

# Educators perception on teaching children with adhd



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Conducting a literature review is a means of demonstrating an author's knowledge about a particular field of study, including vocabulary, theories, key variables, and its methods and history. Finally, with some modification, the literature review is a "legitimate and publishable scholarly document" (LeCompte et. al., 2003). According to Hart (1998), there are reasons for reviewing the literature. Firstly, to discovering, synthesising and gaining new perspectives and secondly, to critical what has been done. The literature review involves locating, analysing, synthesising, and interpreting previous research and documents (Roberts, 2004). We will institute the key points and trends by using the necessary background knowledge to our research questions and objectives and define the limits of our own research. To do that, we will need to describe and critic the knowledge that exists about the "teachers perception's concerning ADHD" and reference that work. The key to writing the literature review is to synthesise information we find in the literature in order to present the results of our research.

Many researchers (Dees, 2000; Hart, 1998) have pointed out that in order to write critical review we will need to:

discover significant variables related to the subject,

find out how the new research improve previous researches,

support our arguments with logical evidence in an understandable manner,

identify links among theories and practices.

The literature sources in our literature review can be divided into primary, secondary and tertiary resources (table 2. 1). Primary literature sources

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include reports and theses. Secondary literature sources include books and journals. Finally tertiary sources include such as indexes and abstracts.

According to the diagnostic criteria for ADHD (DSM-IV-TR. 4) (2000), the most common behaviours of ADHD fall into three categories which are inattentiveness, hyperactivity, and impulsivity. However, there are also several causes of ADHD such as heredity and neurological variables.

## **2. 2. 1 MAIN FEATURES**

Children with ADHD are usually characterised by Inattentiveness, Impulsivity and Hyperactivity (APA, 1994). Alban-Metcalfe and Alban-Metcalfe, (2001) shown a scale for assessing inattention, comprising six criteria; a scale for assessing impulsivity comprising four criteria; and finally hyperactivity comprising three criteria (Table2. 1.). Researchers (Barkley, 1990; Hartmann, 1993; Merrell et al., 2001) believed to display these characteristics early; to a degree that is inappropriate for their age or developmental level; and across a variety of situations that tax their capacity to pay attention, inhibit their impulses, and restrain their movement. Children's academic success is often dependent on their ability to attend tasks and meet teacher's and classroom's expectations with minimal distraction. Such skills enable pupils to acquire the necessary information, complete homework and to take part in classroom activities and discussions (Forness & Kavale, 2001).

### **Inattentiveness**

Inattentiveness refers to an individual's inability to keep focus on a task (NIMH,

2008). Children with ADHD can lose their attention very easily or can be distracted very easily by an external factor and may have difficulty focusing and finishing homework (Cooper and O'Regan, 2001). The more boring, uninteresting or repetitive a task is, the more difficulties are encountered by the pupils. Children appear not to listen when talked to and may have difficulties in paying attention to details. Also, in situations that require the child to sustain attention to dull, boring, repetitive tasks (Luk, 1985; Zentall, 1985) such as independent schoolwork, homework, or chose performance, they have difficulties with sustaining attention. They can get bored easily especially while doing repetitive tasks (Southall, 2007; NIMH, 2008). Parents and teachers often report that ADHD children find it difficult to pay attention to a particular task or to concentrate on the rules of a game. According to DuPaul (1994), parents and teachers often describe attention problems with phrases such as "not seem to hear", "daydreaming", "easily distracted", "cannot concentrate" and "lose stuff".

### **Impulsivity, the inability to control behaviour**

Children with ADHD also have inability to control their behaviour, which is mainly known as impulsivity (Hinshaw, 1994). They have difficulties in weighing the consequences of their actions before acting and do not reasonable consider the consequences of their past behaviour. Furthermore, they face difficulties following rule-governed behaviour (Barkley, 1981a). As Goldstein and Goldstein (1992) and Barkley (1981a) have described, children with ADHD have difficulty following rules. They often understand and know the rules, but their need to act quickly overwhelms their limited ability for self-control. This results in inappropriate behaviour. These children react

incredibly quickly to situations, without being concentrated, or even without listening to the instructions and that is why they make impetuous errors. A particular problem for children with ADHD is that they do not wait for their turn when playing a game. As for school work, where their participation is requested, they select the tasks that require less labour and for which the rewards are immediate, ignoring those tasks which require greater effort (Goldstein and Goldstein 1992). Children with ADHD usually speak loudly and interrupt the conversations of their classmates or even their teachers' - for example, the teacher speaks and the child interrupts her/him during the lesson because she/he wants to ask the teacher " what time is it?" (Hinshaw, 1994).

