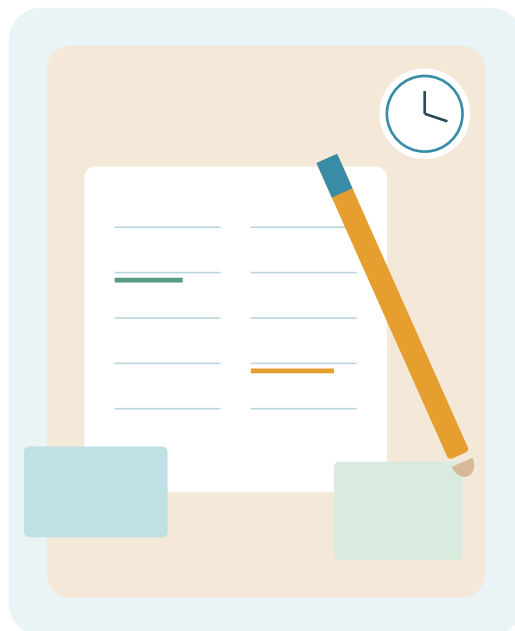


Recognising and Supporting Girls with ADHD

A practical 30-page guide to noticing, understanding and supporting girls in school.



FOR TEACHERS, SENCOs AND SCHOOL STAFF

Notice the signs. Support learning. Partner with the pupil and family.

How to use this guide

This guide is for teachers, SENCOs, pastoral staff and other school professionals supporting girls and young women. It brings together signs to notice, ways to listen, practical classroom strategies and guidance on working with families and clinicians. Use it to open a careful conversation, not to diagnose a pupil.

ADHD is not diagnosed from one behaviour, checklist, school report or social media post. A qualified clinician considers development, persistence, impact and what happens across settings. Similar difficulties can have other explanations, and more than one condition can be present. These examples are prompts for curiosity, not a diagnostic test. [1,2]

Use the reflection prompts to record neutral examples and identify barriers. Ask the pupil what she notices and what helps. Protect her dignity, privacy and choice, and follow your school's safeguarding and information-sharing procedures. Practical support does not need to wait for diagnosis: clear instructions, predictable routines and help with task steps can make learning more accessible while concerns are discussed.

People differ in preferred language: some say a girl with ADHD, others an ADHD girl. Follow the young person's preference.

For a first conversation, choose only the pages that match the pupil's current concern. A staff discussion might focus on one lesson and one adjustment; a family meeting might compare what happens at home and school. Explain why information is being shared, who will see it and how it will be stored. Do not treat the guide as a test or ask the pupil to complete it alone. Offer a chance to pause, disagree or add her own words. Revisit the agreed action after a set period and tell her what changed as a result of her feedback.

Start with a specific school moment rather than trying to interpret a whole pupil at once. For example, if written work is often delayed, note the task length, whether the first step was clear, what materials were ready and what happened after a quiet prompt. Ask the pupil which part felt difficult. The barrier may be remembering the instruction, choosing a starting point, managing worry or coping with noise; different barriers call for different adjustments. Keep the example brief, factual and balanced: record what worked, what she enjoys and what she says as well as what went wrong. Revisit the same situation after a small change so the team can see whether it made a difference. This creates a useful conversation with the pupil and colleagues without turning ordinary lessons into a diagnostic exercise.

IN PRACTICE

Use a short observation record with seven fields: date and lesson; task; what happened; the pupil's view; what adults tried; what changed; and one next question. Use the same format across a few situations so differences are easy to compare. Keep the record factual, private and consistent with school policy.

Before asking a pupil to reflect, explain why you are asking and let her choose whether to answer aloud, write, point to a prompt or return later. At review, show her the summary and invite corrections. If adults disagree about what an event meant, record the different views and focus on a practical step that can be tried safely.

What ADHD is and is not

ADHD is a neurodevelopmental condition involving persistent patterns of inattention and/or hyperactivity and impulsivity that begin in childhood and interfere with everyday life. It is not a lack of intelligence, care, effort or good parenting. A child may understand an instruction and still lose track of it, struggle to begin, forget what comes next or find it hard to pause before acting. [1,2]

The word attention can mislead. Many people with ADHD can concentrate intensely on a compelling activity while finding it difficult to direct attention towards a task that feels repetitive, unclear, distant or effortful. This variation is real; it does not mean the person can simply choose to focus on demand.

ADHD is not a personality type. Girls with the same diagnosis can have very different strengths, support needs and daily experiences. Diagnosis should help explain a pattern and guide support, not become a complete description of who she is. Ask what is hard, what is working and what she wants adults to understand. [1]

Try asking: “What part of this is getting stuck?” This makes room for barriers such as remembering, starting, sequencing, sensory load, worry or fatigue instead of assuming defiance.

ADHD is understood as a condition involving brain development and self-regulation. It is not caused by a child being spoiled, a caregiver being too soft, or a lack of consequences. Expectations still matter, but consequences alone cannot teach a skill that is not yet dependable. Clear structure, meaningful feedback and chances to practise can support learning. The aim is not to remove every difficulty or excuse harmful behaviour; it is to understand the barrier and teach a safer, more workable response. Many people with ADHD develop effective strategies, especially when they are involved in shaping them.

IN PRACTICE

In a classroom, replace a judgement about character with a description of the task demand. “She did not care” is an interpretation; “she began after the class had moved to the second activity and needed the first step repeated” is observable. That description gives staff something to change and lets the pupil correct an inaccurate assumption. ADHD does not remove accountability for impact on others. It changes the support needed to learn a skill and meet an expectation. A calm boundary can be paired with a cue, rehearsal or repair plan.

A learning environment can make a difficulty more or less visible. A quiet room, adult prompting or a topic of high interest may help a pupil sustain attention; a long oral instruction in a busy room may make it harder. This variation does not mean the underlying need is invented. Compare the conditions, not just the outcome. If she succeeds with structure, identify which part of that structure helped and decide whether it can be made available more consistently. Use the same approach for strengths: find the conditions in which they show up and build on them without assuming they will appear on demand.

The three symptom areas

Clinicians describe ADHD symptoms in two broad groups: inattention, and hyperactivity/impulsivity. A person may meet criteria mainly in one group or in both. Presentation can change with age and demands, but the underlying pattern and its impact matter. [1,2]

Inattention can include losing the thread of spoken instructions, overlooking details, drifting during tasks, forgetting belongings, difficulty organising steps, avoiding sustained mental effort and being pulled away by sounds or thoughts. It may look like daydreaming, slow work or not listening even when the child is trying.

Hyperactivity can be physical movement, inner restlessness, fidgeting, talking, needing frequent activity or finding stillness uncomfortable. Impulsivity can mean answering quickly, interrupting, acting before considering consequences or finding waiting unusually hard. These are patterns to understand, not moral failings.

No single example proves ADHD. Notice frequency, duration, context and impact, and whether similar difficulties have been present since childhood. Record the support that changes the outcome as well as the difficulty. [1]

Symptoms need to be considered in relation to age and development. A level of movement or distractibility that is ordinary for a younger child may have a different impact as classroom expectations change. Clinicians look for a pattern, not an isolated bad day. Stress, sleep loss, grief, anxiety, illness and changes at home can also affect attention or activity. This is one reason a careful history matters. Describe what happens on ordinary days as well as during stressful periods, and note whether supports make the difficulty manageable or whether it continues to interfere.

IN PRACTICE

For observation, record a sequence rather than a label: the direction was given orally; the pupil looked towards the speaker; she began the first step but did not move to the second until prompted. Include the class context, task length and what helped. Similar examples over time can help staff and the family decide whether a referral conversation is appropriate. Do not count ordinary variation as a disorder. Focus on whether the pattern is persistent, developmentally unusual, present across relevant contexts and affecting learning, relationships or wellbeing. This is the kind of information a specialist may need. [1]

For each concern, ask what the pupil was expected to manage without help. “She forgot her book” may mean she had to remember a timetable change, pack at speed and move through a crowded corridor. “She interrupted” may mean an idea felt urgent or she lost track while waiting. The detail does not remove impact on others; it helps adults teach a usable alternative. Write down what happened immediately before and after the behaviour. Patterns around transitions, lengthy tasks or uncertainty may point to an adjustment that changes the outcome.

