24-7 SHALOM PSYCHIATRY PLLC

ADHD Resources for Parents, Teachers & Schools

Clinical and educational resource guide | Preschool, elementary, middle and high school

Purpose: Support evidence-based ADHD care at home and school through coordinated behavioral interventions, academic accommodations, family engagement, and progress monitoring. These recommendations are proposed resources, not a claim that every service is currently provided by the practice.

1 | Understanding ADHD in the school setting

ADHD is a neurodevelopmental disorder characterized by developmentally inappropriate inattention and/or hyperactivity-impulsivity that causes impairment in multiple settings. Presentations include predominantly inattentive, predominantly hyperactive/impulsive, and combined. A comprehensive clinical assessment considers DSM-5-TR symptoms, onset before age 12, duration of at least six months, impairment, reports from more than one setting, and alternative explanations. ADHD can coexist with anxiety, depression, learning disorders, autism, and disruptive behavior disorders.

Common classroom manifestations

Presentation	Examples	Helpful response
Inattention	Loses materials, misses instructions, incomplete work	Written instructions, chunking, organizational checks
Hyperactivity	Leaves seat, fidgets, excessive movement	Planned movement breaks, appropriate flexible seating
Impulsivity	Interrupts, rushes, acts before considering consequences	Explicit routines, cueing, immediate feedback
Executive dysfunction	Difficulty starting, prioritizing, estimating time	Visual schedules, checklists, task initiation prompts

2 | Parent strategies: how to implement and measure progress

Behavioral parent training (BPT): core intervention

BPT is especially important for children younger than six and remains useful for older children with impairing behaviors. A qualified therapist or trained provider teaches caregivers to define observable target behaviors, establish predictable routines, provide positive attention and immediate reinforcement, deliver concise instructions, use consistent consequences, and practice skills between sessions. The aim is to improve functioning and reduce coercive parent-child interaction patterns, not to blame caregivers.

- Define one measurable target: e.g., “begins homework within five minutes of the agreed start time on four school days per week,” rather than “be responsible.”
- Use antecedent supports: predictable wake-up/homework/bedtime schedule; visual reminders; prepared backpack and workspace; one instruction at a time.
- Reinforce the desired behavior: specific praise, point/token systems, earned privileges, and frequent feedback. Adjust reward frequency to developmental age.

- Practice calm response and repair: avoid public shaming, harsh punishment, and unrealistic expectations; plan responses to escalation and teach problem-solving after calm returns.
- Track outcomes: daily or weekly brief ratings of task initiation, completion, conflicts, and caregiver burden; revise plans when progress stalls.

Home executive-function supports

- Use a visible calendar, assignment planner, “launch pad” for essentials, alarms, and checklists; teach rather than assume independent use.
- Break large tasks into short, timed work blocks with planned breaks and a clear first action; use “body doubling” if helpful.
- Review assignments together, gradually transferring responsibility to the child as skills improve; avoid doing all the planning for them.
- Build routines for sleep, meals, physical activity, and screen transitions. Lifestyle changes supplement but do not replace indicated treatment.

3 | Teacher strategies: evidence-based classroom interventions

Teachers can implement behavioral classroom management and organizational training in coordination with school support staff. Strategies should be individualized, developmentally appropriate, and evaluated against observable outcomes.

Intervention	How to implement	Primary goal
Daily report card / home-school note	Choose 2-3 specific behaviors, rate at fixed intervals, deliver immediate feedback, share with caregivers	Increase target behaviors through consistent reinforcement
Clear instructional structure	Post agenda, give brief steps orally and in writing, check understanding, model completed example	Reduce missed instructions and task-start delays
Task chunking / scaffolding	Split long assignments into milestones with interim checks and adjusted deadlines when appropriate	Improve completion and reduce overload
Distraction management	Preferential seating based on needs, quieter testing space, planned movement breaks	Support sustained attention
Organizational skills training	Teach planner use, binder system, assignment tracking, and weekly material checks	Increase independent organization
Positive behavioral support	Use specific praise, predictable expectations, neutral redirection, and proactive transitions	Improve regulation and participation

Monitoring: Collect baseline measures (assignment completion, work accuracy, time on task, class participation, behavior frequency), set a review date (often 4-6 weeks), and adjust supports based on documented response.

