



**HOME-SCHOOL MANAGEMENT FOR
ATTENTION DEFICIT CHILDREN (ADD or ADHD),
WITH OR WITHOUT HYPERACTIVITY**

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Dyscalculia.org

7420 Calhoun Street

Dearborn, Michigan 48126

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Dyslexia & Dyscalculia Support Services

8053 N. Delaney Rd., Henderson, MI 48841

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INTRODUCTION

This paper will take you on a journey through the experiences of a typical family with a first-born child who has Attention Deficit Hyperactivity Disorder (ADHD). You will get intimate glimpses of the tumultuous effects ADHD has on every life it touches. Follow the family as it grapples with the challenges of home and school management, and labors to plot its course and envision its future amidst an aggravating reality and pervasive uncertainty.

ADHD children have a long history of extreme behavior in many settings and situations. While this behavior is often observed before children start school, it becomes extremely noticeable in the more structured school environment. ADHD children are often aggressive and rejected by their peers. ADD children (without hyperactivity) are usually withdrawn and unpopular. Both groups have difficulty cooperating with others and are less willing to wait their turn or play by the rules. Their inability to control their own behavior alarms themselves and other children, which causes further isolation and damage to their self-image. (USDE 1994)

The ADHD child often talks excessively, has difficulty playing quietly, and often interrupts and butts into other's games and conversations. He often engages in dangerous activities without considering the consequences. He has diminished persistence on tasks that have no immediate consequences, and is impulsive and unable to postpone gratification. He has trouble adhering to commands to regulate his behavior, and has difficulty following rules and regulations. (Webb and Latimer 1993, 2)

Parents, teachers, and peers must remember that the child does not choose to behave disruptively. Children with ADHD do want to control their behavior and do try to obey, but are frustrated by a biological disorder. Some 60-90% of ADHD schoolchildren take stimulant medication which is effective in only 70% of ADHD cases. Medication effectiveness decreases over time, and most studies show that medication results in few long-term benefits on academic achievement and social adjustment. (USDE 1994)

Researchers suspect an imbalance of neurotransmitters (behavior control chemicals), and abnormal glucose metabolism. (USDE 1994) Recent brain imaging studies have consistently found and an abnormally low amount of blood flow and electrical activity in frontal brain regions. These areas monitor and control behavior, attention, and inhibitions, and handle strategic planning and goal setting. (AEL 1996, 4)

The use of stimulant medication boosts the amount of electrical activity, approximating a normal level, and increased blood flow results- enabling the brain to control inhibitions and direct attention.

Scientific studies also show that people with ADHD are less responsive than others to environmental feedback like consequences, reinforcement, and punishment. They may also have poor emotional regulation, resulting in outbursts, tantrums, impatience, limited self-awareness, overreaction, hypersensitivity and depression. (AEL 1996, 4-5)

The employment of certain protective factors can facilitate resiliency for people with ADHD, enabling them to overcome antisocial risk-factors. "Resilient children learn 3. to define themselves by their strengths and talents rather than their weaknesses...and contribute by performing socially desirable tasks." They come from affectionate, supportive families and communities where they are monitored, supervised, and taught pro-social values. They attend collaborative schools that accommodate individual differences and establish high expectations for all students. (AEL 1996, 6)

A child may develop ADHD because of problems before or during birth or from other neurological damage. Children with ADD/ADHD are usually NOT identified until they consistently demonstrate failure to understand or follow rules or complete required tasks. The most common referrals to special education are those for children who frequently disrupt the class, show a lack of attention, and exhibit poor academic performance. (USDE 1994)

Deficiencies in executive brain functions tied to motivation, analysis, goal setting, and problem solving, seriously impair academic performance among children with ADHD. Almost 50% of children with ADHD have coexisting learning disabilities, especially in spelling, reading, writing, and math. (AEL 1995, 2)

Studies demonstrate that the ability to concentrate and focus is a better predictor of academic success than other measures of academic ability. Attentional difficulties reduce the amount of work accomplished. Many cannot manage several tasks at once, are poorly organized, or lose needed objects. They

shift from one unfinished activity to another, and fail to give close attention to the details that could avoid careless mistakes. (USDE 1994)