Why some girls are missed

ADHD is recognised less often in girls and women. The NHS notes that girls more commonly show inattentive symptoms, which can be harder to spot than disruptive hyperactivity. A quiet pupil who does not disrupt lessons may still expend enormous effort to keep up, lose instructions, forget equipment or become distressed later at home. [2,3]

Some girls compensate by copying peers, over-preparing, people-pleasing, hiding confusion or relying on a parent to organise every step. These strategies can conceal how much support is required. They may also be costly: the child can appear to manage until workload, transitions, friendships or tiredness overwhelm the system.

Look beneath grades and compliance. Is work taking much longer than expected? Are there frequent tears, shutdowns, forgotten items, sleep difficulties or intense recovery needs after school? Does success depend on an adult checking every step? These details give a fuller picture than “she is doing fine” or “she is clever”.

This is not true of every girl, and not every quiet or anxious girl has ADHD. Sex and gender do not determine presentation. The question is whether this individual has a persistent pattern of ADHD-related difficulties and impairment. [1,2]

Adults may also overlook a girl because she gets good marks, is polite, has friends or seems mature. Those observations matter, but they do not answer how much prompting, rehearsal or recovery is required. A child may use intelligence to compensate for executive-function difficulties for years, then struggle when workload increases. Ask whether the pattern is sustainable. Does she lose sleep to finish work? Depend on a parent to track every deadline? Avoid activities where mistakes might be visible? These questions help distinguish visible achievement from the cost of maintaining it.

IN PRACTICE

A high-achieving pupil may have strong understanding but weak consistency. Look for a gap between the quality of her ideas and her ability to record, organise or submit them. Does she complete work only when an adult stays nearby? Does a polished result depend on repeated reminders at home? Ask rather than infer. Use private, low-pressure questions: “Which part of getting this finished takes the most effort?” and “What do you do so other people do not notice you are stuck?” The answers may reveal a need for support even when outward behaviour looks compliant.

Staff can unintentionally reinforce concealment by praising a pupil for never needing help or by asking only whether she has completed the work. Make help-seeking ordinary for everyone. Check understanding privately, provide multiple ways to ask a question, and praise accurate self-advocacy. When reviewing progress, include the amount of adult support, time and recovery involved. A pupil who achieves after extensive scaffolding may be learning well, but the record should still describe the support required so transitions to a less supported setting are planned carefully.

Quiet signs that deserve attention

A girl may sit still while her thoughts race. She may stare out of the window, miss a page of instructions, start several tasks without completing them, or remember a deadline only when panic provides urgency. She may lose items repeatedly, misjudge how long getting ready takes, or need reminders for routines that seem automatic to others.

At school, a teacher may see a pleasant, imaginative pupil who rarely asks for help. At home, caregivers may see the effort behind that presentation: a bag emptied on the floor, a forgotten lunch, distress about a small change, or homework becoming a long evening. Differences between settings are evidence to explore, not proof that someone is exaggerating.

Notice internal effort as well as visible behaviour. Ask how often she rereads a paragraph, rehearses what to say, watches peers before beginning, or feels exhausted after holding herself together. Ask whether she understands work but cannot start or finish it reliably.

Write neutral examples: “Needed four prompts and a visual checklist to pack PE kit” is more useful than “careless”. Include what happened before, the support offered and what changed.

Look for repeated friction rather than one particular behaviour. The relevant pattern may be forgotten instructions, unfinished work, lost belongings, emotional overload and a long recovery after school. Ask her to describe the moment she loses track: was the direction too long, did another sound pull her away, was she unsure how to begin, or did worry take over? That account may point towards a specific support. Also note times things go well; if a written list, movement or adult check-in changes the outcome, record it. Helpful conditions are part of the picture.

IN PRACTICE

Compare performance across types of task. A pupil may participate enthusiastically in discussion but lose track during copying, independent writing or a long explanation. She may be able to describe what she learned but have no record of it in her book. That difference is worth exploring. Provide a written outline, check the first step and return once during the task. Record whether those changes improve participation. Do not use public correction to test whether she is paying attention; it can increase embarrassment without clarifying what support she needs.

Look at the process as well as the completed work. A student may produce a strong answer but take twice as long, copy from a classmate, or need an adult to redirect her repeatedly. Another may leave parts blank because she did not know which materials to use. Ask her which part felt hardest and compare her answer with your observation. Support the barrier you can see today while you continue to gather information. Do not wait for a dramatic incident before checking whether the current classroom routine is accessible.

Masking and the cost of coping

Masking means hiding or compensating for difficulties to meet expectations or avoid judgement. A girl might watch classmates to work out what to do, suppress movement, over-apologise, or stay silent rather than risk a wrong answer. Some strategies are deliberate; others become habits. Listen to her own account rather than assuming masking from gender alone.

A coping strategy can be useful and costly at the same time. A detailed colour-coded system may help one young person while consuming so much time that she cannot rest. Being “the responsible one” can earn praise but leave her terrified of making a mistake. Ask not only “Can she do it?” but “How much support and effort does it take, and what is left afterwards?”

After-school collapse can reflect accumulated demands: noise, social monitoring, transitions, hunger, decisions and sustained attention. It is not evidence of manipulation. Plan decompression and basic needs before demanding more conversation or homework.

Try: “I can see you kept going at school. You do not have to prove you are struggling here. Let’s work out what would make tomorrow easier.”

Adults sometimes praise the result without noticing the effort: a finished project, quiet lesson or helpful older-sibling role. Ask what the young person had to give up to achieve it. Could she still eat, sleep, see friends or enjoy the activity? Does she need a long period alone afterwards? The answer should guide expectations and support, not become a reason to remove every responsibility. Where possible, give her a way to signal that she is running out of capacity before distress peaks. Agree what adults will do when they see that signal.

IN PRACTICE

A pupil may hide confusion because asking for repetition feels exposing. Offer a discreet route to ask for help: a card on the desk, a quick check-in while circulating, or a written question box. Tell the class that asking for clarification is a normal part of learning so the girl is not singled out. If she is praised for being easy to teach, consider whether that praise is rewarding silence. Make it equally safe to say, “I need the instruction again,” “I need a minute,” or “I am not sure where to start.”

A private check-in can be short and predictable: “You do not have to explain everything. Is the current plan helping, partly helping, or not helping?” Offer a way to answer without speaking. Notice if she copies another pupil’s behaviour or waits to see what everyone else is doing before starting; ask what information she is missing rather than assuming she is being passive. If she says that a strategy makes her stand out, believe that concern and look for a discreet version. Support should reduce effort, not demand more performance.

Executive functions, planning and organisation

Executive functions are mental processes used to hold information in mind, start, plan, switch, monitor and finish. ADHD can make these less dependable, especially when a task is boring, multi-step, emotionally loaded or far away in time. The gap between knowing and doing can be painful: she may know exactly what needs doing and still be unable to begin.

A morning routine may require waking, choosing clothes, dressing, finding socks, eating, packing books, checking the timetable and leaving on time. Each step competes for working memory. If one step is missed, adults may see carelessness; the girl may experience a confusing cascade of trying and then losing the thread.

Externalise the process. Put a checklist where the action happens, use one calendar, stage essential items by the door, and reduce decisions. Give one instruction at a time and allow it to land. A visual prompt is a tool that makes the next step visible. [2]

When a system breaks, troubleshoot it before blaming the person. Was it visible? Too complicated? Did the routine change? Could she use it independently? Change one part and review together.

Planning is more than writing a list. It means noticing a task, deciding its steps, estimating time, choosing materials, beginning, checking progress and remembering to finish. Make those steps visible. For a project, work backwards from the due date and agree small checkpoints with space for unexpected delays.

Use one trusted calendar or planner rather than competing systems. Put the due date and first action in it. Keep a short daily list, not an endless inventory. Put prompts where they are used: sports-kit list near the bag, morning list by the door, homework plan beside the work area.