4 | IEP vs. Section 504: eligibility and protections

Feature	Section 504 plan	IEP under IDEA
Legal basis	Section 504 of the Rehabilitation Act	Individuals with Disabilities Education Act (IDEA)
General eligibility	Physical or mental impairment substantially limiting one or more major life activities	Qualifying disability category plus need for special education and related services

Feature	Section 504 plan	IEP under IDEA
ADHD relevance	May qualify when ADHD substantially limits learning, concentrating, thinking or another major life activity	May qualify under Other Health Impairment or another category when IDEA requirements are met
Services	Accommodations and related aids/services necessary for equal access	Individualized specially designed instruction, related services, goals and supports
Decision maker	School 504 team following evaluation	IEP team after comprehensive IDEA evaluation

Important: An ADHD diagnosis alone does not automatically establish IEP eligibility. A student can earn good grades and still have substantial limitations relevant to Section 504. Schools must follow their own evaluation and procedural requirements; medical clinicians provide evidence, not final school eligibility determinations.

Examples of accommodations matched to documented needs

- Attention: written directions, reduced-distraction testing, visual cues, seating changes, frequent checks for understanding.
- Processing/working memory: stepwise instructions, copies of notes, repeat-back of instructions, access to outlines.
- Organization: planner checks, assignment posting, color-coded folders, structured transition prompts.
- Time management: chunked deadlines, scheduled progress checks, extended time when individually justified.
- Movement/impulsivity: movement breaks, positive behavior plans, non-disruptive movement tools, pre-correction.
- Emotional regulation: predictable de-escalation plan, access to designated staff, private redirection, skills practice.

Accommodations must be individualized; they are not a universal checklist or a guarantee of a specific modification.

5 | Coexisting conditions: match modality to diagnosis

Clinical presentation	Appropriate modalities and school coordination
ADHD alone	BPT, behavioral classroom management, organizational skills training; ADHD-focused CBT for suitable adolescents; medication management when indicated
ADHD + anxiety	CBT with graded exposure for anxiety; avoid inadvertently reinforcing avoidance; collaborate on school participation goals
ADHD + learning disorder	Psychoeducational assessment; explicit evidence-based reading/writing/math instruction; special education when eligible
ADHD + autism	Autism-informed communication and environmental supports, parent-mediated interventions, social-communication support when indicated
ADHD + ODD/disruptive behavior	BPT, functional behavior assessment and positive behavior intervention plan; consistent reinforcement across settings
ADHD + depression	Evaluate safety and mood; evidence-based depression psychotherapy and medication when indicated; monitor attendance, sleep, motivation
ADHD + trauma/PTSD	Trauma-informed assessment and evidence-based trauma treatment (e.g., TF-CBT when indicated); avoid attributing all concentration problems to ADHD

DBT-informed emotional regulation and distress-tolerance skills may be useful for selected adolescents with significant dysregulation, but are not established stand-alone first-line treatments for core ADHD symptoms. Coaching and mindfulness can be adjuncts; they do not replace validated clinical or educational interventions.

6 | Medication and therapy: roles for families and schools

Medication selection and monitoring are conducted by the prescribing clinician. School personnel should not independently change doses or recommend withholding medication. With appropriate consent, teachers may report onset and offset of benefit, appetite changes, irritability, fatigue, attention, and classroom performance. Parent and teacher rating scales may be repeated during titration and follow-up.

Behavioral treatment is delivered through structured sessions and practice: identify target symptoms, demonstrate skills, rehearse them, assign home/school exercises, measure change, and revise the plan. For children ages 4-5, parent training and classroom behavioral interventions are first-line; medication may be considered for persistent moderate-to-severe impairment following guideline-based assessment. For ages 6-12, evidence-based medication and behavioral interventions are often combined.

7 | Downloadable and official parent/teacher resources

The links below point to authoritative organizations. Availability, URLs, and licensing terms may change; verify before distributing third-party instruments.