They frequently cannot judge the importance of competing information, and have difficulty with abstract ideas, including cause and effect. It is difficult for them to remain seated for even short periods of time. They appear spontaneous to a fault, forgetful, inattentive, fidgety, have difficulty following through on instructions and organizing tasks. But they are NOT making the choice to "misbehave." (USDE 1994)

An estimated 35% of students, or 1.46 to 2.46 million American children have ADD/ADHD. Boys are diagnosed 4-9 times more often than girls. Many children who have ADD without hyperactivity go unrecognized and unassisted because they are less disruptive than children with ADHD. (USDE 1994)

Failure and expulsion rates for ADD/ADHD children are 3 times that of other children. Even children with normal to superior intelligence show "chronic and severe underachievement," and 35% eventually drop out of school. Only 5% ever complete college. About 50% repeat a grade. By age 11, 80% are at least two years behind in reading, writing, spelling, and math. Their expulsion and dropout rates are alarming: 46% are suspended and 11 % are expelled- 50% willingly or involuntarily leave school, further compromising achievement and completion. (AEL 1985, 1-2)

A shocking 50-70% of ADHD children develop oppositional defiant behavior, and 20-40% develop the more serious conduct disorder. Studies of ADHD children

reveal that 23-45% have juvenile convictions. Wexler estimates that 70% of juvenile offenders have ADHD, as do 40% of adult prisoners. (AEL 1996, 3)

ADHD continues into adulthood. Better able to focus their attention, their impulsive behavior still remains inappropriate. Disorganization, forgetfulness, and underproductivity hinders their quality of life. Appropriate steps must be taken to prevent a pattern of failure that leads to low self-esteem, hopelessness, and antisocial behavior. (USDE 1994)

Federal laws require schools to place children with ADHD in regular classrooms, to the maximum extent appropriate, with the use of necessary supplementary aids and services. About 50% of those specially assisted succeed without special education. ADHD students can succeed with alternative classroom organization and management, specialized teaching techniques and study skills, and increased parent/teacher collaboration. Through the supervised use of medication, counseling, curriculum adjustments, and behavior management, children with ADD will learn what they need to become attentive and productive citizens. (USDE 1994)

Many parents, students, and educators are against inclusion policies that allow disruptive ADHD children in regular classrooms and apply a special set of consequences. They support "zero-tolerance" for violent, disruptive, and antisocial behavior. All of the negative characteristics and implications of ADHD are risk factors of antisocial behavior. Significant school-based risk factors for future delinquent behavior include: early academic failure, early aggressive

behavior, low aspirations, peer rejection, grouping of antisocial children together for instruction or punishment, poor attendance, and assignment to special education. (AEL 1996, 1-3)

RECOMMENDED PRACTICES FOR ADHD STUDENTS

Research endorses the following types of behavior modification for use with ADHD children: [1.] ADHD children perform best with clear expectations and immediate feedback. [2.] Positive reinforcement forms the basis of the plan, and ranges from frequent positive feedback (praise) to token rewards where specified behavior earns treats and privileges. [3.] Negative feedback includes short, immediate reprimands and redirection to effectively reduce undesirable behaviors. [4.] Response cost, combines positive reinforcement (earning tokens that can be exchanged for privileges or rewards) and punishment (deducting tokens for undesirable behavior), to increase on-task behavior and work completion. [5.] Correspondence training rewards children for matching their intentions to their actions. They promise to complete a task, do it, then report it. (AEL1995, 5)

Modifying Test Delivery. Children with ADHD have problems with executive function and written language. They better demonstrate knowledge through oral testing, performance testing, or alternative demonstrations of accomplishment. Provide extra time to complete tests and quiet testing areas away from distractions. (AEL 1995, 5)

Tailoring Homework. Modify or shorten assignments. Even older students may need help managing time and keeping track of assignments, textbooks, and instructional materials. Use daily assignment sheets that parents can monitor, and possibly, an extra set of textbooks at home. Provide assistance in planning and executing long-term assignments. (AEL 1995, 5)

Reducing Class Size. Barkley recommends small classes of 12-15 for children with ADHD. Classroom aides, team teaching, and parent volunteers are other strategies for lowering the pupil-adult ratio. (AEL 1995, 5)