Build in transition time. A young person may need warning before stopping an absorbing activity and a clear description of what comes next. If a schedule changes, say what changed, what stays the same and where she can find the updated plan.

Teach by doing together, then step back gradually. Independence is not the absence of help; it is having tools and support that let her take part. Ask her to choose one skill to practise, and agree what adult help remains available.

A useful support has a clear cue, a small number of steps and a predictable place. A list hidden in a phone app may not help if she forgets to open the app; a reminder at the door may work better. Keep the system visible, practise it together and avoid adding multiple alarms that become background noise. If she repeatedly needs adult prompting, treat that as useful information about the level of external support currently needed. Independence can grow by reducing one prompt at a time after the routine becomes reliable, not by withdrawing help suddenly.

IN PRACTICE

Teach organisational steps explicitly instead of treating them as prerequisites. Model how to unpack a task, mark the due date, gather materials, begin and check completion. Use the same visual structure across lessons where possible. Keep a pupil's planner or materials system simple enough to use when tired or rushed. If she needs frequent prompting, agree whether the prompt can be faded gradually, and check that she knows what the next step is before withdrawing it. A support plan should describe the adult action as well as the pupil action.

Attention, interest and getting started

Attention is affected by interest, novelty, urgency, clarity, energy, emotion and surroundings. A girl may read for hours about a favourite subject and still be unable to open a worksheet. This unevenness is often misread as choosing not to work. Ask what conditions make attention easier to access.

Task initiation can be the hardest part. “Do your homework” hides many decisions: find the work, understand the question, gather materials, estimate time, choose an order and tolerate uncertainty. Break it into a first visible action: “Open the planner and show me the first task.” Then agree a short work period and a defined pause. [2]

Use a start routine: clear only the space needed, place the first item in view, set a gentle timer if she likes timers, and agree what “done for now” means. An adult sitting nearby can provide shared presence without taking over. Ask whether she wants silence, check-ins or help thinking aloud.

Avoid using urgency as the only engine. Repeated last-minute panic can produce work, but can increase anxiety and exhaustion. Build earlier prompts and smaller deadlines so success is not dependent on crisis.

Some young people experience time as difficult to estimate: a task due next week may feel unreal until it becomes urgent. Help make time visible with a calendar, intermediate checkpoints or a short review of what happens today. A transition warning can help her disengage from one activity and prepare for another. Check that a task is both clear and achievable before treating delay as avoidance. If she cannot identify the first step, do that step together once, then give her room to continue. Notice which environmental changes improve focus and keep those that are practical.

IN PRACTICE

In independent work, make the entry point visible. Put the first question on the board, show one worked example and tell pupils what a completed first five minutes could look like. Check privately that she has located the right page and understood the direction. If the task is open-ended, offer a small choice of starting points. If it is repetitive, break it into chunks and review progress. These changes help reveal whether the challenge is attention, unclear expectations, confidence or task knowledge, rather than assuming all delay has the same cause.

When a pupil appears distracted, first check whether the task is accessible. Is the reading load appropriate? Does she know which materials to use? Are examples visible? Is there a quieter place, or would a short movement break help? Ask one question at a time and give processing time. A student may look away while listening or need to doodle to keep attention steady. Do not use eye contact or stillness as the only evidence that she is engaged. Look at what she can explain, start and complete with appropriate support.

Hyperactivity can be internal

Not every hyperactive girl runs around a classroom. Some experience a constant inner motor, fast thoughts, pressure to speak, difficulty waiting, restless hands or a need to move between tasks. Others are active where it is welcomed and appear still where adults expect quiet. Context changes what observers notice.

Movement may support attention rather than interrupt it. Fidgeting, standing, doodling, walking while talking or taking a brief movement break can help some young people listen and regulate. Ask what works and check whether it affects others. The aim is access to learning and wellbeing, not perfect stillness.

Impulsivity can also be quiet: agreeing before thinking, buying something quickly, sending a message in a strong emotion, or sharing personal information to maintain a friendship. Support works best when it adds a pause or safe rehearsal, not shame afterwards.

Try a neutral plan: “When you feel the urge to answer, write the thought down or use our agreed signal.” Practise when calm. If it is not helping, change it together. [1,2]

Ask how restlessness feels rather than deciding from posture. She might describe a buzzing body, racing thoughts, boredom that feels painful, or an urge to speak before she loses the thought. Explore whether movement is helping her listen and whether a low-disruption option can meet the need. For impulsive decisions, rehearse a pause that does not depend on perfect willpower: save the message as a draft, wait before buying, or agree to check with a trusted person before sharing personal information. Keep the approach respectful and age-appropriate; the aim is safer choice, not surveillance.

IN PRACTICE

Agree movement options before a lesson becomes difficult. A pupil might stand at the back for a short explanation, deliver a note, use a quiet fidget or take a brief movement break at a planned point. Check whether the option supports learning and is safe for everyone. Do not remove movement as a punishment for fidgeting if movement is helping her attend. For impulsive contributions, build in thinking time for the whole class, such as silent jotting before discussion. This gives her a pause without making her feel that her ideas are unwelcome.

The same movement strategy will not suit every pupil. Agree options that respect classroom safety and the student's privacy. For example, a quiet fidget may help one person while becoming another distraction for someone else. Review a strategy through observation and pupil feedback rather than keeping it because it is commonly suggested. If she speaks impulsively, a structured turn-taking routine for the whole class can help without singling her out. If movement is needed, plan when and where it can happen so she does not have to wait until she is already overwhelmed.

Emotions and regulation

Emotions are not one of the formal symptom groups used to diagnose ADHD, but families often describe intense feelings, fast escalation or difficulty recovering. A transition, criticism, disappointment or sensory overload may feel enormous. The young person may not yet have a reliable pause between feeling and action.

Regulation is easier when adults reduce demands before overload. Check hunger, tiredness, pain, noise, uncertainty and the number of instructions. During high distress, use fewer words, a calm voice and physical space. Save problem-solving for later; a lecture during overwhelm rarely teaches the skill you want.

Afterwards, repair and learn: “That got very big. You are safe. When you are ready, we can work out the first warning sign and what might help next time.” Discuss impact without defining her as difficult. If anyone was hurt or frightened, attend to safety and repair as well as the trigger.

Track patterns gently rather than monitoring every mood. If distress is persistent or includes self-harm, hopelessness or talk of suicide, contact a health professional promptly and use urgent local services if there is immediate danger. [2]

A simple shared map can help: what happened, what she noticed in her body, what she needed, and what could help next time. Keep it brief and use her own words. Some young people need quiet before they can talk; others benefit from movement or a trusted adult staying nearby. Do not use a regulation strategy as a test of compliance. Practise options during calm moments and let her tell you which ones feel supportive. If a strategy is making things worse, stop and review it rather than insisting that it should work.

IN PRACTICE

Staff can reduce escalation by describing the immediate next step, offering processing time and lowering the audience. If a pupil is overwhelmed, avoid a public debate about intent. Use a calm, brief statement, protect safety and offer a route back to learning when she is ready. Later, talk through what happened from her point of view as well as the effect on others. Ask what early sign staff could notice next time. If emotional distress is recurrent or worsening, communicate with the SENCO and family and follow school wellbeing and safeguarding procedures.

A small after-incident review can be more useful than a lengthy behaviour debrief. When she is ready, ask: what was happening, what did you need, what did adults notice, and what could we change next time? Keep accountability proportionate and focus on repair. If she is not ready to talk, agree when you will return to it. Adults should also reflect on whether instructions, tone, audience or a sudden change increased distress. Repeated escalation may mean the support plan is not addressing the conditions that lead to overload.

Friendships and social navigation

Friendships can be joyful and demanding. A girl may speak quickly, interrupt because she fears forgetting her thought, miss subtle cues, or become intensely invested in one friendship. Another may be socially thoughtful but exhausted by monitoring every interaction. ADHD can affect timing and follow-through; it does not mean she lacks empathy or wants to upset others.