## **Hyperactivity**

Hyperactivity is the state or condition of being excessively or pathologically active (NIMH, 2008). Hyperactivity behaviour can include constant activity, being easily distracted and incapability to pay attention (Cooper & O'Regan, 2001). Hyperactive children often talk excessively, cannot take part in leisure activities quietly and usually fidget with their hands or feet.

Observations of the pupils at school or while working on independent tasks find that they are out of their seats, moving about the class without permission, restlessly moving their arms and legs while working, playing with objects not related to the tasks and making unusual vocal noises (Abikoff et al., 1977; Cammann & Miehlike, 1989; Luk, 1985). Hyperactivity behaviour might make a pupil the target for bullying. A hyperactive child often interrupts or intrudes on others' conversations or games (Goldstein, Goldstein 1992).

Table 2. 1: Criteria for ADHD. (Alban-Metcalfe and Alban-Metcalfe, 2001)

## **MAIN FEATURES**

### **INATTENTIVENESS**

#### **IMPULSIVITY**

#### **HYPERACTIVITY**

Often fail to give attention to details or makes careless mistakes in school work, work or other activities.

Often do not seem to listen when spoken to directly.

Often lose things necessary for tasks or activities (e. g. pencils, books or tools).

Are often easily distracted by external factors.

Often have difficulties organising tasks and activities.

Often do not follow through on instructions and fails to finish schoolwork.

Often interrupt or intrudes on others (e. g., butts into conversations or games).

Have difficulty following rule-governed behaviour.

Often have difficulty awaiting turn.

Often blurt out answers to questions before they have been completed.

They select the tasks that require less effort.

Often fidgets with hands or feet and squirms in seat

Often have difficulty playing or engaging in leisure activities quietly

Often talks excessively

## **2. 2. 2 SYMPTOMS**

The symptoms of ADHD usually become noticeable at an early age and are intensified when the child starts school (DuPaul & Stoner, 1994). Some symptoms persist into adulthood and may pose life-long challenges.

However, the official diagnostic criteria state that the onset of symptoms must occur before the age of seven, leading researchers in the field of ADHD argue that criterion should be broadened to include onset anytime during childhood (Barkley, 1998). Children to be diagnosed with ADHD must present the symptoms for at least six months (Livaniou, 2004).

Some researchers argue that the first signs of ADHD appeared on the stages of infancy; sometimes these children present an increasing mobility (Weiss & Hechtman, 1993). According to Abikoff, et. al. (1977), babies with ADHD are easily vexed and cry excessively, while as children run all the time, fidget with their hands or feet and make unusual vocal noises. Also, hyperactive children do not experience as many positive interactions with adults, friends and teachers as other children (Burns, 1982). It is also been found that low self-esteem is a characteristic of children with emotional and behavioural problems (DFE, 1994).

Researches suggest that many of the primary symptoms of attention deficit may diminish in intensity in adolescence and adulthood (Weis & Hechtman, 1979). According to Gittelman (1985), there is a consensus that a majority of inattentive children, one-half to two-thirds, outgrow the core symptoms of attention disorder by adulthood. The affective medical, educational and behavioural treatments over the long term help the children's self-esteem, their academic achievement over the year and their relationship with their peers (Merrell & Tymms, 2001).

### **2. 2. 3 CAUSES**

ADHD appears to have a strong biological basis and is likely to be inherited in many cases. Research has not supported the popular views that ADHD is frequently due to the consumptions of food additives, preservative, or sugar (Nigg, 2006). While few ADHD individuals show an exacerbation of their features by allergies, however these allergies are not viewed as the cause of ADHD (Nigg, 2006). Behaviour genetic studies have shown conclusively that genetic effects play a role in the etiology of ADHD (Plomin, et. al. 2001). Similarly, environmental causes play a significant role in the etiology of ADHD. However, there is no apparent single cause of ADHD. It has been suggested that ADHD may result from heredity or from a variety of prenatal or postnatal environmental factors (Goldstein & Goldstein, 1992). Commonly suspected causes included by environmental elements, neurological and emotional nutritional that may or may not play a part in the development of children with ADHD (Oestreicher, 2007).

Precisely, we will try to be more specific about hereditary and neurological variables. Barkley, (1998) and Tannock, (1998) argue that neurological  
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variables and hereditary, influences have received the greatest attention in the literature.

