ADHD School Monitoring Program

An easier way to get regular teacher feedback to guide ADHD treatment

An overview for health care and mental health professionals

David Rabiner, Ph.D.
Research Professor Emeritus
Dept. of Psychology & Neuroscience, Duke University

Much of what any ADHD treatment aims to improve happens at school



Schoolwork



Classroom behavior



Peer relationships



Attention during instruction

Because teachers see the child every day in the classroom, they are the best source for learning how well treatment is working at school and when it may need adjusting.

Teacher feedback matters whatever the treatment



Medication

Is the dose working all day? Any side effects at school?



Behavioral parent training

Are improvements at home carrying over to school?



Classroom supports

Are the daily report card, 504 plan, or IEP helping?



Counseling and skills training

Are gains in organization, social skills, or mood showing up in class?

AAP guidelines call school-based supports "a necessary part of any treatment plan"

Pediatrics 2019

Treatment often needs adjusting over time

Only 17%

of children in the MTA study stayed on their original medication and dose over 14 months, even after careful titration

47–67%

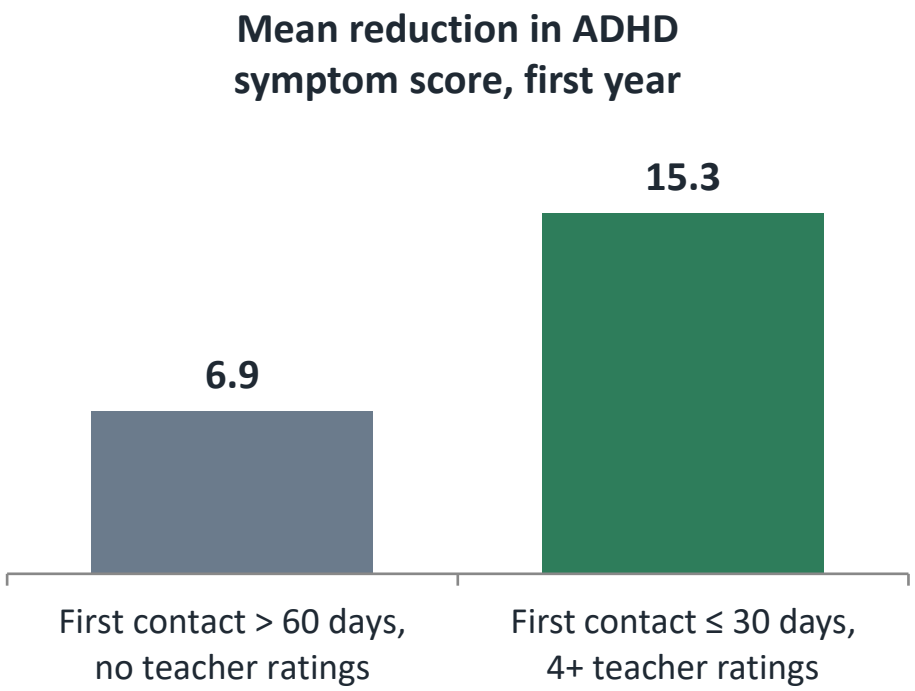
of children starting low-intensity behavioral or medication treatment needed it intensified, based on monthly teacher and parent ratings

Without teacher feedback, it's hard to know when adjustments are needed and whether they are successful

AAP guidelines call for monitoring medication at regular intervals, with ongoing two-way communication with teachers (Pediatrics 2019)

MTA: Vitiello et al., J Am Acad Child Adolesc Psychiatry 2001;40(2):188–196
Adaptive trial: Pelham et al., J Clin Child Adolesc Psychol 2016;45(4):396–415

More teacher ratings, more improvement



- 372 children starting medication, 195 community pediatricians
- 12 aspects of ADHD care examined; only 2 predicted more improvement:
  - Quicker follow-up contact after starting medication
  - More teacher ratings during the first year
- **Children with both: nearly double the improvement**

Epstein et al., J Am Acad Child Adolesc Psychiatry 2017;56(6):483–490

Unfortunately, getting teacher feedback rarely happens because…



of children prescribed ADHD medication had even one teacher rating in their first year

1. **Busy caseloads;** getting regular teacher feedback on every child with ADHD is nearly impossible
2. **Reaching teachers is challenging;** forms often get lost between office, home, and school
3. **Can get parents' impressions** of how school is going but that's not the same as direct input from the teacher

The ADHD School Monitoring Program was developed to address this challenge

Community pediatric practices, reported in Epstein et al., JAACAP 2017; see also Epstein et al., Pediatrics 2014;134(6):1136–1143

How the program works

1

Parent signs up

Online, in a few minutes

2

Teacher rates the child

A link weekly or monthly; 15 quick ratings, usually 2–3 minutes

3

Parent receives results via email

A report after every rating, plus trend graphs over time

4

Parent shares with you

Forwards the report or brings it to visits

Supports AAP guidance to maintain ongoing communication with the child's teachers

Pediatrics 2019

What the teacher completes



0 Never	1 Occasionally	2 Often	3 Very Often
1. Fidgets with hands or feet or squirms in seat.			
0	1	2	3
2. Difficulty remaining seated.			
0	1	2	3
3. Difficulty waiting turn.			
0	1	2	3
4. Talks excessively.			
0	1	2	3
5. Interrupts others.			
0	1	2	3
6. Always "on the go" (as if driven by a motor).			
0	1	2	3
7. Easily distracted.			
0	1	2	3
8. Avoids or dislikes tasks that require sustained mental effort.			