When a friendship goes wrong, separate intention from impact. Help her identify what happened, what each person might have experienced and what repair could sound like. Avoid scripts that require her to apologise for having ADHD. A clear apology names a specific action and its effect while allowing her to explain her needs.

Support social access without forcing popularity. A smaller group, shared-interest activity, predictable plan or quiet break may fit better than a large unstructured gathering. Ask whether she wants to practise a conversation, plan an exit or decide what to share about ADHD.

If bullying, coercion, exclusion or unsafe online contact is involved, treat it as a safeguarding and wellbeing issue. Do not explain away harm as “just ADHD” or ask the child to manage a risk alone.

Discuss boundaries as well as social skills. She can practise noticing whether a friendship feels mutual, how to say no, what information is private and how to leave an uncomfortable situation. Role-play only with her agreement; an adult script can sound unnatural if it does not match her voice. After conflict, avoid repeatedly replaying every detail. Identify one repair or safety step, then help her return to something restorative. If the school environment is contributing to exclusion or bullying, involve an adult who can address the environment rather than placing the whole burden on her.

IN PRACTICE

Notice who holds power in the interaction and whether the pupil feels safe. Some social difficulties are not misunderstandings caused by ADHD; they may involve exclusion, bullying or pressure from peers. Speak with the pupil privately, gather information carefully and follow safeguarding policy. Where appropriate, teach explicit social expectations without implying that she must mask more to deserve friendship. Small structured groups, clear roles and shared-interest activities can make participation easier. Check that she has an adult to go to if an interaction becomes uncomfortable.

A school can reduce social pressure through predictable group roles, clear turn-taking and an adult who notices exclusion early. Do not force a pupil into a friendship group as a test of social competence. Ask whether she wants support to join an activity, maintain a boundary or spend some break time alone. If she has misunderstood a peer, help her check the meaning without humiliating her. If a peer has harmed her, focus first on safety and responsibility of the person causing harm. Neurodivergence is not a reason to tolerate bullying.

School: the whole day matters

School places heavy demands on attention, working memory, transitions, waiting, organisation and social interpretation. A student can achieve well and still be impaired if she needs extensive prompting, spends excessive time on work, or returns home depleted. Grades are only one part of the picture.

Ask school to share observations from different lessons and times: starting independent work, remembering equipment, moving between rooms, group work, lunch, homework recording and the end of the day. A quiet demeanour can hide difficulty. A conversation with the pupil may reveal what adults cannot see.

A useful meeting aims at specific barriers and actions. Instead of “be more organised”, agree who checks the planner, where instructions are written, how the teacher signals the first step, and when the arrangement will be reviewed. Record what the student says works. [1,2]

The NHS advises families to discuss classroom, homework, confidence and friendship support with the school SENCO while pursuing assessment where needed. Local arrangements differ across the UK; ask the school and local authority about the route where you live. [2]

Share information in a way that helps teachers act. A brief profile can include what the student is good at, what tends to get in the way, useful prompts, signs of overload and who to contact. Agree a review date so the plan does not depend on one staff member remembering an informal conversation. Ask the girl what may be shared and how she wants support delivered in front of peers. If she is embarrassed by a visible adjustment, explore a discreet alternative. The best plan is one she can use without feeling singled out.

IN PRACTICE

A useful observation can follow the day from arrival to home time: equipment and transitions in the morning; listening and task starts during lessons; peer demands at break; energy and concentration after lunch; and how she leaves the building. Note the times of day when demands accumulate. A plan that only changes the first lesson may miss a lunchtime or end-of-day barrier. Ask the pupil where she feels most able to learn and where she has to work hardest to appear settled. Use her answer to choose the first adjustment.

Use transition points as opportunities for support: a visual countdown before a change, a short reminder of what to bring, and a predictable route to the next task. Keep the number of messages manageable; multiple warnings can become background noise. If the timetable changes, update the written schedule and tell her directly. At the end of the day, give a moment to check tomorrow's materials rather than relying on memory during a busy dismissal. Review whether this helps her leave feeling prepared rather than corrected.

Homework and learning without taking over

Homework combines remembering, planning, initiation, sustained attention and emotional tolerance. If it regularly takes far longer than expected, the answer may not be more pressure. Check that she has the task, understands it, knows where to start and has the materials. Ask school whether workload, recording systems or deadlines can be made clearer.

Try a short planning conversation: “What is due? Which task is smallest? What will you need? When is a sensible stopping point?” Use visible instructions and split work into manageable sections with breaks, as the NHS suggests for children and young people. [2] If a timer creates pressure, use a checklist or natural stopping point.

Help her estimate time by comparing guesses with actual experience, without criticism. Keep a simple record: task, estimated time, actual time, help needed and one change to try. If she repeatedly cannot complete the expected amount, share the record with school rather than silently extending the evening.

Praise strategies, persistence, asking for clarification and returning after a break. Avoid praising only speed or perfect neatness. The aim is learning and independence, not a spotless worksheet produced through unsustainable adult support.

Choose a workable time, place and amount of work together. Start with a brief check: what is due, what is unclear and what materials are missing? Agree the first action and a stopping point. Some girls want an adult quietly nearby; others want check-ins or privacy. Ask before stepping in.

Break assignments by effort, not just subject. “Write one sentence that answers the question” is a clearer start than “finish English”. Alternate demanding and easier tasks if that helps. Put breaks on the plan so they are expected, rather than a reward that must be earned by struggling.

If she is stuck, use prompts that preserve ownership: “What do you know already?”, “Which part is confusing?”, “Would an example help?” Avoid correcting every small error while she is still trying to begin. If too tired to continue, record what remains and communicate with school where appropriate.

Doing the work for her may reduce today's conflict but hide the support required. Ask school to adjust workload or clarify expectations when homework repeatedly consumes the evening.

If homework regularly triggers conflict, first separate the learning problem from the organisation problem. Does she understand the subject but forget the task? Can she explain an answer but struggle to write it? Is the amount manageable after a full school day? A short note from caregivers can help school see the actual time and support involved. Agree a limit on how long the family will work before pausing and contacting the teacher. Protect sleep and family relationships; a child should not have to sacrifice both to demonstrate effort.

IN PRACTICE

Agree a shared message about homework with caregivers. Send instructions in one predictable place, specify the expected amount and distinguish essential work from optional extension. If the pupil repeatedly spends much longer than planned, staff should review task access and workload rather than assuming that extra hours demonstrate commitment. A short note can capture how long work took and what assistance was required. This helps the school see the difference between subject difficulty, written-output demands, forgetting and task initiation.

Self-esteem, shame and her story

Repeated correction can shape a painful story: “I am lazy”, “I ruin everything”, “I am the difficult one”. A girl may compare her behind-the-scenes effort with classmates’ visible results and conclude she is failing at something everyone else finds easy. These beliefs can become more harmful than a misplaced pencil.

Name the difficulty accurately and keep identity separate from performance. “Your brain lost track of the second instruction; let’s write it down” is more useful than “You never listen”. Make room for strengths without using them to dismiss needs. Being creative or bright does not cancel out the need for reminders, breaks or adjustments.

Repair matters. Adults can say: “I thought you were ignoring me. I can see now that you had lost the instruction. I’m sorry I called you careless. Let’s find a better cue.” A genuine apology models accountability and rebuilds trust.

Invite her to choose language for ADHD and decide who should know. Support self-advocacy gradually: point to a written plan, then practise asking a trusted teacher for repetition or a quieter place.

When correcting behaviour, describe the action and the next step rather than making a global judgement. Replace “You are so disorganised” with “Your PE kit is still in the hall; let’s put it by the bag now.” Catch effort that is invisible: returning to a task, asking for clarification, noticing a mistake or accepting help. Avoid comparing siblings or classmates. If she says she is stupid or a burden, do not argue her out of the feeling. Ask what happened that made the thought feel true, then remind her that one difficulty is not the whole of her identity.

