

Evaluating and Programming for ADHD Under Section 504

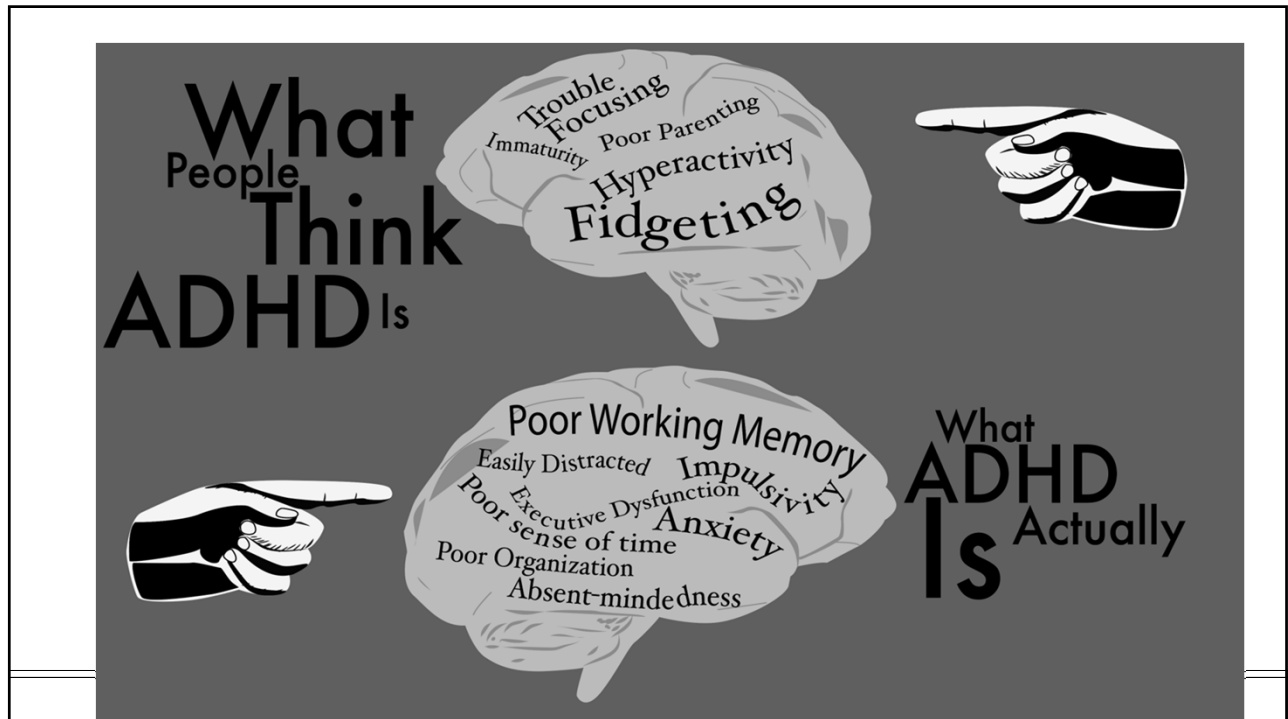
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The Many Faces of ADHD

In preschool and early elementary school ADHD can look like:

- Fidgeting, trouble sitting down or staying still for long periods of time, appearing disruptive or “wild”
- Trouble following directions or listening to parents, teachers, and others
- Difficulty with transitions — for example, melting down when it’s time to leave the house or get dressed for school
- Distracted, misses cues and questions. This can sometimes be mistaken for hearing trouble
- Sensory issues — for example refusing to wear clothes that feel “uncomfortable”
- Trouble regulating emotions — acting out or having a tantrum when they’re frustrated

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The Many Faces of ADHD

During high school and young adulthood symptoms may look like:

- Restlessness and subtler fidgeting, like constantly bouncing a foot or tapping a pen
- Forgetfulness, disorganization, and trouble being on time
- Trouble in school. For example, disciplinary issues, missing homework assignments, or skipping class
- Difficulty making and keeping friends
- Impulsive or risky behaviors, like experimenting with alcohol or drugs

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Evaluating for ADHD

Schools evaluate, not diagnose



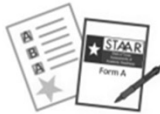

Not the same as an FIE for SpEd. Only need to establish the existence of a disability under 504.