One-on-One Tutorials. Class-wide peer tutoring pairs students for drill-and-practice activities and has proven effective for children with ADHD. It provides them the immediate feedback they need, and reduces demands on teachers' time. (AEL 1995, 5)

Curriculum. Curricula must be interesting, challenging, collaborative, and meaningful. It must connect to real-life experiences and teach through real-life applications. It must entail choices, teach responsibility, and allow opportunities for initiative and creative effort. The task must be rewarding itself, since ADHD students "function in the realm of the immediate" and may not work for delayed rewards, like grades. These programs have the highest success: school-to-work programs, apprenticeships, and the integration of vocational and academic instruction. When these requirements are met, the student is internally motivated and the need to control student interest and behavior diminishes. (AEL 1995, 6-7)

Instructional Methods. Research endorses the following methods: lesson preview, direct instruction, link new knowledge to prior knowledge and personal experiences, check for understanding, and prepare for transition to next activity. (AEL 1995, 7)

Zentall reports that ADHD children are "learn by doing, trial and error learners" who will work to get something stimulating, active, and novel. They will also work "to get out of or away from what is repetitious and boring." This is why adding stimulation to instruction improves performance. Build novelty, interest, verbal response and motor activities into academic tasks. Educational computer games sustain student attention, provide immediate feedback, and develop problem-solving skills. (AEL 1995, 7)

Use a form of positive reinforcement in which the child is rewarded for good behavior. This is combined with negative reinforcement for bad behavior. Children with ADHD perform best when they have an organized structure with consistent rules so that they clearly understand what they are doing and what they should do next. Psychologists and social workers can help children with self-esteem, anxiety, social skills, and understanding and coping with ADHD. (USDE 1994)

A TRANSACTIONAL MULTI-MODAL APPROACH

Well-meaning programs rarely help failing children by trying to change the child to fit the school environment. They pull children out of the classroom, apply a remedial strategy, and then attempt to reinsert them successfully into the original setting. Children are retained in a grade with hopes they will catch up the next time around. (AEL 1995, 3)

Few intervention and remedial programs have demonstrated success. Too often, they assume the child is the problem. This one-sided view only isolates the child. A transactional model of school-child relationships shifts the focus of educators away from correcting deficiencies in children to the accommodation of weaknesses, and the design of instructional environments that employ student strengths. A collaborative, multi-modal approach combines the expertise and resources of schools, families, and community support systems, and employs academic, behavioral, and medical interventions to help children succeed at home and school. (AEL 1995, 3-4)

The U.S. Department of Education suggests these modifications for children with ADHD in regular education classrooms: Provide a structured learning environment; repeat and simplify instructions; supplement verbal instructions with visual instructions; use behavior management techniques; adjust class schedules; modify test delivery; use tape recorders, computer-aided instruction, and other audiovisual equipment; select modified textbooks or workbooks; and tailor homework assignments. Other provisions cover consultation and special

resources and include reduction of class size; use of one-on-one tutorials, classroom aides and note takers; involvement of a 'services coordinator' to oversee implementation; and possible modification of nonacademic times such as lunch, recess, and physical education. (AEL 1995, 3-4)

A TYPICAL ADHD FAMILY CASE HISTORY

When parents married, Anna was 24, and Mark was 27. Mark was a dyslexic child who received remediation at age 23. He had a documented high IQ, took Ritalin in first grade for ADD, was mechanically inclined, insisted on being outdoors, resented school, and had poor relationships with and attitudes toward authority figures and his own parents. He is a talented craftsman with some college. Anna is a college graduate, also from a divorced family, with a learning disability in math that went undiagnosed until her 5th year in college.

Anna and Mark both have difficulty managing daily stresses. For the past 3 years, Anna has successfully taken medication to eliminate emotional volatility, verbal outlashes, and feelings of overwhelming stress. Mark has a chronic physical illness. His physical stress has triggered a personality change from quiet, calm, and pragmatic, to temperamental, impatient, and verbally abusive, with violent outbursts. Mark has discontinued medical treatment, and has chosen self-medicate himself for pain.