IN PRACTICE

Use feedback that describes a strategy and its effect: “The checklist helped you return to the second step,” or “You asked for the example before starting, and that saved time.” Avoid comments about laziness, messiness or potential. If correction is necessary, make it private where possible and focus on a specific action. Give the pupil a chance to explain what happened before assigning a consequence. Repair trust when an adult misreads the situation; a brief apology can show that respectful communication applies to adults too.

A pupil may need time to trust an adult after repeated misinterpretation. Follow through on small commitments: bring the checklist, check in when promised, and avoid discussing her support in front of peers. If she makes a mistake, respond in a way that leaves room for a fresh start. Do not make every success a public example of overcoming ADHD; she may not want her diagnosis or suspected needs disclosed. Respectful privacy is part of supporting confidence and agency.

When other needs overlap

ADHD can occur alongside anxiety, depression, autism, learning differences such as dyslexia, sleep problems and other health needs. These can affect one another. A child may be anxious because she is repeatedly late or unsure what to do; she may also have anxiety that needs its own support. Neither explanation should dismiss the other. [2,3]

Tell the clinician about the whole pattern: sensory needs, communication, reading and writing, sleep, mood, physical health and times she manages best. Ask whether further assessment or support is appropriate. A single label may not explain every difficulty, and professionals may need to coordinate.

Be cautious with online checklists that promise to distinguish ADHD from autism or trauma in a few questions. Similar experiences can have different causes, and one person can have more than one condition. A careful history and the young person's perspective matter.

If a difficulty is causing harm now, seek help for that difficulty while assessment continues. A long wait for one service does not mean the family must wait to ask school, primary care or local services for practical help.

Bring questions about overlapping needs into assessment rather than trying to decide which label is correct at home. For example, difficulty starting could relate to ADHD, anxiety about getting it wrong, a learning difference, fatigue or several factors together. Ask what each professional is assessing and how recommendations fit together. Keep a brief record of medicines, health conditions and supports, and share it with relevant clinicians. If the young person has sensory or communication needs, tell the service in advance so that the appointment can be made more accessible.

IN PRACTICE

School observations can help separate questions without pretending that staff can diagnose. If a pupil loses focus mainly during reading, ask whether decoding or comprehension is taking effort. If she avoids group work, explore anxiety, sensory load, communication needs and peer safety. If fatigue is prominent, tell the family what staff observe and follow the usual health or safeguarding route. Share concerns without presenting a list of labels as conclusions. The aim is to connect the pupil with the right assessment and make learning accessible in the meantime.

When a pupil is referred for additional help, continue to share classroom evidence with the relevant staff member while respecting confidentiality. Explain which demands are difficult and which supports have helped, rather than sending a broad list of possible diagnoses. Ask whether a learning assessment, pastoral support, sensory review or health conversation is also appropriate. The aim is not to choose one explanation prematurely. A joined-up plan can address more than one need at once and can reduce the burden on the pupil to coordinate adults herself.

Puberty, periods and changing demands

Puberty brings physical, emotional and social changes at the same time as school and independence demands increase. A young person may find routines harder, feel more self-conscious, or need new support for planning and privacy. This does not mean puberty causes ADHD; it can change how noticeable existing difficulties become.

Listen to what she notices across the month, without assuming hormones explain every change. If symptoms, mood, sleep, pain or functioning shift noticeably around periods, record the pattern and discuss it with a GP or clinician. A diary can support a conversation; it cannot diagnose the cause.

Make period care practical and private: agree where supplies are kept, use reminders only with her consent, and plan a discreet way to ask for help at school. Break the routine into visible steps if needed. Ask what feels comfortable, including sensory preferences for products and clothing.

Conversations about relationships, consent, online safety and medication should be direct, age-appropriate and non-shaming. If she takes medication, discuss concerns with the prescriber rather than changing the dose herself.

Growing independence can make previously hidden difficulties more visible. She may be expected to manage new timetables, travel, friendships and personal care with fewer reminders just as social demands rise. Build skills without sudden withdrawal of support. Talk about body changes privately and matter-of-factly, and make sure she knows which trusted adult she can approach at school. If period symptoms are severe, disruptive or changing, seek medical advice; do not assume every new difficulty is an ADHD symptom or a normal part of puberty.

IN PRACTICE

Protect privacy when a pupil needs support with periods, medication or personal care. Identify a trusted adult and a practical route to supplies or a quiet space without requiring her to explain herself in front of peers. If she reports recurring pain, fatigue or a change in mood, take the concern seriously and communicate with the family through agreed channels. Do not attribute a new difficulty to hormones without exploring it. Expectations around independence should increase gradually, with the pupil involved in deciding what information staff need to know.

Staff should not ask for personal health details in front of classmates. Provide a discreet check-in and, where possible, let the pupil choose which trusted adult is involved. If she has a health plan, follow it and avoid storing extra sensitive information in informal notes. When attendance or concentration changes, consider the full context and speak with the family through the school's usual process. A young person should be included in decisions about privacy and disclosure in ways that fit her age, understanding and safety.

Noticing patterns without diagnosing at home

A useful observation log records examples over time. Choose a few areas: forgetting, starting tasks, losing instructions, restlessness, impulsive moments, transitions and recovery after school. Write what happened, how often, where, what was expected, what support was available and the impact.

Include strengths and exceptions. When is the task easier? Is it clearer in writing, done with another person nearby, shorter, more interesting or scheduled earlier? What does she say is happening internally? These details can guide support and help a clinician understand differences between settings.

Do not turn the log into surveillance. Tell her why you are making notes, involve her in choosing what to record, and keep it private. Avoid counting every fidget or correcting every distraction. The purpose is to recognise patterns and reduce blame, not catch her out.

A checklist can organise questions but cannot confirm ADHD. NICE advises that diagnosis should be made by an appropriately qualified specialist after a full assessment, considering clinical and developmental information and impairment across settings. [1]

A short weekly summary can be more useful than daily pages of notes. Include one example of difficulty, one example of success and one question. Record practical impact: time lost, adult help needed, distress, missed learning or conflict. Avoid labels in the log; write observable details and the young person's interpretation separately. If you use a rating form, follow the professional's instructions and do not alter answers to try to secure a particular outcome. Accurate information supports better decisions whether or not ADHD is diagnosed.

IN PRACTICE

A simple school record can include date, lesson, task, support offered, pupil response and effect on learning. Add one strength or success in the same note. Keep descriptions proportionate and store information securely according to school policy. Avoid collecting unnecessary personal details or circulating informal observations widely. Before a review meeting, group examples by common barrier: instructions, starting, organisation, transitions, social demands or regulation. This makes the discussion clearer and helps the team choose a change that can be tested.

Choose an observation window that is long enough to see routine variation but not so long that useful support is delayed. At the end of each week, summarise recurring situations rather than copying every incident. A useful summary might say, "Across three written tasks, she began after a first-step prompt and completed more when the instruction stayed visible." That gives the team a testable idea. Keep the language neutral and state what you do not know. Accurate uncertainty is more useful than confident guessing.

Requesting an assessment in the UK

If you are concerned, speak with your GP and the school SENCO or equivalent. Explain the pattern, how long it has been present, where it occurs and how it affects learning, relationships, independence or wellbeing. Bring brief examples and say what support has been tried. The NHS describes these as common first conversations for families. [2]

Assessment routes differ across England, Scotland, Wales and Northern Ireland. Ask the GP or local NHS service who can refer, which service assesses her age group, what information is needed, and how to request support while waiting. In England, the NHS describes Right to Choose in some pathways; confirm eligibility and arrangements with the GP because routes vary. [2]

A referral is not a guarantee of diagnosis. Its purpose is to understand need and decide what support or further assessment may help. If the first professional does not understand your concerns, ask what evidence would help, what alternatives they considered and how to seek another discussion or use the service feedback process.

Keep copies of referral letters, school reports and agreed actions. Ask the young person what she wants included and what she would rather discuss privately with the clinician.

