

# The Educational Implications of ADHD: Teachers and Principals Thoughts Concerning Students with ADHD

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## Abstract

As attention deficit hyperactivity disorder has been recognized for many years, it is now an established part of our educational vernacular and it continues to be addressed in classrooms, and in meetings across America. Children are continually being assessed, Section 504 plans are being written and teachers receive in—service as to how to cope with children in classrooms across America. This paper will review some of the educational implications of ADHD in the schools—many of which are well known, and some only tangentially recognized. It is hoped this this paper will sensitize teachers, principals, school psychologists and others working with ADHD.

## Keywords

Attention Deficit Disorder, Hyperactivity, Teachers and Principals Perceptions of Children with ADHD, Behavioral, Cognitive, Emotive Characteristics of Children with ADHD

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## 1. Introduction

In 1995, Thomas Armstrong wrote the widely read book, *The Myth of the A.D.D. Child*. Armstrong was a former special education teacher and psychologist who became a bestselling author and consultant. Armstrong became the guru of the moment in the A.D.D. (Attention Deficit Disorder) debate, arguing that students were being over-diagnosed medically and that A.D.D. could be “cured” by social intervention rather than medication. Since Armstrong’s work, the term A.D.D. has fallen out of medical use with the new diagnosis being A.D.H.D. (Attention Deficit Hyperactivity Disorder). A.D.D. is still a commonly used term in the public schools, however, the American Psychiatric Association in the Fifth Edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) released in May of 2013 dropped A.D.D., changing the criteria to diagnose a person with

A.D.H.D. (Kinman, 2012). Those that do continue to distinguish between A.D.D. and A.D.H.D. recognize the hyperactivity component as separating the two.

A.D.H.D. requires a medical diagnosis and typically will involve a medication as treatment. The controversy continues as to whether A.D.H.D. is over-diagnosed and those that are diagnosed are unnecessarily medicated.

Holland and Riley (2014) report that 6.1% of American children are being treated for A.D.H.D. with some form of prescribed medication. This represents a 42% increase in diagnoses over the past eight years. Some of the more common stimulants utilized in the treatment of A.D.H.D. are Dexedrine, Ritalin, Cylert and Adderall (Papolos, K. M. D. & Papolos, J., 1999: p. 124).

The educational implications of ADHD are many, and while some have been tangentially addressed, there are both gross and fine implications and there are subtle and not so subtle implications. This paper will first review the educational implications, including diagnosis and medication and then address the educational concerns that are often not examined and explored.

In terms of general learning, the student with ADHD does not seem to be able to focus, concentrate, attend, and remain on task for long periods of time. This child is missing out on vital information that may impact later learning. The child is not learning to follow directions, to listen, and hear and contribute to class discussion and the child or adolescent is missing out on some subtle nuances of language and pronunciation and articulation. Parents and teachers have many questions and concerns about ADHD and many books have been written about this topic (Nass & Leventhal, 2005). And it seems increasingly that more and more children are being diagnosed with ADHD, but little is forthcoming about the most appropriate way to treat and educate these students with ADHD and the educational implications of ADHD.

### 1.1. Behavioral Issues

Because of the fact that the student is often disruptive, hyperactive and inattentive, teachers have to attempt major modifications and accommodations for their behavior. The message that is sent to the child is clear—"You are a behavior problem". You present a challenge to the teacher, and things have to be done to control your behavior and assist you with your problem. The child who is diagnosed now has a label, and their self-esteem has been impacted. Their self-worth may be shattered and their self-concept is now that of a child with a "problem". Sadly, many children, even with medication cannot control their behavior. In some instances, the medication has side effects, or the medication must be constantly titrated so that parents can get some sleep at night or so that the child's grades can improve. The titration or increasing or decreasing of medication can be very time consuming as teachers have to fill out rating scales, or the child has to receive some continuous performance tests to see if in fact the medication is making any kind of appreciable difference.