## **Heredity**

Tannock (1998) has pointed out that there are strong evidences from studies that have been carried out over the past 30 years that ADHD is more common in the biological relatives of children with ADHD than it is in the biological relatives of children who do not have ADHD. A positive family history of ADHD symptoms is a common finding. In many children, one of the close family members, like father or mother, might had or has even today the symptoms of ADHD (Tannock, 1998). However, the relationship between the children and their family include environmental factors too.

Nevertheless, a child's behaviour cannot be predicted only from family history. Some hyperactive parents have no hyperactive children, while some not hyperactive parents have children with ADHD (Brown, 2005). Many factors determine which children will be hyperactive.

According to Elia et al (1999), ADHD has a heritability of 0.75 to 0.91 (1.0 = totally genetic, while 0.0 = absolutely not genetic). The possibility of a genetic cause to ADHD is further supported by the fact that ADHD appears to exist in families. Between 10 percent and 35 percent of children with ADHD have a first-degree relative, who had in the past or even today the ADHD features. Approximately, one-half of parents who have been diagnosed with ADHD will have a child with ADHD (Oestreicher, 2007).

Twin facts are used to estimate heritability, which measures the degree that a disorder is affected by genetic causes. Figure 1, demonstrates heritability

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facts from six twin studies of ADHD or related traits (e. g., the inattention subscale of the Child Behaviour Checklist). These facts estimate the heritability of ADHD to be about 0. 80 present, which means that genes play a significant role in the aetiology of ADHD. The fact that heritability is less than 1. 0 display that features of the environment are furthermore, involved in the aetiology of the disorder. However, adoption researches of ADHD involve genes in its aetiology. The adoptive relatives of ADHD children are less likely to have ADHD or associated disorders than the biological relatives of ADHD children (Cantwell, 1975 and Morrison; Steward, 1973). An adoption study by van den Oord et al (1994), estimated that genes accounted for 47% of the variance of inattention scores on the Child Behaviour Checklist

Figure 2. 1: Heritability of ADHD (Faraone and Biederman, 1998)

## **Neurological Variables**

According to Anastopolous (1988), the earliest hypothesis regarding children with ADHD was the structural brain damage that contributed to attention and behaviour control difficulties. However, most children with ADHD do not have structural deficits in the central nervous system and structural brain damage is not considered to be a primary cause of ADHD (Brown, 2005).

## **Food additives and sugar**

In 1982, the National Institutes of Health held a scientific unanimity conference to discuss if the ADHD symptoms are caused by refined sugar and food additives or if the symptoms of ADHD are aggravated by sugar and food additives. It was found that diet limitations helped about 5 percent of

ADHD children, mainly young children who had food allergies (NIMH 2008). In 1982, the National Institutes of Health held a scientific consensus conference to discuss this issue. It was found that diet restrictions helped about 5 percent of children with ADHD, mostly young children who had food allergies(3). A more recent study on the effect of sugar on children, using sugar one day and a sugar substitute on alternate days, without parents, staff, or children knowing which substance was being used, showed no significant effects of the sugar on behaviour or learning (Wolraich, et al., 1994). In another study, children, that their mothers felt they were sugar-sensitive were given aspartame also known as NutraSweet as a substitute for sugar. Half the mothers were told their children were given sugar, half that their children were given aspartame. The mothers who thought their children had received sugar rated them as more hyperactive than the other (Hoover and Milich, 1994).

3Consensus Development Panel. Defined Diets and Childhood Hyperactivity. National Institutes of Health Consensus Development Conference Summary, Volume 4, Number 3, 1982.

## **2. 3 EDUCATIONAL PERSPECTIVES**

### **2. 3. 1 LEARNING DISABILITIES**

Most ADHD children can be successful in the classroom with a little help. A lot of them have also Sensory Integration Dysfunctions (SID) as approximately as 10% to 20% of all children might have some degree of SID (DuPaul & Stoner, 1994). As a result, these learning disabilities, are not simply a failure to do one's work at school, but typically, are defined as a

significant discrepancy between one's intelligence or general mental abilities, on the one hand, and one's academic achievement, such as reading, math spelling, handwriting or language, on the other hand (Mathers, 2006).