Waiting for assessment can be difficult. Ask who is responsible for the referral, how you will hear about progress, what to do if circumstances worsen, and whether a cancellation list or other pathway is available. Keep school involved and ask for support based on need. If considering a private assessment, check that the clinician is appropriately qualified, what the assessment includes, whether follow-up is provided and how recommendations will be shared with NHS or school services. Costs and transfer of care can vary, so ask questions before committing.

IN PRACTICE

When a family is considering assessment, explain what school can contribute: examples from lessons, work samples, information about support tried and a named contact for questions. Be honest about what staff have and have not observed. Ask the family what would make the process easier for the pupil. Referral routes vary by nation and local service; do not promise a particular waiting time or outcome. While a referral is considered, continue to discuss practical adjustments and record who is responsible for them.

If a family is waiting, ask how the school can keep the pupil involved without making her feel under examination. Set a review date, continue adjustments and tell the family who to contact if the situation changes. Share work samples and observation summaries only through appropriate channels. Avoid telling a child that she definitely has ADHD or that she will receive a diagnosis. Use language such as “we are trying to understand what helps you learn and feel well at school.” This supports her without making promises about an assessment outcome.

What a careful assessment may include

A comprehensive ADHD assessment draws together developmental history, current symptoms, functioning and impairment. For a child, the specialist may speak with her and caregivers, seek information from school, and ask about early development, family life, education and health. Forms may support the process, but they are one source, not a diagnosis by themselves. [1,2]

The clinician considers whether the pattern began in childhood, appears in more than one important setting, causes meaningful difficulty and is not better explained by another condition. They may explore co-occurring needs and the impact of sleep, learning, anxiety, mood or physical health. No single blood test, brain scan or computer task establishes ADHD on its own. [1]

Ask how your daughter will be involved, how confidentiality works, whether she can speak without caregivers for part of the appointment, and how the outcome will be explained. A respectful assessment makes space for her account, not only adult reports.

If she is not diagnosed, ask for an explanation and recommendations. The difficulties may still be real and deserve support. Diagnosis is one route to understanding, not the only permission to make everyday adjustments.

You can ask for feedback that makes the conclusion understandable: which criteria were met or not met, what information was considered, what other explanations were explored, and what support is recommended. A good report should connect observed difficulties to everyday impact and identify strengths and needs. If school and home accounts differ, ask how the clinician interpreted that difference. A quiet or successful school presentation does not automatically rule out difficulty, but neither does caregiver concern alone establish the diagnosis. The decision should come from the full assessment.

IN PRACTICE

Before sending school information, distinguish direct observation from interpretation. A useful report says when and where a difficulty happens, what the task required, how often it occurs and what support changes the result. Include settings where the pupil manages well and explain what is different about them. Avoid diagnosing language in a school report. If the assessment service asks questions, answer them as accurately as possible and mention uncertainty. A balanced account helps the specialist understand the pupil rather than simply confirm an adult's first impression.

Staff can help by describing both consistency and variation. For example, note that a pupil loses track during long spoken explanations but follows a short written sequence, or that she works independently when a familiar adult checks the first step. This information can show what the environment is doing. Include the pupil's own words where appropriate, with context and consent. Avoid sending an opinion about diagnosis in place of observations. The clinician is responsible for integrating information and explaining conclusions.

Preparing for appointments and conversations

Explain the appointment concretely: who will be there, how long it may last, what questions may come up and what choices she has. Avoid promising a diagnosis. You might say, “We are going to describe what feels easy and hard so the specialist can help us understand what support might fit.”

Ask whether she would like notes, examples, a trusted object or a person who helps her feel safe. Offer a way to pause, ask for a question to be repeated, or say “I do not know”. If she worries she will forget, let her write down questions in advance.

Make sure adults do not answer every question for her. Caregivers can add context after she has had space to speak. A useful appointment balances her perspective with developmental and school information. If a topic is sensitive, ask whether she would like to discuss it privately.

Afterwards, check what she understood and how she felt. Summarise next steps accessibly. If the conversation was upsetting, allow time to decompress before expecting a detailed discussion.

Choose a calm time and ask permission before a serious conversation. “Would it be okay if we talked about what is making school mornings hard?” Give her time. Some young people communicate more easily while walking, drawing or texting than sitting face-to-face.

Questions that invite information: “Which part takes the most effort?”, “What do adults misunderstand?”, “When does this feel easier?”, “What would you like me to do when you are stuck?”, “Is there something you want me to tell school, and something you want to keep private?”

Reflect before advising: “You lose the instruction after the class moves on, and asking again feels embarrassing. Have I got that right?” If she corrects you, listen. Then offer a small menu of options and let her choose, including “not now” where safe.

End with one agreed next step. A conversation that produces ten new demands may feel like another failure. Thank her for explaining, follow through on what you promised, and check later whether the plan still fits.

Before the appointment, choose three examples that show the pattern and one question you most want answered. Possible questions include: “What else could explain this?”, “What support should start now?”, “How will we review the plan?”, and “How will my daughter be involved?” Let her decide whether to speak first, write notes or ask you to add detail. After the appointment, write down the recommendations, names of services and next dates while they are fresh. Give her a chance to say what felt helpful or uncomfortable about the process.

IN PRACTICE

A school meeting can be easier when the pupil knows its purpose and attendees in advance. Offer a short agenda and ask whether she wants to attend all or part of it, contribute verbally, write a note or have a trusted adult speak with her. Begin with what is working, then discuss the most important barrier and one action. Do not hold a meeting about her without considering how she will hear about the outcome. End by stating who will do what, by when, and when the plan will be reviewed.

Classroom support that reduces friction

Support works best when it changes the environment as well as teaching skills. Make frequently used materials easy to find, keep routines visible and reduce avoidable decisions. A student who has to remember where the instructions are, what page to open and which materials to collect is carrying several hidden steps before the lesson begins.

Keep classroom routines short and predictable, but flexible enough for real lessons. Post the sequence for independent work, give a warning before transitions and show where to find updated instructions if plans change. If a step is repeatedly missed, move the cue closer to the moment or simplify the sequence rather than adding more verbal reminders.

Use reminders as support, not public correction. Agree whether she prefers a quiet verbal prompt, written cue, checklist or discreet signal. Give one clear instruction, allow time to process it, then check whether she needs help with the next step. NHS guidance suggests clear instructions, visible lists and breaking tasks into shorter slots. [2]

Review the strategy with the pupil: what helped, what felt embarrassing, and what should change? Keep tools that reduce stress and improve access; drop tools that create another task without solving the barrier.

Make support collaborative rather than something adults impose. Ask which task she wants help with and which she would like to manage herself. Use a prompt that preserves dignity: a shared checklist or agreed gesture may feel better than repeated public reminders. Keep equipment and clothing sensory-comfortable where possible; a routine will be harder if clothing, noise or lighting already makes the morning difficult. Make one change at a time so you can see what actually helped. A simple system used consistently is more valuable than a perfect system nobody can maintain.

IN PRACTICE

Build a consistent opening to independent tasks: gain attention, give a short instruction, display it in writing, identify the first action and check understanding discreetly. Reduce unnecessary copying by providing key information on the page or board. Allow enough time to move between rooms and prepare materials. Seat choice should be discussed with the pupil; “front” is not automatically best if it increases self-consciousness or sensory distraction. Review whether each adjustment changes access, confidence or completion, and adapt it if it creates stigma or extra effort.

Avoid overloading the pupil with visual systems. One clear board routine and one portable checklist may be enough. Too many colour codes, apps and reminders can become another task to maintain. Ask what format she can actually see and use during a lesson. Put key steps in the same place each time, and remove old instructions when the task changes. If a prompt is meant to be private, check that it remains private in the seating plan and classroom movement.

Overwhelm, shutdown and recovery

Overwhelm can build when demands exceed available attention, energy or sensory capacity. Early signs vary: a sharper tone, faster speech, silence, tears, repeated questions, leaving the room or becoming unable to choose. Ask what her signs are when calm; adults cannot infer every internal experience from behaviour.

Agree a low-demand plan. It might include a quiet place, reduced talking, water or snack, movement, headphones if safe and acceptable, or a trusted person nearby. Give manageable choices: “Would you like quiet here or a short walk with me?” If she cannot choose, offer time and reduce questions.