There are different aspects of behavior and different educational implications. There may be extreme impulsivity where the child cannot sit still or control their movements. They yell out answers rather than waiting patiently for the teacher to call on them. They may impulsively blurt out something inappropriate that they later regret. Often teachers have to spend an inordinate amount of time supervising said students. Their interventions may have to be judiciously prudent so as not to alienate the already sad, distressed child.

In terms of motor activity, the child may be continually moving, drumming with pencils and this unneeded, unnecessary behavior takes time away from on-task work. The child does not have the opportunity perhaps to read, review, repeat or complete assignments. Thus their grades are not a true accurate reflection of what they are capable of doing, but are more a reflection of the fact that their motor excesses interfere with the completion of their work. The teacher then has to constantly remind the child or the parents have to "nag" or prompt or encourage the child to complete homework, further alienating the child from school work. One specific area of concern educationally is writing—the child does not complete sentences, paragraphs and essay or book reports and thus is later ill equipped or prepared to do high school writing. And if the student is fortunate enough to be admitted to college, they are lacking skills in grammar, syntax, sentence structure and all of the basics of rhetoric and writing that are needed for college composition and grammar. ADHD does continue into adulthood for many students, although some learn how to cope with it better as they grow, mature and develop.

### 1.2. Mood

Often the child with ADHD has variable moods. The medication may interfere with their sleep—since most ADHD medications are stimulant medications and thus the child may be "cranky" irritable, or the child may

manifest the dreaded LFT-Low Frustration Tolerance. Much has been written about the fact that many ADHD kids do not have the same patience level that other students have and this contributes to them often being socially isolated, and loners. Educationally the teacher must often provide an excessive amount of reassurance, and continually compliment the child for on task work completed in a positive manner. The teacher has to perhaps explain to other students that “some pupils have difficult days” and are not always at their best. One of the educational implications of all this is that the teacher’s attention is being taken away from the education of other students. Quite often, teachers have not just one child with ADHD in their class but two or three—in addition to other children who might have a learning disability, an emotional or mental health problem or a child with intellectual deficiency.

### 1.3. Organization

The student with ADHD is often lacking in organization, planning, and structure and the teacher has to be the external supplier of organization for that student. Often a three ring binder is needed to help the student organize their work. Often a notebook is required for the student’s homework. Often a list is required so that the pupil can remember to bring certain materials to school. There is often a need for the pupil to clean out their desk or locker on an ongoing basis. If the child is not externally organized, in all probability, the student is not internally organized in terms of their own cognitive structures. Their approach to learning maybe haphazard and chaotic. Or there may not be any rhyme or reason to the way in which they approach any type of assignment. Often an extra set of textbooks is needed for that child at home. The parents may have to provide an organizational framework at home in terms of time to begin homework, take breaks and to keep their pencils, pens or even their I pad organized. Lists of materials may need to be constructed.

Some teachers procure colored three ring binders, and place the subjects (Math, English, etc.) on the outside of the three ring binder. Some teachers purchase these items out of their own pockets so as to expedite the success of the child with massive disorganization problems. Students are not “graded or evaluated” on how well they organize their work, or even simple assignments. But structure does help the student to complete tasks and lacking structure, the student will sometimes not persevere, and sometimes fail to complete tasks.

### 1.4. Compliance

One of the main functions of the school is to assure that pupils are ready and prepared to live responsible, mature, reliable, dependable lives. The teacher may have to continually remind the student about rules, procedures, fire drills, and appropriate behavior. Again, this takes time away from direct instruction—and as any teacher will tell you, instructional time is valuable and once lost it can never be regained. Rules and regulations are part of any school’s framework. The child with ADHD may understand these rules, but may have quite a difficult time complying with these rules and trivialities (in their minds). While contingency and behavioral contracts are often utilized to ensure that the student understand the rules and procedures, the student due to their ADHD cannot always follow and comply. If there should be some discipline problem, the school will have to conduct a manifestation determination to see if the infraction was caused by the student’s condition. With ADHD children, their failure to comply was not out of maliciousness or malice, but rather a failure of the frontal part of the brain to control impulsivity.

