significant inattentive, impulsive and/or hyperactive behaviors with or without diagnoses of ADHD may benefit from additional interventions and supports in consultation with student support services staff. It is important for teachers, parents/guardians, and other student support team members to work together to keep a focus on academic achievement and to implement interventions and supports that will improve academic achievement. Selected interventions and supports are suggested below that can be implemented in the classroom, other school settings, or across settings within the school as a whole.

Social Skills Training

- Social skills training involves teaching students with ADHD appropriate social skills in a general education classroom or small group setting.
- Content should include:
 - empathy awareness
 - impulse control
 - anger management
 - self-esteem promotion
 - problem solving
 - organizational skills
 - interpersonal relationships

Self-Management Systems

- Train students to monitor and evaluate their own behavior without constant feedback from the teacher.
- The teacher and the student collaborate to identify behaviors that will be managed by the student.
- The teacher provides a written rating scale that includes the performance criteria for each rating.
- The teacher and student separately rate student behavior during a class and compare ratings.
- The student can earn bonus points if the ratings match or are within one point.
- Points can be exchanged for tangible rewards.

- With time, teacher involvement is faded, and the student becomes responsible for self-monitoring (US Department of Education, 2004).

Check-In Check-Out Programs

- Provide students time in the morning to check-in with an assigned teacher/staff member before going to their homeroom to ensure that the student is prepared and ready to learn.
- At the end of the day the student returns to the same teacher to “check-out” to make sure that the student has all needed materials to complete his/her homework, and/or to review the student’s behavior chart or point sheet.

Positive Behavioral Interventions and Supports (PBIS)

- PBIS is a major advance in positive behavior planning and school-wide discipline that emphasizes school-wide proactive strategies for defining, teaching, and supporting student behaviors to reduce disruptive behaviors, increase time for instruction, and create positive school environments.
- The goal is to eliminate problem behavior, to replace it with more appropriate behavior, and to increase a person’s skills and opportunities for an enhanced quality of life (US Department of Education, 2004)

See the BCPS Behavior Management Guide (1998) and Positive Behavior Planning Guide (2003) as an additional resource.

General Accommodations for Behaviors and Skill Areas

The student with inattentive, impulsive, and/or hyperactive behaviors needs more frequent and continuous interactions and feedback that are both positive and re-directive to task. The following accommodations reflect educational theories and neurobehavioral principles and are designed to assist teachers with the complex task of managing behavior and improving student performance in specific skill areas. These accommodations, materials, and assistive technology tools provide a means for supporting the student in the general education setting by facilitating student access to the curricular content.

General Accommodations/Assistive Technology

General Accommodations and Assistive Technology tools provide a means for supporting students in the general education setting by facilitating student access to the content.

Skill Area	Method Accommodations	Material Accommodations Low Tech Tools	Assistive Technology High Tech Tools
<p>Attention to Task</p> <ul style="list-style-type: none"> • Fails to give attention to detail • Makes careless mistakes • Has difficulty sustaining attention • Does not listen • Fails to follow through on instructions • Fails to complete work • Avoids tasks requiring sustained mental effort • Often misplaces objects • Forgets easily • Is easily distracted by extraneous stimuli 	<ul style="list-style-type: none"> • Seat the student in a quiet area/or near a good role model • Seat the student near a “study buddy” to provide peer assistance in note-taking and checking work • Seat the student away from distracting stimuli • Allow the student extra time to complete assigned work • Shorten assignments or work periods to coincide with the student’s attention span • Break longer assignments into smaller components • Give assignments one at a time to avoid overwhelming the student • Pair written instructions with oral instructions and make instructions clear • Ask the student to repeat directions 	<ul style="list-style-type: none"> • Study carrel • Desk and chair should be the right size and free from needed repair • Timers • Copies of overheads • Highlighters • Block or frame work • Remove pages from workbook • Have materials partially filled in with information not being assessed • Use clipboards • Provide photocopied pages rather than requiring copying from the board or book • Individualized chalk boards or dry erase boards • Give reminders on post-it notes • Provide desk examples as a reference 	<ul style="list-style-type: none"> • Provide motivating computer programs for specific skill building and practice – programs should include frequent feedback and self-correction • Allow use of computer to complete assignments • Tape recorder to tape work, tape lessons, read aloud, listen to pre-recorded lessons or readings

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Attention to Task (Continued)	<ul style="list-style-type: none"> • Look directly at the student and call the student by name when addressing the student with a question or a statement • Provide a written outline of the lesson when possible • Seek to involve the student in the presentation of the lesson • Cue the student to stay on task by use of a private signal you and the student have agreed upon • Use auditory and visual signs • Move around the room and establish eye contact • Allow student to be assessed orally • Use Sign Language 	<ul style="list-style-type: none"> • Use auditory signals such as a bell, beeper, music or tuning fork • Use visual signs – flash the lights, raise your hand, use sign language 	