Paul was born with 30 hours of labor. At one point he was stuck in the pelvis and suffered fetal distress. The cord was wrapped around his neck and he was

born blue, but recovered quickly. He was breast fed for over 3 years, began speaking at 4 months, was read to for over 4 hours each day, and was spoken to exclusively with adult language. Anna followed the child rearing recommendations in "The First 3 Years of Life," written by Harvard child development scholar, Burton L. White.

Paul's speech development was precocious, with perfect enunciation, articulation, and sentence structure. Motor development was normal. Weight gain and height were considerably below normal until age 4.

Paul was extremely active, even in the womb. Anna reported that he flipped himself out of the playpen at 10 months and outwitted every parental effort to contain him thereafter. Parents decided to teach the child safety directly, as they could not protect him with typical "childproofing" measures. Paul required constant supervision for his own safety. He moved from one disaster to another. Anna was exhausted and stressed by the relentless messes, the destruction of toys and household things, and the deliberate disobedience of her brilliant child. Anna followed the advice in Dr. Dobson's book, "Dare to Discipline."

Anna often chose to ignore behavior in order to complete important tasks. As a result, she slaved to clean messes and repair damages. Paul was happy, fearless, spirited, talkative, inquisitive, adventurous, and possessed great understanding. He had a perfect auditory and visual memory. He liked to dismantle things and explain how they worked. He often scared Anna by quickly sneaking away from her to go exploring in the fields or woods (age 2-5). Once he

learned to ride a bike, he deliberately disobeyed rules and rode out of sight. His parents are frustrated at his ambivalent attitude toward rules, and the responsible treatment of things.

Paul seemed resistant to all attempts at discipline. Anna tried a strict all natural diet, vitamins, behavior modification, behavior charts, positive reinforcement, and many other research recommendations. Still Paul defied authority, acted recklessly and destructively, and had temper tantrums. Anna stopped taking him to church because he was an embarrassment. But he loved having the Bible and the Book of Virtues read to him. He asked God for a little brother to play with and waited patiently for his arrival.

At the same time, Paul was very affectionate and sweet, befriended adults easily, and dazzled people with his brilliance. When his brother, Lance, was born, he shared willingly, taught him, and showered him with affection and adoration. His peers were not so accepting. He often came home from his Catholic pre-school crying because other kids shunned him. In Kindergarten, he had difficulty waiting, sitting still, following directions, remaining seated, and dressing himself quickly. His teacher called him "emotionally immature," and suggested he repeat Kindergarten.

This upset his parents, who demanded help from their pediatrician. Historically, complaints of hyperactive behavior returned doctor comments like, "Oh that's normal. What do you expect? He's all boy. Don't worry about it. He's

fine.... Just ignore him. It's a ploy for attention." Finally, Ritalin was prescribed at age six.

The parents feared side effects, social condemnation for being inadequate parents, and suffered guilt for "drugging their child." But in desperation, they tried it. Paul had a wonderful 1st grade year in a public school with a young male teacher who took an interest in him, and Paul finally mastered the tying of his shoes.

Second grade was a disaster. The Ritalin stopped working and Paul refused to write. He frequently erupted in temper tantrums and violent outbursts. His parents were unaware of his trouble at school. Paul always described his days cheerfully, as "fine," and spoke affectionately of his teacher.

At the end of the year, Anna came to school and found Paul sitting with the principal, alone in the classroom. It was explained that Paul was kept from recess until he finished his math paper. The crinkled paper was before him. He had scribbled all over it in rage. Anna asked, "What is the problem, son?" And Paul scowled, "It's not fair that I have to write. Why can't I just do it in my head? I hate writing. I want to go out for recess!"

Anna explained that Paul could not remain in school with a defiant attitude. So she emptied his desk and explained that he would return when he changed his mind. He missed the last week of 2nd grade. Anna wrote a letter apologizing for her son's disruptive, incorrigible behavior and promising to home school him for

3rd grade if his medication, attitude, and behavior could not be regulated over the summer.

Paul was taken to a pediatric psychiatrist who prescribed Dexedrine for Attention Deficit Hyperactivity Disorder (ADHD) and Prozac for lack of emotional control, tantrums, hostile reactions, and violent outbursts- like punching Anna, throwing furniture in school, spray painting property, and other alarming oppositional behavior.