### 1.5. Language

Although it has not been extensively researched, it is hypothesized here that a great many students with ADHD lag behind their contemporaries in terms of language. It is only reasonable to conclude that when students are inattentive or hyperactive, that they are not absorbing the expressive language of teachers, who are endeavoring to ameliorate the rhetoric of their students. As such, subtle nuances, verbs, adverbs, and various gems of language are often lost. The student may have the attention and be driven to drivel on the Internet, but such endeavors do not enhance the child’s social and interpersonal language nor their receptive language skills. The child may hear quite negative comments about their inability to focus, but not learn the language of the subject in which they are embroiled. In math, they fail to hear the words “subtract” and denominator or numerator. In biology, they miss the words osmosis and mole in chemistry. Thus, they are continually grasping and searching for meaning and attempting to keep up with their contemporaries. Further, since the pupil is not paying attention

to the language of peers, they may fail to hear the rules of the game, and important elements of teamwork and cooperation.

The inattentive child may be less able to express themselves and be exasperated at their inability to describe subtle nuances, and to articulate their feelings, and emotions. This is why counseling is so important for students with ADHD—they can at least spend time with an adult who may listen to them and encourage them and attempt to elicit some mature conversation from them. The counselor can also advocate for them with teachers.

## 1.6. Academics

ADHD impacts certain subjects a good deal more than others. Mathematics is one subject that requires intense concentration and what is termed “freedom from distractibility” (in other words, small noises, movements, can impact the child and cause them to go “off task” or to lose whatever concentration they were able to maintain. Mathematics is one subject that also requires a good deal of frustration tolerance—something that most kids with ADHD do not have. Many students do not like math or arithmetic to begin with, and thus a student with ADHD is going to have an even more difficult time sustaining attention over a long period of time. In terms of educational implications, a student formally diagnosed with ADHD should be receiving appropriate accommodations. I emphasize “appropriate” accommodations and modifications here, because not all students receive the most suitable accommodations for various subjects at various grade levels. Indeed, many schools often minimize the needed accommodations indicating that they want the child to function independently or autonomously. Many schools often decry major modifications as they could be quite time consuming and labor intensive for teachers to implement. And the schools are more often concerned with remediation rather than modifications.

Most often, the student will receive preferential seating, or perhaps extended time to complete assignments or other tasks. In other cases, the work load for the child with ADHD will be reduced. Thus, a student with severe ADHD might only need to complete the odd questions instead of both the even and the odd in some assignment. Or they may only need to complete 25 out of 50 multiplication problems. In certain math circles, with story problems, the child may need to have the story problem read to them, so that they would be able to internalize and understand what the story is asking.

One other area of academics that needs to be explored is reading. It should come as no surprise to anyone that reading is an academic area that requires sustained concentration and attention. The child must decode the words, pronounce them internally in a fluid manner, then attempt to link words together to form sentences and then link the sentences together to procure the “gist” of meaning from the paragraph and then attempt to remember the main ideas, and the who, what, when, where and why of the story.

For some students with ADHD, this is an insurmountable obstacle, and the student may fare better if the book was on tape, or even if the child were allowed to read the material aloud. Since reading permeates educational endeavors, if a child has ADHD, then the child is at a severe disadvantage—with or without medication, and with or without accommodations. And one thing that should be pointed out is that across all of the previously mentioned domains, while the child may be on medication, the medication may not last the entire day. Thus, teachers report that the child “begins losing it” around 2:00 p.m. and the teacher is keenly aware and sensitive to these issues. The teacher however, does not have the power or authority to request that the physician increase the medication, and in fact, some physicians are hesitant to increase medication, and will indicate that they practice quite conservatively in this realm.