ADHD children face difficulties at school due to their excessive energy, isolation, passivity, disorganisation impulsivity/ hyperactivity, weak executive performance and distraction (Kewley, 2001). For instance, when pupils with ADHD are trying to attract attention they might talk incessantly, shout, or whistle. In general, children with ADHD are more likely to present low school performance or they may even drop out of school. Disorganisation and low school performance can result in learning disabilities for children with ADHD. Children with ADHD can also be confused with oral words, sentences or letters (sound memory), may find it difficult to decode sounds (acoustic discrimination) and they may have feeble optical memory (Barkley, 2006). Barkley (1998) argues that ADHD pupils have difficulties with persistence toward a goal, working memory, impulsiveness and inhibition. According to Weyandt, (2007) these effects can be avoided with the appropriate educational practices and treatment, including medication and psychotherapy.

Some children might develop negative feelings such as insecurity, anxiety and low self-esteem when they confront possible failure at school (Barkley, 2006). As Hartman et. al. (2004) have pointed out ADHD children cannot concentrate on their school work and may have some learning barriers due to lack of cognitive tempo as well as the fact that they are sluggish. Their learning difficulties may also have to do with the fact that they are hesitant, <https://assignbuster.com/educators-perception-on-teaching-children-with-adhd/>

shy, frustrated by school failures and social problems, they have low self-esteem and are socially anxious.

### **2. 3. 2 INTERSECTION BETWEEN ADHD CHILDREN AND LEARNING PROBLEMS**

Children with ADHD may experience difficulties in reading or may develop spelling disabilities (Dyslexia), writing disorders (Dysgraphia) and arithmetic disorders (Dyscalculia) (Barkley, 2006). Barkley (1997) argues that although ADHD is not categorised as a learning disability, its interference with concentration and attention can make it even more difficult for a child to perform well at school. The ADHD usually occurs in the elementary stage, and is a result of a specific learning disorder. Almost 50 percent to 70 percent of the children with ADHD have learning difficulties and adjustment problems (Kakouros & Manadiaki, 2000).

Their writing might be messy, with poorly formed letters or words. Moreover, they find difficulty in listening to their teacher and cannot organise their homework. They interrupt their teacher very often in order to go to the toilet or to drink water, and they forget their books and notebooks at school. If the teacher does not have the appropriate experience with ADHD these situations might lead to learning barriers for both the pupils with ADHD and those without ADHD.

‘ According to researchers, a child with ADHD has difficulties in language development (Cantwell, 1996; DuPaul and Weyandt, 2005)’. As DuPaul and Weyandt (2005) have noted an ADHD child ‘ might confront low performance in linguistic tests (vocabulary)’. Additionally, Hinshaw (1994) has pointed out

that ' he might even have problems in the organisation and monitoring of the narrative language'. Furthermore, there are some researchers who comment on the symptoms of both stammering and ADHD, which were found in a small group of children with disturbances in their speech (Kewley, 2001). The school may be a problematic factor for children with ADHD because it is probably the first place where they ought to exercise their self-control and to adapt to a structured environment. The teacher has to try various methods of teaching and learning, which should result in high self-esteem and higher concentration.

Children that have ADHD might face problems with their speech, and they may have difficulties in distinguishing sounds. For instance, they face difficulties in analysing, organising and using information that is included during someone's speech. The types of language difficulties experienced by pupils with ADHD vary and can cover all the modalities of language. They face barriers in the syntax concerning the structure of written and spoken language (oral and written grammar) (Mathers, 2006). These children have problems using or comprehending the structural components of sentences (Mathers, 2006).

In order to gain a clearer snapshot of ADHD the figure 2. 2 considering the symptoms of ADHD adapted for the ADHD Partner Survey.

Figure 2. 2: Symptoms of ADHD adapted for the ADHD Partner Survey.

Reference????? Mallon den 8a to balw

### **2. 3. 3 EDUCATIONAL INTERVENTIONS**

ADHD and learning problems is a challenge that many young people must attempt to balance. The combination of ADHD and learning is a volatile one because the disorder causes unruly behaviour since although school is a place where young people are expected to behave in a mature and responsible manner, the symptoms of this disorder can lead to problems in the classroom. An ADHD-friendly environment is pleasant for all students. According to Davison and Neale (1998), ADHD students will probably need more individual attention in and out of the classroom. Kewley (2005) argues that students with ADHD are capable of higher level thinking and can outshine their peers with imagination and problem-solving skills. The key to help children with ADHD so as to concentrate at school and to do their homework is to pose a challenge to them. DuPaul (2003) argues the school performance of the children should be assessed by evaluating their educational, social and psychological needs of children. ADHD children needs additional support and attention from the teacher, and also the learning objectives should be interesting enough to draw the children's attention to school work.