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<p>Impulsive behavior</p> <ul style="list-style-type: none"> • Acts before thinking • Blurts out responses, have difficulty waiting • Interrupts or intrudes on others 	<ul style="list-style-type: none"> • Ignore minor, inappropriate behavior • Increase the immediacy of rewards/consequences • Use time-out procedures for misbehavior • Use time-out to prevent misbehaviors • Supervise student closely during periods of transition • Avoid lecturing or criticism in front of peers • Attend to positive behavior with compliments • Seat the student near a good role model or teacher • Develop a behavior contract • Call on the student only when he/she is acting appropriately • Ignore the student when he/she is calling out • Allow students to be assessed orally 	<ul style="list-style-type: none"> • Classroom behavior charts • Individualized behavior charts • Passes to see counselor, take a drink break, go to bathroom • Room arrangement to ensure good visibility, role models and proximity for instruction and cueing 	<ul style="list-style-type: none"> • Provide motivating computer programs for specific skill building and practice – programs should include frequent feedback and self-correction • Allow use of computer to complete assignments • Tape recorder to tape work , tape lessons, read aloud, listen to pre-recorded lessons or readings

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<p>Excessive Motor Activity</p> <ul style="list-style-type: none"> • Fidgets and squirms • Frequently leaves seat • Runs or climbs excessively • Talks incessantly and loud, boisterous talking • Is restless 	<ul style="list-style-type: none"> • Allow student to stand while working • Provide an opportunity for “seat breaks”, i.e. running errands • Closely supervise the student during periods of transitions • Provide breaks between assignments • Remind the student to check over the assignments and give a checklist • Give extra time to complete tasks • Reduce visual stimulation and ambient noise • Allow the student to be assessed orally 	<ul style="list-style-type: none"> • Provide more space, consider two spaces or desks • Passes to guidance, water fountains, run errands • Provide books on tape/music with earphones • Checklists to keep on desks or on notebooks • Timers 	<ul style="list-style-type: none"> • Provide motivating computer programs for specific skill building and practice – programs should include frequent feedback and self-correction • Allow use of computer to complete assignments • Tape recorder to tape work , tape lessons, read aloud, listen to pre-recorded lessons or readings

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Daily Organization	<ul style="list-style-type: none"> • Utilize a color-coded schedule with picture graphics • Use color coding system to coordinate notebook, book covers with schedule • Take a photograph of desk/locker /paper organization to use as a visual reference • Streamline required materials • Use peer-support or cross-age tutoring • Provide checklists for task completion • Flag key tasks/appointments using “post-its” or highlighters • Maintain a regular structure to class assignments or procedures 	<ul style="list-style-type: none"> • Agenda books • Pocket folders/notebooks • Clipboards • Stapler • Storage cubicles • Picture based schedules • 3-hole punch • Pencil cases 	<ul style="list-style-type: none"> • PDAs (Personal Digital Assistants) • Electronic calendars • Auditory signals

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<p>Following directions</p> <ul style="list-style-type: none"> • Does not follow directions/rules • Does not respect other's space • Appears to be oppositional when asked to follow rules/instructions • Has difficulty dealing with authority figures • Does not cooperate with peers 	<ul style="list-style-type: none"> • Reinforce compliant behaviors • Post class rules in a conspicuous place (not more than five), have students participate in developing rules • Provide immediate feedback • Develop routines • Supervise students during transition • Ignore minor infractions • Reprimand in a private appropriate manner • Develop a clear and brief behavior chart • Involve the student in self-monitoring his/her behavior 	<ul style="list-style-type: none"> • List of rewards, student motivated • Charts with posted rules • Use educational games, teacher made or professional • Post routines in room • List routines and mount on child's desk or notebook • Contracts, point sheets, management plans, individualized behavior charts 	<ul style="list-style-type: none"> • Provide motivating computer programs for specific skill building and practice – programs should include frequent feedback and self-correction • Allow use of computer to complete assignments • Tape recorder to tape work , tape lessons, read aloud, listen to pre-recorded lessons or readings