“Hands on” classes seem to bode well for students with ADHD. However, in certain classes such as shop, extra care and supervision needs to be taken to ensure that the child with ADHD handles machinery and tools properly, and the same is probably true in chemistry and science related subjects.

## 1.7. Remediation

Due to their ADHD, many students have simply missed out on a good deal of information. They were not paying attention when the teacher taught about Columbus or George Washington, and thus a later teacher is perplexed when the ADHD student does not recognize these names. Or perhaps the student was not paying attention during long division or “invert and multiply” when doing fractions. Thus, a teacher has to do remediation or even attempt a Response to Intervention approach to assist the child with the missing gaps in their educational experience. This again, takes time from other students who may also be inappropriately mainstreamed into regular education or may have transferred from another school.

This first section has examined just a few of the educational implications of ADHD from the teacher's point of view. The parents certainly have their own point of view in terms of attempting to get the child to complete their homework, study, and review for tests and complete book reports and science projects. Parents see the educational implications in terms of the child's report card and their insight that they may be aware that the child is capable of better work. In fact, the school psychologist may have tested the child and found out the child's I.Q. score from a Wechsler or Stanford Binet-5 test. The school psychologist may also question the accuracy and validity of these I.Q. test scores if the child is not on medication. One wonders how much better the student could have done if they were on medication.

Quite often the educational implications of ADHD is that society loses a child with a good deal of potential as the educational needs of that student are not being met.

### 1.8. The Educational Implications of ADHD—The Principal's Perspective

This section of the paper will discuss the feelings of several principals toward A.D.H.D. students, as reported to teachers in their buildings. All of the teachers are cohorts in an educational administration program and this inquiry was done as part of an assignment assessing attitudes about A.D.H.D. The practitioner in the cohort was asked to inquire of their principals and others directly involved with special education what position is taken with the A.D.H.D. child.

## 2. Principals Thoughts Concerning Students with ADHD

A.D.H.D. symptoms typically contain three sets of indicators; inattention, as the person is easily distracted; hyperactivity, the child may fidget a lot; and impulsivity, the child may blurt out answers or other remarks too quickly. These types of children can create difficulty in the classroom for teachers and often make visits to the principal's office. Speaking as a school administrator for over thirty years, the second author understands that principals and superintendents do not enjoy problems of this nature that often times are difficult to solve. Is Phillip just out of control because of poor parenting when he fidgets and cannot stay in his seat or is Phillip in need of intervention? Principals and teachers are not medically trained and this is why only a doctor can determine whether or not a child has a medical condition such as A.D.H.D. Public school principals and teachers have to be tolerant of behavioral differences, along with meeting the growing demand of testing. Many teachers still view the inclusion of students with disabilities into mainstream settings as difficult and stressful.

To quote [Swaab \(2014: p. 327\)](#) "we all start life with a host of possibilities and talents but also many limitations, like a cognitive tendency to addiction, and a set level of aggression, a predetermined gender identity and sexual orientation and a predisposition for ADHD." If Swabb and others are correct, our hypothetical "Phillip" cannot be faulted for the challenging behaviors that he manifests.

I (C.W.) have viewed countless children in both the classroom and the playground and often I have witnessed children that talk excessively, always seem to be on the go, squirm in their seats and/or tap their hands or feet, and have trouble waiting their turn, not to mention raising their hands and leaving their seats in an excited manner when they have an answer to give. Lots of children appear to me to have been symptomatic of A.D.H.D., although only a select few were on any type of medication.

While students "back in the day" were left to fidget or sent out into the hallway or to the principal's office, schools today are doing more to accommodate students with A.D.H.D. While medication is still the most common solution, some schools are utilizing exercise balls instead of desks, exercise breaks, and Hokki stools. Exercise is known to increase levels of neurotransmitters. Any type of physical exercise can have a positive effect on a student with A.D.H.D., not only helping to contain classroom behavior, but positively affecting the well-being and attitude ([Rowh, 2014](#)).