At this point, Anna feared the delinquent course he was on, and its future ramifications as Paul grew older and was held more accountable for his actions by the law. Medication seemed the lesser of two evils. She certainly felt compelled to prevent him from personal injury and damage to others and property because of his impulsive and reckless behavior.

The Dexedrine was very effective. The parents were dismayed to lose their spirited "Paul." (He underwent a personality transformation while on the medication. Sometimes he was so calm that he seemed tranquilized. He still had full reasoning power, but his responses became calculated and mechanical. It was like viewing him in slow motion.) Teachers were pleased with the transformation, but war was erupting at home.

Mark felt that reliance on medication was setting the child up to be a drug addict, and irresponsible for his own behavior. Recalling the ridicule "special education" kids suffered, he valiantly fought Paul's "special education" labels and

placement in "special services." Mark views labels as excuses for Paul and his teachers not to achieve.

Mark constantly belittles his wife for her "incompetency, inability to adequately discipline their child, and parental laziness and negligence." Mark regularly says with hostility, in front of the children, "Paul doesn't need those pills! You do! They don't help him! They just help you, because you're just too lazy to deal with the problem!" These disparaging remarks resulted in Paul's increasing resistance to taking his medication, and a tendency to disrespect the wishes of Anna, in hopes of gaining the approval of Mark.

This additional friction further stressed the marital relationship and the parenting relationship. Mark, who vocally spoke out against Anna's practices, constantly undermined Anna's authority. Anna could no longer get her self-esteem needs met through her parenting and marital roles. Instead, Anna chose to focus on earning an advanced degree. Of course, Mark resented this, and often threatened, "You go to work and I'll stay home and raise the children! You're good for nothing. What do I get in exchange for supporting all of you? My children embarrass me wherever I go. You talk to them and it's like they don't even hear you!"

Lance was born exactly 4 years after Paul. His was an easy birth. Lance was not precocious in his development. Anna was emotionally overwrought during and after the pregnancy. Lance nursed for about 17 months, then quit voluntarily. His speech was slow to develop, and was unclear. He confused up, down, big, small,

loose, tight, hot, cold, morning, night, in, out, before, after, backwards, forwards, etc. Singing the alphabet in sequence was difficult. Lance disliked being read to for long periods of time, and did not like being sung to. His physical and motor developments were normal. He was a happy, affectionate, shy, and quiet child.

Lance suffered seizures that caused his body to convulse, his eyes to roll back into his head, and then his body to stiffen. In the beginning, his parents tried shaking him to consciousness, and later learned to revive him with CPR. These seizures only occurred when Lance was very frightened, hurt, or cried hard. Even firm discipline that resulted in crying could set it off. Parents were weary of disciplining him, but he was such a peaceful child that discipline was seldom necessary. Reprovals hurt his feelings and made him hide in shame.

Several CAT scans turned up no abnormal brain activity. Lance outgrew the frightening seizures by the age of three. At that time his speech became more sophisticated and clear. His speech was constantly corrected and over-taught, particularly /l/, /w/, and /r/. Evaluation by a speech therapist found normal speech development. The pronunciation of /r/ still sounds like /ou/ at the age of four.

Lance receives weekly home visits from a pre-school teacher. He learns letters with art, stories, music, games, and sand tracing. In 5 months, Lance will begin Kindergarten. Already he can count to 100, using a Hundreds Chart and can count past 100 in pattern fashion. He is very interested in addition, subtraction,

multiplication, fractions, units of measurement, and complicated 2-D and 3-D puzzles with several hundred pieces.

Lance knows geography, can locate continents and countries, and he and Paul have excellent understanding and recollection of their steady diet of educational PBS programs: Nature, Bill Nye the Science Guy, NOVA, Frontline, American and World History, Magic School Bus, Kratt's Creatures, Computer Chronicles, and Internet Cafe. They also can get on the Internet, navigate to PBS and other interesting web sites, and start, use, and shut down the Macintosh and IBM computers they have at home. Anna has posted large laminated maps in most rooms in the house, and has furnished the children with dry-erase markers to use to identify places on the maps every time they are mentioned in documentaries, conversation, or the news.