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Handwriting	<ul style="list-style-type: none"> ▪ Provide colored paper ▪ Use paper with alternate line spacing ▪ Provide near point copies ▪ Use tracing, talk-through, dot to dot strategies for letter form practice ▪ Include VAKT opportunities ▪ Use short answer response opportunities ▪ Vary response formats ▪ Use peer–support or cross-age tutoring ▪ Photocopy notes ▪ Allow preferred writing style (manuscript/cursive) 	<ul style="list-style-type: none"> ▪ Pencil holders/grips ▪ Chubby sized pencils and crayons ▪ Acetate sheets and transparency markers ▪ Paper stabilizers ▪ Arm stabilizers/arm guide ▪ Desktop references ▪ Name stamp ▪ Computer labels preprinted with frequent information such as student name ▪ Slant board ▪ Stencils /templates ▪ Correction tape 	<ul style="list-style-type: none"> ▪ Word processor, computer or Alpha-Smart Speech output communication system ▪ Communication boards ▪ Custom keyboards

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Reading	<ul style="list-style-type: none"> • Provide: Extra time for completion Shortened assignments Simplified text Chapter outlines • Reduce the number of students in an instructional group • Highlight key concepts • Utilize: Story Frames Before, During & After Strategies Echo Reading Story Mapping VAKT Graphic organizers Structured study guides KWL charts Peer support Cross-age training 	<ul style="list-style-type: none"> • Magnifying bars • Page magnifiers • Colored acetate sheets • Colored stickers for visual cues • Word window • Sentence Cards • Word cards • Tactile letters and words • Colored paper clips to mark pages • Post-it tape flags • Highlighters • Page fluffers • Page Up 	<ul style="list-style-type: none"> • Books on tape/computer • Reading Pens • Language Masters • Electronic “talking” dictionary • Augmentive and Alternative Communication Devices (AAC) (communication boards, speech output) • Software programs: Kurzweil Intellitalk III Start-to-Finish Series, Don Johnston, (high interest/low readability)

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Mathematics	<ul style="list-style-type: none"> ▪ Reduce the number of students in an instructional group ▪ Reduce the number of problems ▪ Eliminate the need to copy problems ▪ Enlarge worksheet for increased work space ▪ Avoid mixing operational signs on the page/row ▪ Provide extended/adjusted time for completing ▪ Use procedural checklists ▪ Highlight operational signs ▪ Use graph paper for set up ▪ Use raised number lines ▪ Incorporate “real-life” tasks ▪ Utilize mnemonic devices ▪ Include VAKT opportunities ▪ Use color coding strategies ▪ Use peer –support or cross-age tutoring 	<ul style="list-style-type: none"> ▪ Manipulatives (counters, base 10 blocks, pattern blocks, 2-color counters, linking cubes, or algebra tiles) ▪ Strategy flash cards, part-whole flash cards, array flash cards ▪ Flannel board and numbers ▪ Tactile numbers/signs ▪ Automatic number stamper ▪ Fact charts ▪ Personal chalk boards/white boards ▪ Highlighters ▪ Desktop references with visual cues for facts, procedures and/or formulas ▪ Rulers as number lines ▪ Number tiles ▪ Hundreds charts 	<ul style="list-style-type: none"> ▪ Hand-held calculator ▪ Calculator with printout ▪ Talking calculator ▪ Math tape-recorder with musical cues, mnemonics, auditory feedback for flashcard drill activities ▪ Math software programs ▪ IntelliTools ▪ MathPad ▪ MathPad Plus ▪ Access to Math, Don Johnston ▪ IntelliMathics ▪ “Coinulator”

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Written Expression	<ul style="list-style-type: none"> ▪ Reduce the number of students in an instructional group ▪ Provide extended/adjusted time for completion ▪ Modified assignments ▪ Use a “Writer’s Corner” - study carrel for reduced distractions ▪ Provide graphic organizers with sentence starters ▪ Provide story frames ▪ Utilize oral compositions with a “scribe” ▪ Use oral proofreading to check for meaning and clarity ▪ Utilize mnemonic devices ▪ Include VAKT opportunities ▪ Use color coding strategies ▪ Use peer–support or cross-age tutoring 	<ul style="list-style-type: none"> ▪ Note cards ▪ Word cards/picture symbols ▪ Magnetic word cards and board for composition ▪ Personal dictionary or <u>Quick - Word</u> ▪ Personal chalk boards/white boards ▪ Highlighters ▪ Desktop references ▪ Raised lined paper 	<ul style="list-style-type: none"> ▪ Tape recorder for oral pre-writing, composition and/or editing ▪ Electronic dictionary/thesaurus ▪ Electronic (speaking) spelling device ▪ Electric eraser ▪ Word processor, computer or Alpha-Smart ▪ Speech output communication system ▪ Communication boards ▪ Software Programs: Kidspiration Inspiration Co:Writer Write:Outloud Draft:Builder Kurzweil IntelliTalk III IntelliPics Studio

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CLINICAL TREATMENT FOR CHILDREN WITH ADHD

Medical Management

Parents may choose to consult with their health care provider for a medical evaluation regarding inattention, impulsivity, or hyperactivity. When treatment includes prescribed medication to be administered at school, the school nurse is responsible for giving the medications and monitoring the effects.