Do not insist on eye contact, immediate explanations or apologies during overload. Keep the environment safe and calm. Later, review the trigger without treating the incident as a character flaw. What could be removed, prepared earlier, explained differently or supported sooner?

If episodes are frequent, severe or affect safety, ask a health professional to help assess causes and plan support. Consider ADHD alongside anxiety, sensory needs, trauma, sleep, pain and other relevant factors.

After the event, look for preventable build-up: too many transitions, unclear expectations, sensory intensity, social strain, hunger or not enough recovery. Ask her whether she wants to help make a written plan. It can say what she notices first, what adults should avoid, what helps, and how to reconnect afterwards. Share it only with people who need it and with her knowledge where possible. If adults need to set a safety limit, explain it briefly and calmly; safety and respect can both be maintained.

IN PRACTICE

Agree how staff will respond if she becomes unable to speak, leaves a task or needs to step out. Identify a safe space, a named adult, a discreet signal and what will happen to missed work. Avoid making her negotiate every part of the plan during distress. When calm, ask what she would change. If an incident affects classmates, support their safety without using the pupil as a public example. Record patterns and follow safeguarding policy when there is risk of harm.

A return-to-learning plan should be predictable and non-punitive. It may allow the pupil to re-enter quietly, receive a short summary of what she missed, and complete only the essential next step before catching up later. Confirm how the class will be kept safe and how peers' questions will be handled without disclosing private information. If she leaves unexpectedly, follow agreed safety procedures first. Review the plan with her after the event and update it if staff could not carry it out as intended.

Working with school on practical adjustments

Start with the barrier, then agree an adjustment and a way to review it. Possibilities include written instructions alongside spoken ones, breaking a long task into steps, checking the first step is understood, a planner check, reduced copying, a discreet movement option or a calmer space. These are options to tailor, not a universal package. [1,2]

Name the adult responsible and when support happens. “Offer movement breaks” is vague; “the form tutor checks in before the last lesson and she can take a two-minute movement break between these tasks” is reviewable. Ask which supports feel helpful and which make her feel singled out.

Share strengths and interests as well as difficulties. Ask what helps her recover after demanding lessons and whether lunch or transitions are a problem. Review distress, unfinished work, confidence and the student's view, not only grades.

If support is not happening, ask to meet the SENCO or equivalent and request the plan in writing. Procedures and legal duties differ by nation and circumstance; seek local specialist education advice for formal rights questions.

Review whether the adjustment is actually delivered and whether it changes the barrier. If a seating change does not help, ask why: is the room still noisy, is the instruction still unclear, or does she need movement? Gather the student's view as well as staff observations. Avoid measuring success only by quiet compliance. More meaningful signs may be starting work sooner, fewer missed instructions, better confidence or less distress after school. If strategies are inconsistent across teachers, ask for a simple shared approach and one named person to coordinate it.

IN PRACTICE

A review should ask four questions: Was the adjustment delivered? Did the pupil use it? Did it reduce the barrier? What does she want next? If an adjustment did not help, that is information rather than non-compliance. A quiet space might be inaccessible if she must ask publicly to use it; a checklist might be too long to scan. Modify the delivery and set another review date. Involve a named coordinator so strategies survive staff absence, timetable changes and transitions between year groups.

Plan ahead for transitions between teachers, year groups and schools. With the pupil and family, record the few adjustments that make the greatest difference, early signs of difficulty and the adult who coordinates support. Share only necessary information with relevant staff. Do not assume that a successful strategy will transfer unchanged to a noisier room or a different timetable. A handover should include what the student says helps, not just what adults have observed.

Strengths without glossing over needs

Many people with ADHD describe curiosity, humour, imagination, energy, empathy, spontaneity, persistence or strong interests. These qualities are real, but not guaranteed by diagnosis and should not dismiss difficulty. A child can be inventive and still need help remembering kit.

Notice strengths as behaviours and conditions: “You found three unusual ways into that problem” or “You kept asking until the instructions made sense.” This is more useful than vague praise because it shows what she did and when her environment helped her thrive.

Build opportunities around interests while keeping choice and rest in view. An absorbing activity can be nourishing and can make transitions harder. Agree a warning and next step rather than abruptly removing something that helps her feel capable.

Let her define what she is proud of. She might value kindness, drawing, loyalty, humour, noticing details or speaking up. Strength-based support means seeing the full person and meeting needs, not demanding a positive spin on every hard experience.

Strengths can be used as bridges to support. An interest in art may make a visual planner appealing; a love of movement may make a walking discussion easier; humour may help repair a tense moment. Ask rather than assuming every strength is available on demand. A child who is good at helping friends may still need adults to protect her boundaries. Celebrate what she enjoys for its own sake, not only because it could become a productivity tool.

IN PRACTICE

Share strengths in practical terms with colleagues and family. Note topics that spark questions, formats that let her show understanding, roles where she collaborates confidently and conditions under which she persists. Do not assume that high interest means unlimited capacity or that creativity will solve organisation. Use strengths to open learning opportunities while continuing to teach and adjust for difficult tasks. Ask the pupil which abilities she wants adults to recognise; avoid turning a personal interest into another expectation.

Make sure strengths are visible in the learning plan, not only in a compliment at the end of term. A pupil may contribute original ideas orally, notice patterns quickly or persist when a topic interests her. Offer ways to show learning through more than one format where the learning objective allows it. At the same time, explicitly teach the administrative steps that remain difficult. Respecting strengths and providing structure are compatible parts of good teaching.

Treatment and support options

Support is individual. NICE guidance describes environmental modifications, education and support for families, and medication as options considered according to age, needs, impairment and clinical assessment. A diagnosis does not mean medication is inevitable, and choosing not to use medication does not mean refusing support. [1]

For a child or young person, discuss options with the ADHD specialist. Medication must be initiated and monitored by an appropriate specialist; the prescriber should explain expected benefits, possible side effects, monitoring and follow-up. Do not start, stop or change medication without clinical advice. [1,2]

Psychological support may help with problem-solving, emotional understanding, relationships or co-occurring anxiety. Parent support and school strategies can help adults respond consistently. Sleep, movement and regular meals support general wellbeing, but do not replace assessment or individualised care. [2]

Ask for a shared plan: what is the main difficulty, what outcome matters to the young person, what support will be tried, who will monitor it and when will it be reviewed? Include her view and revise the plan when needs change.

Agree what outcome matters before a change is made: fewer missed lessons, easier mornings, less distress, better sleep or a more manageable homework routine. Keep a brief record of baseline and follow-up so discussions are concrete. Ask who to contact if side effects, new concerns or worsening symptoms arise. Treatment decisions should be revisited as the young person's circumstances change. No single option works for everyone, and practical support at home and school remains important even when medication is helpful.

IN PRACTICE

School staff should not recommend a medication or alter a treatment plan. They can give the family factual observations about learning, attendance, appetite at school if relevant, emotional wellbeing and the effect of agreed adjustments. If the family raises a medication concern, encourage them to discuss it with the prescriber and follow school policy for medicines. Keep school support in place while treatment is being considered or adjusted. Educational strategies and clinical care have different roles and work best when communication is respectful and consent-aware.

If the school receives a request to observe possible effects of treatment, agree a neutral record with the family and clinician where appropriate. Note educationally relevant changes without interpreting them as proof that medication is or is not working. Record concerns promptly through the agreed contact route. Do not advise the pupil to change what she takes or when. The clinician and family make treatment decisions; school feedback can help them understand how the day is going.

Coordinating the school team and a first month plan

A pupil's experience can vary between lessons, staff and parts of the day. Agree a few shared approaches: give one instruction at a time, avoid calling her lazy, and pause a difficult conversation if distress is rising. Staff do not need identical styles, but the student benefits when expectations and key cues are predictable.

Week 1: choose one pressure point, such as starting independent work or moving between lessons. Ask the pupil what she wants adults to understand. Note the steps and the moment the routine becomes difficult. Do not redesign every part of her timetable at once.