PAUL'S EDUCATIONAL HISTORY

Before school began, Paul's 3rd grade teacher visited him at home to begin the bonding process everyone felt was so important in his case. At the beginning of 3rd grade, Paul was evaluated by a team of experts to determine whether or not he had learning disabilities that caused the disruptive behaviors seen in 2nd grade.

It was already known that he was a textbook case of ADHD, but was he Oppositional-Defiant as well? The answer was "no." Paul aimed to please. He liked to help the teacher and others. He liked to share his zest for excitement,

knowledge, adventure, and discovery. He was never deliberately destructive, maliciously disrespectful, or intentionally offensive. He wanted to hug and be hugged, love and be loved. And he was frustrated that other children kept their distance from him.

During IQ testing, Paul labored on the written segments. On a test that was only scored to 150, Paul received a 149 overall IQ score on the IQ test given by the OT and a 137 on the test given by the psychologist: "Very superior." The Occupational Therapist discovered that he had perfect visual and auditory memory. But, strangely, he was unable to reproduce even a simple shape like a square with a line through it. The puzzle pieces all fell into place. Paul was diagnosed with the handwriting difficulty, dysgraphia.

In toddlerhood and Kindergarten, Paul refused to color with markers or crayons. He only scribbled. In his school journals, the pictures looked infantile and writing was non-existent. In first grade the letters in his name were still backward and inconsistent. His first name was the only word he could write. The typical practice of writing spelling words 10 times each was harder than pulling wisdom teeth. Paul threw tantrums, and never got the printing done.

Exasperated, Anna took to writing the words 3 times each with highlighters-phonetically color coded, and had him trace them with a pen while pronouncing them. Paul sometimes started the exercise with ease, only to abandon it after the fourth word.

Even to get Paul to trace, Anna had to stay at his side encouraging him, prompting him to each word. If her attention turned to something else, Paul went off-task. Anna was distraught at the time required to baby sit him while he did the most basic of tasks. She resented Paul's lack of self-motivation and self-direction. (She had been a self-starter.)

It seemed that Paul, even though he had a college level vocabulary, would never succeed in school. He could not accomplish even the most standard of tasks without full-time supervision and assistance. It was as if he was an academic vegetable, not cognitively, but when it came to writing- and writing was the proving ground.

STATEMENT OF HOME MANAGEMENT STYLE:

Anna uses several tools at home to assist Paul to become self-reliant. On the wall in the living room is a chalkboard that Anna has painted. It lists the following tasks, in chronological order: Got Myself Up + To Bed; Dressed Myself; Picked up Clothes; Made Bed; Cleaned Teeth & Sink; Cleared Table & Floor; Asked Permission First; Hung Coat & Bag; Finished Homework; Keyboarding 30 minutes; Geography 30 minutes; Printed 15 minutes; Whispered Inside; Cleaned Up & Ordered; Kept Papers Unwrinkled; Took Meds Myself. After each item is a series of boxes that Paul puts an X in each time he has successfully completed an item.

The board serves as a colorful fun activity and register of progress. For inappropriate behavior, Anna painted a wooden box and filled it with colorful wooden cubes in 3 sizes. The box is called the Penalty Box. Depending on the seriousness of the offense, the child is told to choose a large, medium, or small cube from the box, without looking. Then the child rolls the cube. On each facet of the cubes are chores written to do. The child must immediately and willingly do the chore that turns up on the rolled cube.

This Penalty Box has taken some of the chore out of discipline. The children view it as impartial and fair because they thought of the chores to be put on the cubes. They really think it is fun to get a penalty, or to report a sibling so both can experience the excitement of the Penalty Box.

In addition, Paul must write letters of apology for defying parental requests, and other acts of disrespect. Only when he is finished can he resume his activities.

Sometimes home management becomes dysfunctional, nonassertive, and hostile. The parents regularly engage in all five dysfunctional behaviors described by Canter (Canter 1976, 20-26):

[1.] Enforcement of rules and consequences is often deferred. Examples include: "You had better lower your voice....not speak to me in that manner/tone of voice...stop chewing your clothes...try to think about the consequences of your actions...get back to the table and stay there until you're finished eating....chew

with your mouth closed....quit using your clothes for a napkin....stop eating like a starved wild animal. What's the matter with you?"

