ADHD (Attention-deficit/hyper activity disorder) is a neurobehavioral condition, the cause is still unknown, although genetics and environmental factors are thought to play a role. While some professionals still use the term "ADD" (attention deficit disorder), this term is no longer in widespread use. Using current terminology, a child who would have been diagnosed as having ADD, would now be diagnosed with having "ADHD, Predominantly Inattentive Type". There are three different types of ADHD, depending on which symptoms are strongest in the child:

- **Predominantly Inattentive Type**: It is hard for this child to organize or finish a task, to pay attention to details, or to follow instructions or conversations. This child is easily distracted or often seen daydreaming.

- **Predominantly Hyperactive-Impulsive Type**: This child may fidget and talk a lot. It is hard for this child to sit still for long (e.g., for a meal or while doing a classroom activity). Young children in this type may run, jump or climb constantly. This child may feel restless and has trouble with impulsivity such as interrupting, grabbing toys from other children, or speaking at inappropriate times. It is hard for this child to wait their turn or listen to directions.

- **Combined Type**: Symptoms of the above two types are equally present in this child.

The following list describes some issues that a child with ADHD could exhibit, and instead of improving, as they would in children without ADHD, these symptom continue over time.

- Having a hard time paying attention
- Having trouble listening
- Easily distracted from both classroom activities as well as in play
- Forgetting things
- Being in constant motion
- Constantly talking
- Acting and speaking without thinking
- Having trouble taking turns
- Interrupting other people or children
Implications for the classroom - It is important to understand that no two children with ADHD are alike, just as no two children without disabilities are alike. Individualization should always be the overriding thought when creating strategies and plans for instruction.

Allow for “breaks”.
Permitting children with ADHD to leave class with another teacher for a moment, perhaps on a special errand, or allowing them access to a quiet area in the classroom, can be an effective way of settling a child down.

Helping a child to persist with difficult tasks.
Teachers can offer encouragement, support, and assistance to prevent students from becoming frustrated with an activity. This help can take many forms, from enlisting a preferred peer to help or by modifying a complex activity.

Provide access to calming activities.
Children with ADHD can benefit from having access to objects that can be manipulated quietly such as squishy toys or balls, foam blocks, or small zip lock bags of play dough. Being allowed to hold a quiet manipulative object may help children gain some needed sensory input while still attending to the lesson or directions.

Proximity control.
When talking to a child, move to where the child is standing or sitting. Your physical proximity to the child will help the child to focus and pay attention to what you are saying.

Use of visual pictures in the classroom.
Providing simple classroom pictures to remind children of the classroom expectations is helpful. For example providing pictures of what the expectations are when walking in the hallway, can help to remind a child with ADHD of the rules.

Try to keep in mind that the most effective teachers focus their intervention strategies on positive encouragement rather than on punishment. Negative consequences can actually help to increase the frequency of inappropriate behaviors by accidentally rewarding students with more teacher attention for being off track. Moreover, punishment by itself only teaches children what not to do; it does not provide children with the information they need to do what is expected of them. Positive reinforcement for appropriate classroom behaviors produces the changes in attitudes that will shape a student's behavior over the long term.

RESOURCES:

US Department of Education:
http://www2.ed.gov/rschstat/research/pubs/adhd/adhd-teaching.html

Center for Disease Control:
http://www.cdc.gov/ncbddd/adhd/facts.html