As a superintendent of schools I was in the habit of running five miles over my lunch hour. When I was superintendent in the Beardstown, Illinois, School District in 1994 there was a male special education student of about the age ten who created nothing but havoc for the teacher. It became my habit to have this child run laps with me on the track, just to get him moving. We would run for about thirty-minutes and then the student would go back to class and I would continue on. This was the pattern for several months and it did in fact, settle the child down during the afternoon until school was dismissed. I never at the time considered this to be an intervention strategy for A.D.H.D., but it appears to have been.



In a study conducted in Australia, Avramidis and others have detailed some contextual variables to teachers' attitudes toward inclusive education and we would speculate that these variables are applicable to principals as well (pages 191-121). Among some of the findings reported by Subban and Sharma of the variables are "more experienced teachers appear to foster less positive attitudes than younger teachers; and lack of training in the field of inclusion may lead to less positive attitudes toward the inclusion of students with disabilities into the mainstream settings (page 43)." I (C.W.) believe that it would make for a most interesting study to determine the age and inclusion experience of the principals quoted in this study.

I have reported exactly what the teachers indicated that their administrators stated. Not all of the responses are reported as there are over forty of them. I have attempted to offer a sample of some of the more interesting and representative comments.

A student reports the principal said:

*According to the SPED department, ADHD is a very challenging condition for student, parents, and teachers. There are many views on ADHD at my school and the way in which it should be treated. Often in a staffing the parents are presented with the choice to medicate their children or not. This decision can directly influence the effectiveness of the education of these children.*

*Our school handles ADHD on an individual basis. Not all students with ADHD are under an IEP (Individual Educational Plan) nor should they be. The goal should be for the child to learn strategies for self-regulation and self-control.*

*I visited with our assistant principal, who feels that ADHD is not really a special education classification and may in fact, not even be a real diagnosis. He suggested that parents take their child to a psychologist for testing rather than take the word of a medical doctor. He did not feel that as many students are considered ADD or ADHD as in the past, but that Autism is more prevalent. He considered it just to be "the new buzz word".*

A student reports the principal said:

*When it comes to students with ADHD, my principal said that they have a place of importance, but they are far from the top of the list. There is so much more going on that the only time students with ADHD create an issue is when they have not taken their medication and are acting out. We as educators are focused on making sure that the entire classroom and the expectations of the entire classroom are met, and we cannot focus on every different need of students. I have to make sure that there are translators for the ELL students and that the SPED students have their "accommodations" that the IEP requires that there is little time for the ADHD student unless they are really acting out. Some resource classes have different activities for the ADHD students to help them manage the ADHD, but that only occurs with the students that really need that extra help on it.*

A student reports the principal said:

*Our principal said that we want to accommodate students with ADHD, but this isn't the main priority of the special education department because so many students are diagnosed with ADHD all the time. It is the responsibility of the parents and student to make sure if they are on medications that they take it. It is hard to know especially at the younger ages, if it is ADHD making a student act out or it is simply that they are a ten-year-old boy with lots of energy.*

A student reports the principal said:

*My principal said that students who qualify for Special Education under OHI as a result of ADHD are really quite a few in our school. I do not see as many students with this diagnosis as in previous years when it seemed to be more prevalent. I feel that the diagnosis of ADHD is somewhat of a catchall for describing a child who exhibits a number of inappropriate behaviors. We provide practical suggestions to teachers so that these students can access the curriculum in the same ways as most of their peers, which is what is most important.*

A student reports the principal said:

*In my small community I feel like the "real attitude" toward ADHD is that it is something that students just need to figure out, and that in a way it is made up. Students just need to learn how to cope, but a few of our teachers do make accommodations. In our school no one has an "actual" diagnosis on record. This is not necessarily because students do not struggle with inattentiveness, impulsivity or hyperactivity, because they do, but rather I feel it is a reflection on the stigma associated and the belief on the part of the parents.*