Kewley (2001) maintains that in order to help a child with ADHD two positive factors should be managed: firstly, the organisation of the class and secondly, the behaviour of the teacher. The organisation of the class refers to situations in which the class should be comfortable, spacious and secure and should accommodate more than twenty pupils. The child should be sitting close to the teacher, away from windows and sockets. As for the behaviour of the teacher, he/she, the school teacher should not label the

child, or have a critical and negative attitude towards ADHD child. The teacher should allocate some manageable tasks to an ADHD child such as to give out hand out to the rest of the class. Also the teacher should reward the efforts of the child so as to boost the child's self-esteem and self-confidence. However, Kewley (2001) has pointed out that the teacher should use simple, clear and direct instructions and should try to give only one instruction at time. In other words the school teacher should avoid long and complex commands that ask the child to do many things at the same time so as to avoid confusion on the child's part.

However, according to O'Regan (2004), the first major component of the most effective instruction for students with ADHD is effective academic instruction. Teachers can help their ADHD students achieve their learning goals by applying the principles of efficient teaching when they introduce, conduct, and conclude each lesson. Children with ADHD learn best with a carefully structured lesson-one where the teacher illustrates what she/he wants children to learn in the specific lesson and places these skills and knowledge in the context of previous lessons (Farrell, 2000). Effective teachers preview their hopes about what children with ADHD will learn and how they should react during the lesson. Also, the encouraging and supporting attitude of teachers whilst keeping teaching activities, on the one hand creates a suitable frame that gives the opportunity to an ADHD child to experience success (O'Regan, 2006). On the other hand, it creates a positive attitude towards the children's educational process and it encourages their additional efforts.



## **2. 4. TEACHER'S KNOWLEDGE AND OPINION**

Teachers are in a situation to provide critical diagnostic information, since the behavioural characteristics of pupils with ADHD are mainly likely to occur in the school environment. (Schwean, et. al. 1993). Apart from the direct informational role that teachers play in the diagnosis of ADHD, they also play an indirect, yet important, role through their referrals concerning ADHD evaluations.

### **2. 4. 1. TEACHER'S KNOWLEDGE**

Studies concerning ADHD knowledge have shown regularly that teachers hold several specific misconceptions about ADHD. A popular misconception is that ADHD symptoms are caused by, or can be modified through, dietary changes (Barbarese & Olsen, 1998; DiBattista & Shepherd, 1993; Jerome, Gordon, & Hustler, 1994). These surveys have generally measured ADHD knowledge through a series of true-false questions about ADHD. The present study aims to determine what teachers believe incorrectly (i. e., misconceptions), and also what they do not know (i. e., lack of information). As such, the specific study will examine teachers' knowledge and opinions of ADHD within several significant domains: symptoms of ADHD, the education treatment of ADHD, and general information about the nature, and causes of ADHD. Specifying teachers' knowledge and misperceptions within these domains will rather lead to further efficient design and evaluation of educational interventions.

The first investigations took part in West regarding the teacher's knowledge and opinions about ADHD began the decade of the 90s. Specifically, Jerome, Gordon and Hustler in 1994 carried out a survey among 439 American and <https://assignbuster.com/educators-perception-on-teaching-children-with-adhd/>

850 Canadian teachers. Results showed an average rate of knowledge about 77% for the American teachers and 78% for the Canadian. Most of the teachers knew about the symptoms of ADHD. However, the majority incorrectly believed that sugar is responsible for ADHD.

Moreover, Sciutto, Terjesen and Frank (2000) studied 149 teachers in U. S. A. concerning their knowledge about symptoms, and general information for ADHD. According to the findings, teachers had more knowledge about symptoms, specifically 68 percent answered correct. In addition, the researchers have found out a positive correlation between the knowledge of teachers and the years of service and experiences with ADHD pupils. Also, a large percentage of teachers believed that sugar and preservatives cause symptoms of ADHD and many of them did not know if people would still confront in their adult life the symptoms of ADHD.