Evaluation might include: *(not an exhaustive list)*

- Review of work
- Review of medical records and outside reports
- Direct observation
- Interview with student, parent, and school personnel

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504 Evaluations (per TEA)

				
Evaluation Data Sources	Medical/Health	Social Behavioral	Academic	Individuals
Examples	Hearing & Vision, School Health Records, Individual Health Plan, Outside Medical Evaluations	Behavioral Data, Disciplinary Records, Outside Psychological Evaluations, Intervention Progress Monitoring Data, Social and Developmental History	Universal Screening Data, Intervention Progress Monitoring Data, Curriculum Based Assessments, State Assessment Results, Grades, Benchmarks, Quizzes, Unit Tests	Observations and Input From: Student, Family, Teachers, Behavior Specialists, Counselors, School Nurse, Interventionist, Campus Administrator

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Accommodations vs. Modifications

Accommodations:

Changes to HOW you learn (Oral Administration; Odds vs. Evens; Additional time)

Modifications:

Changes to WHAT you learn (Different TEKS; Shorter assignments; Not be on grade level)

Example - Spelling Test

Must show mastery of all words on test vs. Count 60% as “passing” score

ADHD students can often stay under the 504 umbrella, provided they do not need modifications.

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Common Accommodations for ADHD

Proximal seating – not necessarily at the front of the class.

Study skills class to teach note-taking, organization, how to check work

Extended time on exams/assignments

Testing accommodations (oral or small group)

Break long assignments into smaller segments (give each a deadline)

Note taking assistance (fill-in the blanks; teacher copy of board problems; outline of lesson)

Graphic organizer, color coding, visual timer

Reduce distractions (headphones)

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Common Accommodations for ADHD

- Frequent movement breaks
- Break down instructions into simpler/fewer steps
- Visual schedules
- Checklists
- Strategies to get started - or to get ideas down on paper
- Discussing behavior in private rather than in front of peers
- Check for understanding
- Fidgets and/or Active Seating

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Quiet Fidgets for Classrooms



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Foot Fidgets for Desks and Chairs



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"Active Seating"



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Seating and Standing Options

Sometimes it can be as simple as permitting the student to stand at their desk

- The wiggling/balancing gives child vestibular input

This may mean that the student's desk is on the periphery of the classroom

Be mindful that the desk has not been moved away from peers

- Being apart from peers can trigger concerns about use of time out and other types of restraint
- If the 504 Plan explicitly states desk will be apart from peers, becomes an accommodation rather than restraint

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Trialing Fidgets & Seating

Each student is different

Be prepared to "trial" fidgets/seating to see what is most effective and least disruptive

Preferences and efficacy change over time

There is not a requirement that the fidget/seat be named in the 504 plan, only that fidgets or active seating will be accommodations.

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Medication and ADHD

Make sure to note what, if any, medications the student is taking.

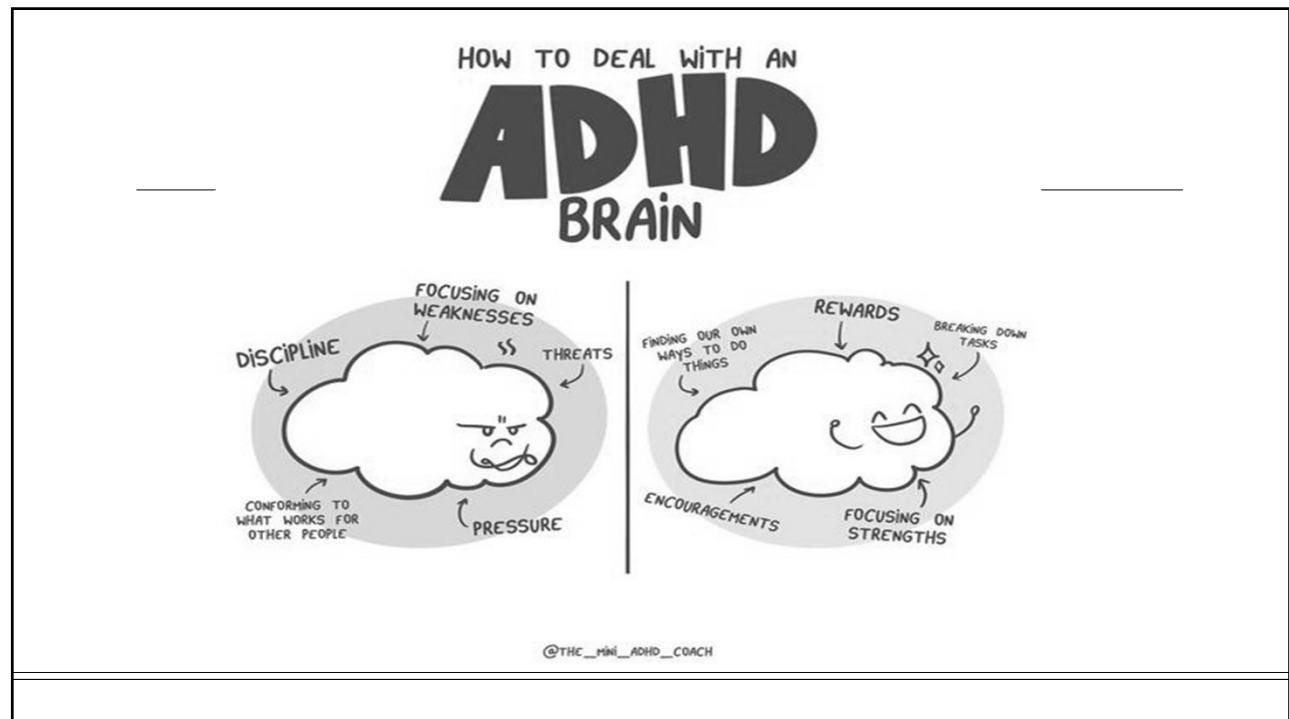
- Note when they are taken
- Find out through nurse's input what possible side-effects may be
- Work with parent to ensure consistent administration