*On Thursday I sat with a parent at a parent teacher conference who told me she has thought that her son has ADHD since he was quite young (he is now in the 10<sup>th</sup> grade), but she didn't want anyone to know and she was trying to get him through school without medicating. I feel that there is a lot of misinformation concerning medication and certainly like anything it can be and is abused.*

*My son-in-law was diagnosed with ADHD in the 7<sup>th</sup> grade, but did not like or take medication. He made it through high school, college and graduate school. It was at that point he decided to look into medication. In grad school he studied more about it and decided that there was a lot of misinformation about ADHD and he began taking medication. Ten years later he still takes medication. When we were introduced I'll admit that I had kind of a negative attitude about medication, but now I am a firm believer that this is the best path for him.*

*Sometimes public opinion, not our experience or research, drives our thinking. When I was growing up I do not remember anyone diagnosed with anything, including ADHD, however it is a changing world and it seems that now everyone is on some sort of medication.*

A student reported the principal said:

*Depending on who you talk to about ADHD, the attitudes vary. Some believe it to be a true health impairment while some view it as "always denied hard discipline."*

*When a parent or teacher brings up a concern about a child being hyper-active the actual screening must be done by a certified medical doctor, a certified psychologist, or a certified diagnostician. Until recently I thought that only a certified MD could diagnose; however, I recently learned that a certified clinician can also diagnose.*

*If the child is ADHD he/she can be placed into special education receiving either a 504 plan or IDEA. A behavior intervention plan can be created.*

AUTHORS' NOTE: There were a few principals reported to question the validity of ADHD. It would be interesting to determine the age of those that doubt the diagnosis from those most recently new to the principalship.

A student reported the principal said:

*At my school students must be diagnosed with ADHD by a school psychologist or medical doctor. ADHD is a medical condition and if it is truly manifested in a student then medication is beneficial along with diet and proper accommodation. Students with ADHD should be encouraged to learn behavioral strategies.*

A student reported the principal said:

*As a principal in a preschool/kindergarten building I have found that there are differences in attitudes between preschool teachers and kindergarten teachers when it comes to ADHD.*

*Teachers of preschool students state that the younger the child, the shorter the attention span. Preschool activities are designed to allow students to be more active, to have greater freedom of choice, and to have shorter periods of seat time. Preschool children are challenging but ADHD is not the real issue. A child could have sensory issues or delays which mimic some ADHD characteristics.*

*The kindergarten teachers seem to dread the term ADHD. Although the students are older, many kindergarten teachers say that the students are "exhausting", demanding too much attention making them difficult to educate. Kindergarten teachers are more "pro" medication, which of course takes an official diagnosis.*

AUTHORS' NOTE: I (C.W.) was surprised by the response of this principal. I would have expected that kindergarten teachers would have more tolerance for squirmy children as they are not that far removed from preschool.

A student reports the principal said:

*Students with ADHD are generally treated no differently than other students. The only exception is when a student may get into trouble for some behavior connected with his/her ADHD and then I might reconsider the consequences to accommodate the student's unique circumstances.*

A student reports the principal said:

*I am supportive to my special education staff who are the true heroes. The special education teachers are the ones that mainly deal with the ADHD students through the IEPs, adjusting modifications and working with the regular education teachers. I am part of the IEP process in the beginning.*

*We have many students with ADHD and it is disheartening when they are too highly medicated and turn into a zombie. Some parents are in denial about their kid being ADHD.*

AUTHORS' NOTE: Many principals and members of the class expressed the concern that students were being over medicated.

