



ADHD Quick Fact Sheet for Parents/Guardians & School Personnel

This fact sheet is intended to enhance understanding about the mental health issues that may be encountered in children and/or adolescents. The information included is not exhaustive and should never be used to formulate a diagnosis. Mental health and/or medical diagnoses should be made only by trained professionals after a thorough evaluation.

What is ADHD?

Attention Deficit/Hyperactivity Disorder (ADHD) is a condition of the brain typically marked by an inability to pay attention, hyperactivity, and/or impulsivity. It is normal for children to have trouble focusing, following directions, staying on task, and controlling their behaviors from time to time. For a child with ADHD, however, these challenges tend to be chronic and persistent. The exact cause of ADHD is not yet known, but changes in brain structures, heredity, and prenatal or childhood exposure to certain toxins may all play a role.

Types of ADHD

Predominantly inattentive type: Inattentive type of ADHD may be diagnosed when the student’s prevalent symptoms are related to difficulty sustaining attention.

Predominantly hyperactive-impulsive type: Hyperactive-impulsive type of ADHD may be diagnosed when the student’s prevalent symptoms are related to excessive motor activity and/or difficulty controlling impulses and behavior.

Combined type: Students with a combined type of ADHD typically show significant difficulty with attention, impulsivity, and hyperactivity. The majority of children diagnosed with ADHD are diagnosed with this subtype.

Common ADHD Symptoms

Symptoms of Inattention

- Difficulty sustaining focus on tasks that are not immediately interesting or rewarding
- Lack of follow through with and/or avoidance of activities that require sustained mental effort
- Lack of attention to detail, careless mistakes and/or messy work
- Difficulty with listening and/or following through on multi-step directions
- Disorganization leading to misplaced or lost materials
- Frequent distraction by noises, visual stimuli, etc.
- Forgetfulness

Symptoms of Hyperactivity

- Constant motion, difficulty staying seated, squirming and/or fidgeting
- Running, jumping, climbing at inappropriate times; seeming to be always “on the go”
- Poor regulation and/or inhibition of behavior
- Difficulty working or playing quietly

Symptoms of Impulsivity

- Excessive talking, blurting out
- Difficulty delaying responses and/or gratification
- Acting before thinking
- Frequent interruption of others, calling out answers before question is finished
- Emotional reactivity including low frustration tolerance and quickly changing moods

Developmental Considerations

Early Childhood (@ 3-5 years old)

ADHD may be harder to detect in this age group due to age appropriate short attention span and impulsivity.

Middle Childhood (@ 7-12 years old)

ADHD is often first diagnosed in this age group because school based expectations highlight student struggles with attention, impulsivity, and hyperactivity.

Adolescence (@13-18 years old)

ADHD may be harder to diagnose in adolescence because teens with ADHD have often learned some compensatory strategies, making them more likely to ‘fly under the radar’. Additionally, impulsive, risk-taking behavior is considered more normative in adolescence than it is in middle childhood.

Educational Implications

ADHD can have a significant impact on a student's ability to function in school. Students with ADHD may struggle with skills that facilitate learning and school success such as planning, organizing, sustaining attention, keeping track of and completing assignments and listening to and/or processing information necessary to learn. They may become frustrated by these chronic challenges.

Not only might academic achievement suffer in students with ADHD, but academic related self-esteem as well. This may result in decreased motivation to take on school-related tasks and challenges, and ultimately may lead to school avoidant behavior such as tardiness, truancy, and incomplete work. Untreated ADHD may also contribute to the development of other related mental health issues such as anxiety and depression.

See Students FIRST website: www.studentsfirstproject.org for suggestions of strategies for addressing ADHD symptoms in the classroom and at home

Cultural Considerations

There are gender differences in the rate of ADHD diagnosis: boys are diagnosed more frequently than girls, particularly with hyperactive-inattentive type ADHD.

Children living in poverty or who experience abuse or chaos at home are also more likely to be diagnosed with ADHD. It appears, however, that these environmental conditions may exacerbate, but do not cause, ADHD.

ADHD occurs at similar rates and with similar symptoms across various ethnic cultures. However, attitudes about ADHD may vary significantly depending on one's culture and beliefs. These variations have important implications for how the student is perceived by his/her parents, peers, and cultural community. These differences will also impact how a family chooses to parent a child with ADHD and whether or not they seek or are able to access effective treatment.

Getting Linked

- Visit www.ptophelp.org to locate mental health providers who address ADHD in children and adolescents in your community.
- Dial 2-1-1 to reach Vermont 2-1-1, a statewide health and human services information and referral program where you can get person to person assistance to find ADHD resources in your community.

Additional Resources

Students FIRST Project
School Mental Health Resource
For Chittenden County Educators
www.studentsfirstproject.org

Vermont ADHD Initiative
www.med.uvm.edu/vchip

National Institute of Mental Health
www.nimh.nih.gov

American Academy of Pediatrics
www.aap.org

American Academy of Child/
Adolescent Psychiatry
www.aacap.org

National Alliance on Mental Illness
www.nami.org

Vermont Family Network
www.vermontfamilynetwork.org

School Psychiatry Program
Massachusetts General Hospital
www.schoolpsychiatry.org

Children and Adults with ADHD
www.chadd.org

First Call for Children and Families at
(802) 488-7777 for crisis services for
children and adolescents