Click here to view the complete form

- **ADHD symptoms:** 6 hyperactive/impulsive and 6 inattentive items
- **Behavior and social:** follows class rules, gets along with peers, mood
- **Schoolwork:** completion and quality of assigned work
- **Teacher comments:** optional, for anything else worth knowing

Usually 2–3 minutes to complete

What families bring you: the report

When ADHD symptoms are elevated

ADHD symptoms elevated and other problems reported

3 inattentive and 3 hyperactive/impulsive symptoms are flagged as a Concern for your child. If your child is being treated, discuss whether treatment adjustments should be made.

Problems were also reported in: following class rules.

When something else may be going on

Few ADHD symptoms elevated, but problems reported in other areas

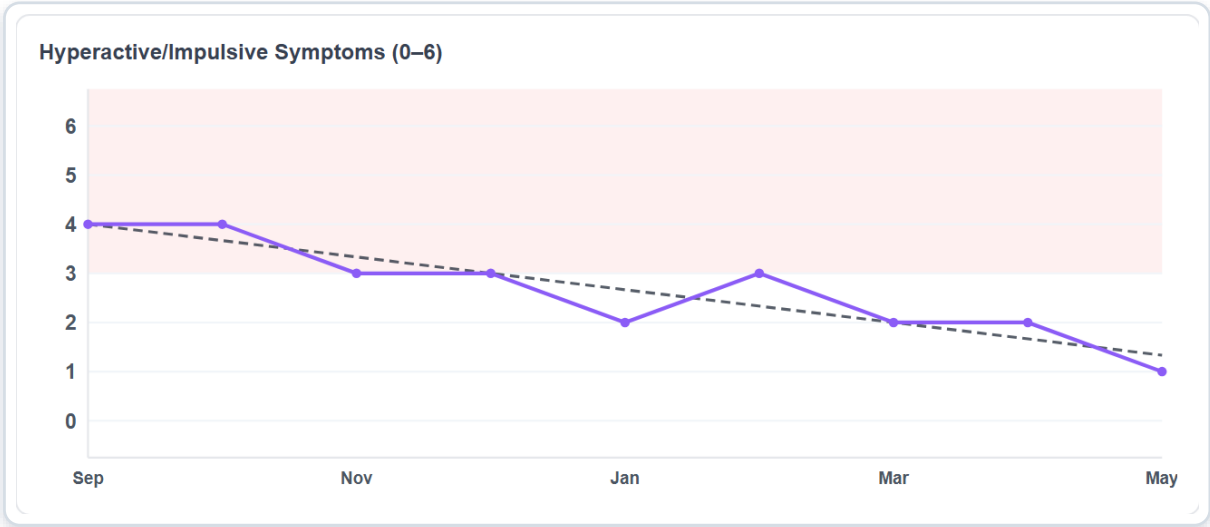
ADHD symptoms aren't currently elevated, but other concerns showed up. This may point to something else, like anxiety, a learning difficulty, or social-emotional issues. Talk with your child's clinician about these concerns.

Problems were reported in: getting along with peers and completion of assigned work.

In addition to the concise summary, each report includes individual item ratings and any teacher comments

Full sample report: monitor.helpforadd.com/sample-results/elevated

Trends across the school year



- **Shaded band:** the range that may be a concern for that measure
- **Dashed trend line:** so one bad week doesn't drive a decision
- **Any change:** see whether a new dose, behavior plan, or school support helped
- **Seven graphs:** ADHD symptoms, behavior, peers, mood, and schoolwork

Full set of sample trend graphs: monitor.helpforadd.com/results-preview-split

Practical details

Free for families

No cost and no insurance involved

Nothing for your practice to set up

No accounts, no EHR integration, no contracts

Automatic after enrollment

Forms and reminders go out on their own; parents just read the reports and share them with you

Quick for teachers

A link by email; no account, usually 2–3 minutes

Weekly or monthly

The family chooses and can switch at any time

Spanish version available

Spanish reports with an English summary for you

Privacy and data protection

Minimal information

Parent and teacher names and emails, and the child's first name (a nickname works)

Item answers not stored

Only a brief score summary is kept for trend graphs; teacher comments aren't stored

No names on shared graphs

The trend graph link parents can share doesn't show their name or their child's

Encrypted

Encrypted database; emails are sent only over encrypted connections

Never sold or shared

No third parties, for any reason

Delete anytime

Parents can permanently delete all of their data at any time

Because parents decide whether to share results, recommending the program doesn't create a HIPAA business-associate relationship

Full policy: monitor.helpforadd.com/privacy

What families say

“This program provides data for the part of her day I can't see. It also keeps my daughter's needs front of mind for her teacher, breaking out the different aspects of her struggles so accommodations and interventions can be specifically targeted.”

— Parent

“For years we lacked feedback from teachers on how changes in medication affected my grandson's demeanor and performance at school. Kids can be inarticulate about the effects of medication. This free service is a wonderful help to our family and our doctor.”

— Grandparent

How to help families enroll

1. Send them to **monitor.helpforadd.com**

2. Give them the bilingual parent handout
   Click here to view or print the handout (PDF)
   Or download the Word version to adapt for your practice

monitor.helpforadd.com

Free for families

Questions? drabiner@duke.edu