A student reports the principal said:

*As a person that has to deal with ADHD children at school and who has a child with ADHD this matter hits home. I attended a parochial school as a student and was constantly disciplined for fidgeting, moving without permission, etc. I was never medicated or diagnosed, but looking back and realizing the issues then and the fact that I still have them, I know that I have ADHD and have empathy for children and adults that do. My son who I*

*referred to was almost placed in special education in kindergarten because of his ADHD, but with medication he turned out to be a 4.0 student. He is currently in college studying to be a teacher himself.*

*Our school has a large amount of students with ADHD and accommodate as per the 504 plan on file. It is our job to reach all students no matter what the circumstances.*

AUTHORS' NOTE: Several principals and teachers taking this class reported that ADHD had impacted their family members, or they themselves suffered from ADHD whether or not it had been diagnosed.

A student reports the principal said:

*Well, what makes them any different than any other student at the school?*

A student reports the principal said:

*We have a good deal of students identified with ADHD and we have some that struggle with similar issues, but are not yet identified.*

A student reports the principal:

*My principal did not have anything to say about the subject. The student speculates that this may be because the school does not have any special education teachers other than a reading therapist that works with children with dyslexia. My experience is that there is zero done for students with ADD/ADHD in my school.*

AUTHORS' NOTE: It seems difficult to believe that a public school would have no special education teachers. Often the accuracy of statements made by teachers is often questionable.

A student reports the principal said:

*Student accommodations for ADHD are often recommended at our school, but these accommodations are often not practiced by the teachers themselves. While it may be a poor excuse, most teachers get so busy in planning and assessing that the finer details like accommodations for special education kids are not followed to the extent they could and should be.*

AUTHORS' NOTE: As an instructor of prospective principals I find it disconcerting to understand the leadership style of this principal.

Another student reports the principal said:

*At my school, the teachers do not deal with students with ADHD as we do not know who they are and we are not expected to treat them any differently. It is expected that whatever issues students have ADHD, ADD, Autism, etc., they are expected to have it under control. All of the students' actions have consequences and they are not treated any differently.*

AUTHORS' NOTE: The principal of this student is in charge of a private parochial school.

A student reports the principal said:

*Our special education director has had recent classroom experience and feels that ADHD is over-diagnosed. She sees quite a number of students who are having attention difficulties in the classroom that do not have qualified learning disabilities and are receiving services and accommodations that should not be. Our goal as educators is to prepare students to actively participate in the post-school environment, so parents and teachers need to work on strategies for perseverance without a list of modifications and accommodations. I agree with her analysis.*

### 3. Conclusions

The results of this study are limited to students in a principal preparatory class that are also actively teaching in a school. The assignment was for them to ask their principal what the principals' ideas/impressions/thoughts were about ADHD students. There were over thirty-five responders to the assignment and in this study I (C.W.) have reported seventeen that are representative of the principals' responses.

While the answers are interesting it is hard to draw any conclusions about the responses. I am pleased that most of the administrators said that they supported the reality of an ADHD diagnosis and that accommodations need to be in place for these students; not all felt this way.

The idea that we are over-diagnosing and over-medicating students with a diagnosis of ADHD was a recurrent theme.

Many principals and students in the class said that immediate family members or they themselves had issues with ADHD. In fact, out of responders (both principals and members of the class) fifty-two percent made this statement.

It is quite apparent from the comments that different communities treat special education in general and



children with ADHD differently. It is also quite apparent that there are educational implications of ADHD, but attempting to validly accurately, reliably measure them is problematic and requires future research.

In no instance, was Section 504 mentioned. This is simply an observation, although many teachers, counselors and principals indicate that they are not aware that ADD and ADHD are covered under Section 504 and that principals, teachers and others are supposed to make appropriate accommodations and if needed, modifications.

## Summary

This paper has attempted to review the condition known as ADD or ADHD and some sample representative comments from principals have been elicited. These comments reflect a cross section of beliefs, values, attitudes and philosophies regarding ADD and ADHD. There are some critical issues regarding the educational implications of ADHD which need further exploration.

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