CDC: ADHD in the Classroom - Teacher strategies and school support overview.
https://www.cdc.gov/adhd/treatment/classroom.html

CDC: ADHD Treatment - Age-specific evidence-based treatment overview.
https://www.cdc.gov/adhd/treatment/index.html

U.S. Department of Education: ADHD and Section 504 Resource Guide - Federal Section 504 information and related guidance.
https://www.ed.gov/laws-and-policy/individuals-disabilities/section-504

IDEA official site - IDEA law, regulations, and school rights.
https://sites.ed.gov/idea/

Parent Center Hub (CPIR) - Parent-friendly IDEA/504 explanations and state parent centers.
https://www.parentcenterhub.org/

CHADD: For Parents and Caregivers - ADHD education, behavior management, and advocacy.
https://chadd.org/for-parents/

CHADD: For Educators - Classroom support and professional resources.
https://chadd.org/for-educators/

AAP HealthyChildren: ADHD - Pediatric family education.
https://www.healthychildren.org/English/health-issues/conditions/adhd/Pages/default.aspx

Understood.org: ADHD - Practical family and school planning resources.
https://www.understood.org/en/topics/adhd

Wrightslaw - Special education advocacy information; independent resource.
https://www.wrightslaw.com/

8 | Ready-to-use school support templates

A. Parent request for school evaluation

“I am requesting a comprehensive evaluation to determine whether my child qualifies for services under IDEA and/or Section 504. My concerns include [specific difficulties], which affect [school functioning]. Please explain the evaluation process, required consent, and next steps in writing.”

B. Clinician-to-school functional support summary

Include only with appropriate authorization: established diagnosis and date; clinically observed or reported functional limitations; relevant school impact; recommended consideration of evaluation and individualized supports; and a request for school-team collaboration. Do not state that an IEP or 504 plan is automatically required.

C. Four-week home-school progress tracker

Measure	Baseline	Week 2	Week 4
Assignments submitted on time	___ / ___	___ / ___	___ / ___
Task started within 5 minutes	___%	___%	___%
Daily report-card goal met	___ / 5 days	___ / 5	___ / 5
Caregiver/teacher concerns	_____	_____	_____

D. IEP/504 meeting preparation checklist

- Bring teacher observations, report cards, examples of incomplete work, attendance records, prior interventions and outcomes, and relevant clinical documentation.
- Identify functional needs, not just diagnoses; propose measurable supports and a review timeline.
- Ask who will implement each accommodation, how adherence will be measured, and how the family will receive progress reports.

9 | Coordination, privacy, and follow-up

With legally appropriate consent, the clinician, caregiver, school nurse, teachers, counselors, and special education/504 teams can coordinate care. Follow HIPAA and FERPA requirements as applicable. Reassess accommodations when grade level, workload, symptoms, or treatment changes. Escalate safety concerns promptly through established clinical and school protocols.

10 | Selected clinical and legal references

American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.; DSM-5-TR).

Wolraich, M. L., et al. (2019). Clinical practice guideline for the diagnosis, evaluation, and treatment of ADHD in children and adolescents. Pediatrics, 144(4), e20192528. https://doi.org/10.1542/peds.2019-2528

Centers for Disease Control and Prevention. (n.d.). ADHD treatment and ADHD in the classroom. https://www.cdc.gov/adhd/

U.S. Department of Education, Office for Civil Rights. (2016). Students with ADHD and Section 504: A resource guide. https://www.ed.gov/

U.S. Department of Education. (n.d.). Individuals with Disabilities Education Act (IDEA). https://sites.ed.gov/idea/

National Institute for Health and Care Excellence. (2018, updated). Attention deficit hyperactivity disorder: Diagnosis and management (NG87). https://www.nice.org.uk/guidance/ng87

Evans, S. W., Owens, J. S., & Bunford, N. (2014). Evidence-based psychosocial treatments for children and adolescents with ADHD. Journal of Clinical Child & Adolescent Psychology, 43(4), 527-551. https://doi.org/10.1080/15374416.2013.850700

Individuals with Disabilities Education Act, 20 U.S.C. § 1400 et seq.; Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794.

Clinical use note: This guide is an educational and program-design resource. Individualized diagnostic assessment, school eligibility decisions, medication decisions, and specialized services must follow applicable professional standards and law.