[2.] Parents merely request an explanation for the unacceptable behavior.

Examples include: "Why do you insist on acting retarded?.... Why don't you dress yourself?...Why do you wait until we tell you do something before doing it?... Why do you just ignore me when I speak to you?...Why don't you go to sleep when you're told?...Why are you so defiant?...Why do you fight taking your meds?...Why must you fight every little thing you have to do in life? You don't have to enjoy brushing your teeth, you just have to do it!"

[3.] Parents regularly make idle threats that are not immediately enforced.

Most of the time, the parents hope they will not have to deliver on the threat.

Sometimes the parents know they have no intention of following through.

Examples include: "You know, if you don't get your act together, we're going to send you to reform school!...Any toys that are not cleaned up when the timer dings, are going to the Goodwill.... If you don't take care of that, I will give it to some kid who will appreciate it.... If you don't brush your teeth longer, they're going to rot and fall out of your head. Then you'll be ugly and no one will like you.... I'm leaving in 5 minutes. If you are not in the car, I am leaving without you. You can stay here. I hope the Boogie Man gets you.... If you miss the bus, you will walk to school...One of these days you're going to kill yourself or somebody else because you act without thinking!.... Keep it up and you'll end up

in jail...If you ever get caught doing something stupid, and they take you to jail, don't call me. I won't rescue you. I'll leave your there!"

[4.] The parents often describe the unacceptable behavior with a request to stop it, but state no impending consequence, or else make an idle threat. Examples include: "You just kicked your brother! How would you like it if we kicked you?...You have destroyed the woodwork by nailing up your artwork. You have ruined all of your dad's hard work. ...I just vacuumed in here. Look at the mess you've made!...You know you are not to play with fire or candles! Look at all the spots where you have melted the carpet! Do you have \$1,000. to replace it? You have no respect for our home. Maybe we should drop you off at a junkyard and you can live there, since you like to be surrounded by junk!...Look! All of your new toys and clothes look like we got them at a garage sale! Maybe we should stop getting you things. You trash everything! As soon as you get gifts, we'll just donate them to poor children, before you have the chance to ruin them. And it only takes you 5 minutes!"

These are ineffective tactics because in each instance, the child is not asked to stop the behavior or to change it. In each case, the parent is merely insisting on a change of the child's motives, rather than a change in their behavior. (Froyen 1993, 156)

In this way, the parent avoids a confrontation and contest of wills. (Froyen 1993, 158) Essentially, the parents have suffered an insult to their power and ability to manage future behavior. The child has slid through the offensive

behavior without detrimental consequences, other than the harmful barrage of verbal insults. The parents exhibited other ineffective disciplinary responses as well:

[5.] Often the parents ignore the bad behavior because they do not want to interrupt their activities. They choose finish the task at hand and deal with the mess and consequences later. The children know that when the parents are busy, they are free to misbehave. They assume that by the time the parent is finished with the task, they will be spared discipline because it will be time to begin another activity. The parents often clean up after the children once they are in bed.

Naturally, the parents resent the extra work their children create by being uncooperative and irresponsible. They resent that they do not have control over their children. They resent that they cannot be full-time parents, and devote the energy required for successful child rearing. They are frustrated by the ineffective unfulfilling exchanges they often have with their offspring.

[6.] Occasionally, this frustration culminates in verbal hostility. Examples include: "You're acting worse than a retarded person. Even the retarded can be trained to dress themselves and be functional! You can't even do that!...Look what you've done to your brother! Now he needs stitches. You're a jerk!...What good is a high IQ if you can't even brush your own teeth without supervision?"

INDIVIDUAL EDUCATION PLAN (IEP): 3RD GRADE

Paul was no doubt, a tough and perplexing case, but the Multidisciplinary Evaluation Team (MET) and the parent came up with a plan. The occupational therapist (OT) would work with Paul 20 minutes a week to develop gross motor skills, like catching and throwing balls. The social worker would see him an hour a week to teach him small group social skills with a play group. He would remain in the regular education classroom because he had full comprehension, but would go to the special education room for 2 hours per day to work on handwriting skills, written assignments, and tests. Orton-Gillingham (O-G) handwriting lessons were to be given, and the goal was for Paul to be able to produce 5 cursive sentences, without help, by the end of the school year. Keyboarding was to be taught 20 minutes per week, and Paul was to use the computer for long writing assignments.