Week 2: try one adjustment, such as a visible first-step prompt, a prepared materials station, written instructions or one discreet check-in. Decide together how you will know whether it helped. Keep the trial small enough to deliver consistently.

Week 3: share a concise pattern with the SENCO and family, with the pupil's knowledge where appropriate. Include examples from more than one lesson, impact, strengths and strategies tried. Agree who follows up.

Week 4: review. What reduced friction? What was unrealistic? What does the pupil want to keep, stop or change? Record the next action and review date. Progress may mean fewer missed instructions, less distress or more confidence asking for help, not perfect independence.

Use the first month to learn, not to prove that a strategy has succeeded. If the first change fails, ask whether it was unclear, inconvenient or poorly timed. Keep communication with school short and focused: the issue, the example, the request and a review date. Adults can also plan their own pause before a conflict escalates. If staff capacity is limited, agree who can coordinate the strategy and what can be simplified. Small reliable changes are more sustainable than a long plan nobody can deliver.

IN PRACTICE

Keep the first review short and specific. Invite the pupil to say what has changed, ask staff whether the adjustment happened consistently, and decide whether to continue, adapt or stop it. Include caregivers in updates through the agreed contact route. A written record can be only a few lines: action, responsible person, start date and review date. If the approach is not feasible for staff, identify a simpler alternative rather than leaving the pupil with no support. Predictable follow-through matters more than a long list of strategies.

Before closing the review, ask the pupil to explain the plan in her own words. This checks that it is understandable and gives her a chance to identify a problem adults missed. If the plan includes a signal or break, practise it once when calm. Put the review date somewhere the responsible staff member will see it. If the pupil changes class or a key adult leaves, arrange a handover rather than expecting her to restart the conversation herself.

When to seek more help

Ask for professional advice if attention, organisation, activity or impulsivity causes ongoing distress or impairment at home, school, with friends or in daily life. Seek help sooner for sudden marked change, persistent low mood, panic, school refusal, eating or sleep concerns, self-harm, substance use or a safety concern.

Start with the GP, school safeguarding or pastoral team, SENCO, or relevant local health service depending on the concern. Be specific about what changed and what support is needed now. Assessment waits should not prevent school and family from using practical supports. [2]

If she talks about suicide or may be in immediate danger, stay with her if safe and seek urgent help through NHS 111 or emergency services (999) as appropriate. In England, NHS 111 can direct people to urgent mental health support; availability and pathways vary across the UK. For immediate danger, use 999 or go to A&E.

Take statements about harm seriously without punishment or debate. Listen, ask directly about immediate safety, involve trusted adults and professionals, and make a plan to reduce access to means of harm with clinical guidance.

If she is in immediate danger, has taken an overdose, or cannot be kept safe, call 999 or go to A&E. For urgent but not immediate risk, contact NHS 111 or the relevant crisis service; local routes vary. If you are unsure, explain the situation and ask the service to direct you. For non-urgent concerns, arrange a GP appointment and tell school what support is needed now. Keep a note of who you contacted and what was agreed. Do not leave a young person alone with a serious safety concern if you can safely stay with her.

IN PRACTICE

Follow your school's safeguarding and mental-health escalation procedures if a pupil discloses harm, expresses suicidal thoughts or appears unsafe. Listen calmly, do not promise secrecy, record the pupil's words accurately and pass the concern to the designated safeguarding lead without delay. For immediate danger, use emergency services. For non-urgent learning or wellbeing concerns, speak with the SENCO, family and relevant health professional. This guide is not a substitute for safeguarding training or clinical crisis guidance.

Record and pass on concerns according to policy, not through informal messages that may be missed. If the pupil asks for confidentiality, explain clearly what you can keep private and what you must share to keep her safe. In non-urgent cases, tell her what will happen next and who will speak with her. Follow the school's mental-health and safeguarding guidance; this booklet is a learning resource, not a replacement for training or an individual safety plan.

My notes and next steps

Choose one lesson or routine to observe. Describe what the task required, what happened, what support was available, what the pupil said or showed, and what helped even a little. Keep observations factual and private; note her interpretation separately from adult assumptions.

Situation or lesson: _____

Task and context: _____

What I observed: _____

What the pupil said: _____

What helped or made it harder: _____

Strength or interest noticed: _____

One adjustment to try: _____

Who will follow up and when: _____

Use this page to support a conversation with the pupil, SENCO, family or clinician. Share only relevant information and follow school policy. Ask the pupil what she is comfortable sharing wherever possible.

Use this page at a pace that feels manageable. You might complete one situation now and return to the others later. Describe what adults could observe, then separately write what she says it felt like. This helps preserve her voice and avoids turning an interpretation into a fact. Before sharing notes, remove details that are not relevant and ask her what she is comfortable sharing. Bring the page to a GP, school meeting or assessment if it helps you communicate. Add a date to each note so that patterns and changes are easier to see.

IN PRACTICE

At the review, compare the pupil's own account with what staff observed. Ask whether she felt supported or singled out, and whether the adjustment made learning easier. Agree one next step rather than a long checklist. Record a date to revisit it. If the pupil does not want to speak in the meeting, offer another way to share her view. Keep the record secure, factual and relevant. The purpose is to improve access and wellbeing, not to build a case against her.

At the end of a review, retain only notes that are necessary and handled under school policy. Identify an adult to coordinate the next step and agree when the pupil will hear back. If no adjustment is possible immediately, explain why and discuss an alternative. Do not leave the pupil with an open-ended "we will see." A clear response, even when it is not the preferred answer, supports trust and helps her understand how to ask for help in the future.

Key terms and further reading

ADHD: a neurodevelopmental condition involving persistent symptoms of inattention and/or hyperactivity and impulsivity that begin in childhood and affect functioning. **Executive functions:** mental processes used to plan, start, hold information in mind, shift, monitor and complete actions. **Masking:** strategies used to hide or compensate for difficulties; this is descriptive, not a diagnostic criterion.

Assessment: a specialist evaluation of developmental history, symptoms, impairment and other possible or co-occurring needs. **Adjustment:** a change to an environment, instruction or task that reduces a barrier. The best support is specific to the young person and reviewed with her.

Further reading and source notes:

[1] National Institute for Health and Care Excellence (NICE), Attention deficit hyperactivity disorder: diagnosis and management, guideline NG87: <https://www.nice.org.uk/guidance/ng87>

[2] NHS, ADHD in children and young people, reviewed 19 March 2025: <https://www.nhs.uk/conditions/adhd-children-teenagers/>

[3] NHS, ADHD in adults, reviewed 19 March 2025: <https://www.nhs.uk/conditions/adhd-adults/>

This booklet is educational information, not an individual assessment or treatment plan. Clinical guidance and referral routes can change. Confirm assessment, medication and care decisions with qualified professionals and the relevant NHS service.

For practical support, begin with NICE guideline NG87 and the NHS children and young people page listed below. The NHS page explains common signs, first conversations, assessment, support while waiting, school adjustments, medication oversight and organisations. NICE provides the professional recommendations that inform assessment and management in England and Wales; local service arrangements and clinical practice should be confirmed with the treating team. For Scotland and Northern Ireland, consult the relevant health service and local education authority. Revisit sources periodically because pathways and guidance can be updated.

IN PRACTICE

As a quick starting point, read the recommendations in NICE guideline NG87 alongside the NHS information for children and young people. Use them to support questions for qualified clinicians rather than applying diagnostic criteria yourself. Education support, assessment pathways and legal processes can differ across the UK; check current local guidance. If a pupil's circumstances change, revisit the plan rather than relying on an old summary. Keep a copy of the source links with this booklet so staff can confirm that guidance remains current.

This booklet is designed as a starting point for shared discussion. It does not replace local SEND, safeguarding, clinical or education guidance. Before using a recommendation, consider the pupil's age, preferences, setting and any existing plan. Ask the SENCO or relevant clinician when the situation is complex. Keep professional recommendations distinct from this guide's practical examples, and record which approach has been agreed with the pupil and family.