School staff must never recommend medication for students diagnosed with or, who are suspected of having, ADHD.

Provision of school services may not be contingent upon the parent obtaining an evaluation or treatment from an outside provider. Regardless of the parents/guardians treatment decisions, the school must offer appropriate services and programming for a student with a suspected or a known disability.

Some children with ADHD may not require medication to be successful in school. They may be able to be managed with behavioral strategies, including arranging their environments both at school and at home in ways that are compatible with, and support, the child's strengths and challenges.

Pharmacologic therapy has been proven to be the single most effective treatment for ADHD; its benefits are enhanced with a combination of behavioral strategies. Medication does not cure ADHD but helps by controlling symptomatic behaviors of the disorder allowing the student to focus attention and to persist with academic tasks. It has been shown that 70%-80% of students with ADHD respond favorably to medication with minimal side effects (National Institute of Mental Health, July 2005). For students who need it, treatment with medication is likely to allow the student to experience success in behavioral and social functioning.

There are many medications that may be useful in treating a student with ADHD, and they work in a variety of ways. Medication for ADHD must be prescribed by a licensed health care provider. The school nurse serves as the liaison with the health care provider and manages all aspects of school-based pharmacologic therapy. The Classroom Teacher's Checklist of Student's Behavior (BEBCO 159) or other mechanism (if preferred by the health care provider) is used to monitor the effects of pharmacologic treatment. Refer to the *Manual of School Health Nursing Practice* for specific guidelines.

Counseling and Therapy

For many children with ADHD and their families, counseling or therapy may be a necessary component of the treatment plan. Individual, group, and/or family counseling or therapy may be helpful.

Consultation and targeted counseling services may be provided by student support services staff to support the attainment of IEP goals and objectives or specific behaviors related to learning and achievement. Parents/guardians may choose to seek mental health counseling and therapy from independent providers for issues and situations beyond the scope of student support services. It is recommended that the student's counselor or therapist collaborate with the health care providers, parents/guardians, and school personnel to ensure positive student outcomes.

PARENT/ GUARDIAN INVOLVEMENT

Role of the Parent/Guardian

Parents and guardians play an integral role in assisting student learning. They:

- Are essential partners in developing a plan for interventions and/or accommodations.
- Serve in the capacity of decision-makers in the process.
- Act as advocates on behalf of their child.
- Serve on all appropriate school teams.
- Should be actively involved in assessing and addressing the needs of their child.

When written permission is required for any assessment and/or intervention, only those individuals with educational rights may provide legal permission.

Strategies that Promote Parent/Guardian Involvement

Teachers should contact parents/guardians proactively and preventively. The parent/guardian contact should occur at the first point of concern.

- Introduce parents/guardians to school personnel and provide information on staff roles and responsibilities.
- Emphasize the child's strengths.
- Be sensitive to parents'/guardians' emotions related to the school's concerns.
- Be supportive of home issues and cultural issues.
- Possess a working knowledge of school resources to support the parents/guardians and the child.
- Share good reports or news with parents/guardians whenever possible.

- Offer clear and realistic strategies to support a collaborative parent/guardian-school relationship.
- Validate parents/guardians for their effort, interest and involvement.
- Keep parents/guardians apprised of student's response to agreed-upon interventions and accommodations via phone calls, written correspondence, email, parent conference, and progress reports.
- Offer resources and access to additional information (refer to brochures and resource lists).
- Utilize the services of the pupil personnel worker (PPW) and school social worker, as needed.

Members of the Student Support Team (SST) should consider the following strategies to promote further parent/guardian involvement.

- Encourage and promote parent/guardian involvement to support and assist the child in receiving interventions and/or accommodations.
- Share resources with parents/guardians to help facilitate understanding of ADHD.
- Assist parents/guardians with understanding and managing emotions, by validating emotional stages including grief, denial, anger, frustration, etc.
- Help parents/guardians with good parenting techniques.
- Assist parents/guardians to recognize the strengths of their child.
- Encourage parents/guardians to allow for controlled decision-making.
- Support daily communication between the home and school.
- Suggest specific ADHD strategies to assist parents/guardians in supporting their child.
- Promote parent/guardian collaboration of strategies between home and school.
- Have knowledge of community-based resources to assist in supporting the child, family and parents/guardians.

See the BCPS Positive Behavior Planning Guide (2003) as an additional resource.