Moreover, Beckle (2004) by using Jerome's, Gordon's and Hustler's questionnaire compared the knowledge and attitudes of 30 teachers and 40 students in Australia. The results pointed out that both teachers and students had low rates in correct responses concerning dietary habits. Ghanizadeh, Bahredar, and Moeini (2006) examined the knowledge and aspects about ADHD among elementary school teachers. The results indicated that 53. 1% of the participants refer that the ADHD is " parental spoiling" of the pupils. One third of the teachers supported that ADHD may be caused by excessive consumption of sugar. However, 39. 8% of the teachers surveyed that the educational achievement of ADHD pupils would eventually be lower than that of pupils without ADHD. Finally,

according to a recent study in Iceland by Einarsdottir (2007), he pointed out <https://assignbuster.com/educators-perception-on-teaching-children-with-adhd/>

that most of the teachers agreed that the majority of children with ADHD was boys and linked the diagnosis with environmental parameters. For instance, many of the teachers believed that difficult experiences such as a death or divorce in the family, a parent's job loss, or other sudden change might cause ADHD.

From a general review of researches Kos, et. al. (2006) concluded that (table2.);

Table 1. 1: General review about teacher's knowledge (Kos et. al., 2006)

The average percentage of correct answers to questionnaires in different surveys varies, since ranges from 47. 8% in the research of Sciutto, Terjesen and Frank (2000) and 83% in the research of Beckle (2004).

The categories in which teachers provided better scores are the symptoms and diagnosis, and the poor scores are questions related to sugar and food additives.

Teachers had further knowledge concerning ADHD than students who had no practical experience.

## **2. 4. 2 FACTORS THAT AFFECT TEACHER'S SKILLS**

Initially, the teachers working experience with ADHD pupils play a key role in their knowledge about ADHD (Kos et. al., 2006). However Nespor (1987) and Beckle (2004), believe that teachers' way of thinking and understanding are vital components of their practice and knowledge. It is also important to note that teachers vary in their ability and motivation to implement behaviour

programs according to their training experience and beliefs about the educational process (O'Regan, 2006). According to Einarsdottir (2007), teachers pointed out that the modern lifestyle and culture change the pupils' behaviour. Specifically, they believe that today children are getting influenced by their environment (family, school, teacher and peers) and according to teachers that is the cause of ADHD. Furthermore, Einarsdottir (2007) has pointed out that, teachers' perception about ADHD was influenced by social conditions, culture and historical data about ADHD. Finally, Poulou and Norwich (2002), according to the 'social learning cognitive theory' (Bandura, 1986), the 'reasoned action theory' (Aizen and Fishbein, 1980), and 'an attributional theory of motivation and emotion' (Weiner, 1986) created a research model about teachers behaviour and reactions concerning their students' behaviour. According to this model, the aetiology of the behaviour might affect their knowledge, feelings and behaviour towards children with ADHD.

Moreover, the teachers' beliefs, considering their personal liability, self-efficacy and potential treatment of pupils with ADHD, and the perceptions of the effectiveness of techniques for coping with ADHD, would influence their decision to use these techniques actually (Kewley, 2005). On the other hand, how teachers confront the situations is linked to their perceptions concerning the school cooperation and the effective school policy services and influences their decisions in general (Havey et. al. 2005).

### **2. 4. 3. TEACHERS OPINION ABOUT ADHD**

In Hong's (2007) survey located in Korea the teachers were asked about the difficulties of teaching a child with ADHD. The answer was that the teachers feel shame when they cannot respond to their duties.

A major task for teachers confronted by ADHD for the first time is to figure out their own feelings and reactions towards the condition. Also, they have difficulties when the child is hiding to escape the lesson. An additional difficulty that teachers faced is the relations between children. ADHD children sometimes fight with their peers and this result to negative feelings from their peers towards the children with ADHD (DuPaul, G. J. (2003).

At the end, according to Mariakaki and Orfanidou (2009), teachers report that children with ADHD because of their hyperactivity, often fidgets with hands or feet and squirms in seat and cannot be concentrated in the lesson. They also argue that students with ADHD do not understand what is happening in classroom, they have difficulties following through on or completing tasks and blurt out answers before questions have been completed. Another view of teachers for children with ADHD is that children with ADHD have impaired visual perception. Illustrative, although they might have a perfect vision cannot understand the symbols because of their lack of attention.

### **2. 5. TEACHERS INTERVENTION**

School teachers play a major role in the assessment of children's academic and behavioural problems. The main teaching strategies are: teaching

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strategies about attention, teaching strategies about organisation and memory and teaching strategies about self-esteem.

### **2. 5. 1. TEACHING STRATEGIES**

School-aged children spend 6-8 hours per day, 5 days per week with their teacher. So, teacher play a vital role in the assessment