Encourage parent to notify school if there are any changes; always ask at 504 meetings.

Meds change in terms of efficacy and side-effects with changes in weight, hormones.

Remember, we cannot require (or even suggest) that the parents medicate the child.

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Behavior Intervention Plans (BIPs)

BIPs are for all students that need them, not just SpEd.

“If behavior interferes with the student’s learning or the learning of others”

Think about behavior broadly – it’s not just the disruptive type

- Putting head down on desk
- Wearing hoodie
- Staring off into space

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Behavior Intervention Plans (BIPs)

504 students are GenEd, which may impact who creates the BIP.

No legal requirements for who creates a BIP, although an FBA is considered best practice.

- A BCBA or LSSP is preferred to conduct the FBA and develop the BIP
- The plan may be less effective if the developer has no behavior background

BIPs should be thought of as tools to help the classroom teacher/staff teach effectively - not discipline tools.

Be sure to train all staff working with student on the BIP, and document the training

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MDR (TEA 122-SE-0122; HO J.Witte)

Katy ISD student with ADHD sued after DAEP placement

MDR held, parent disagreed & asked for 10-day reconvene, KISD denied

MDR reviewed FIIE, REED, disciplinary history, IEP, info from outside counselor, parents and family attorney.

MDR discussed how ADHD impacted the student at school: focus, attention, work completion, organization.

Parent argued ADHD = impulsivity, social immaturity, failure to consider consequences before acting, despite multiple steps over time

Student had no record of any of these issues

No disagreement regarding district IEP implementation

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MDR (TEA 122-SE-0122; HO J.Witte)

“This behavior was a world away from what is known about the S’s ADHD symptoms at school.”

Further, the standard for establishing a manifestation for the purposes of an MDR under the IDEA is a **high bar**, requiring a close correlation. **All developing adolescents may struggle with impulse control and wanting to please peers. Adolescents make mistakes and may exhibit poor judgment at times, including violating the SCOC and criminal laws.** Adolescents with ADHD may struggle more, and S may indeed struggle more. However, **showing a connection to ADHD is not sufficient** to show that behavior was directly caused by or has a substantial relationship to an individual’s ADHD for the purposes of an MDR.

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MDR (TEA 122-SE-0122; HO J.Witte)

Hearing officers and courts have consistently looked for a close connection between the **ways the student's disability has manifested itself in the past at school** and the behavior at issue in the disciplinary incident. The IDEA shields students with disabilities from the disciplinary consequences applicable to their non-disabled peers only when the conduct violation has a documented and close connection to the **behavior the student has exhibited previously at school** stemming from their disability.

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Referrals during discipline

MDR examines the eligibility *as identified under current 504 Plan*.

How closely do the target behaviors relate to the conduct in question?

Parents often bring something new to the discipline hearing.

Can trigger Child Find obligation, but may not impact discipline process.

-Was the child already referred at time of conduct?

-Was the referral underway at time of conduct?

-If YES, law requires student be treated as disabled.

-If NO, consider referral for eval in future.

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