As Paul's year progressed, he became involved (in a very limited way) in playground games with groups of children, and made a couple friends. He made improvements in gross motor skills and attention span. The O-G handwriting lessons never materialized. For practice, teachers made dot-to-dot letters, which Paul traced. Embossed-line handwriting paper was also promised, but never used.

January handwriting samples (2 months after implementation of the IEP) showed haphazard letter and word placement, which required constant supervision to generate. Three months later, Paul independently produced

organized, appropriately placed printed letters and two word answers on a written test.

Teachers tried to convince Anna of the significance of Paul's progress. Anna was disappointed that 202 hours in the special education room for handwriting instruction had not produced more dramatic results. She is convinced that had even 1/4 of that time been spent on direct Orton-Gillingham type handwriting instruction, handwriting would no longer be such a struggle for him.

PAUL'S 4th GRADE INDIVIDUAL EDUCATION PLAN:

MORE OF THE SAME & LOWERED EXPECTATIONS

Paul has the following strengths: excellent reading and reading comprehension skills, excellent math reasoning and computation skills, excellent verbal expression and comprehension, and exceptional curiosity. He makes inferences and generalizations with ease, has boundless energy and enthusiasm, likes to share and help others, is loving and affectionate, has a lot to offer, and bonds with adults readily.

For the 4th grade, social work services will remain the same with an emphasis on teaching consideration of others, patience, leadership, and listening/conservation skills. He is interested in sports games and will be enrolled in summer youth programs at the YMCA to further his experience and confidence with sports and peer play groups. OT services will continue unchanged in 4th grade.

Keyboarding and computer time will remain the same. Paul will remain mainstreamed in the general education classroom for all subjects, but will go to the special education room for assistance with written assignments and handwriting development. Cursive handwriting has been eliminated as an educational goal. The objective for printing reads: "Paul will be able to produce 3 sentences independently, with appropriate grammar and punctuation by the end of 4th grade."

STATEMENT OF PRESISTENT BEHAVIOR PROBLEMS

Recently, Paul went to school without taking his medication. Anna did not discover the pills under his plate until Paul was on the bus. Paul had math in the morning. He was unable to remain seated, in spite of polite requests and teacher encouragement. At one point, he went up and sat at the teacher's desk. When asked to return to his seat, Paul argued. Then Mrs. Heger said, "Paul, you will have to leave the room." Again Paul argued and resisted. Finally his teacher handed him a referral slip to the responsibility room. At that point, Paul stomped around screaming, "Fine! I'm packing up my stuff and I'm getting out of here!"

Mrs. Shaw, in the Responsibility Room, called Anna to relay that that it took her sitting with Paul for 3 hours for him to complete his Behavior Plan- a requirement before he could return to the classroom. Paul was deliberately obstinate, creating distractions to avoid writing, getting up and talking to others,

explaining that he couldn't do it because he had ADD, throwing his pencil across the room several times, and stomping around.

To encourage Paul to see the ramifications of his errors, Anna devised a plan of penance. Anna composed letters of apology to Mrs. Shaw, Mrs. Heger, and his entire math class, and a promissory note, explicitly spelling out his behavioral intentions, should he visit the Responsibility Room again. All letters had detachable sections for the recipients to sign in acceptance and forgiveness. Paul must return the signatures to Anna before home privileges will be reinstated. (Samples provided.)

To help Paul consider the gravity of his actions, and to reinforce the memory of the actions (which he quickly forgets), he will write letters of apology that explicitly list the offensive behaviors and the measures he will take to prevent the same from reoccurring. This will give Paul handwriting practice at the same time. Anna will type up the letters using the Trace Arrows font and print them out for Paul to trace. He is required to read the letter aloud to his parents before beginning, and again when finished. If a traced letter is sloppy, it is erased and reformed. If erasures, smudges, wrinkles, or stray marks mar the letter, Paul agrees to abandon it, and start over. If Paul complains, or otherwise delays the task, he will write a letter of apology for wasting time.

Spanking will no longer be used as an expression of disapproval or punishment, but as a sting of last resort. It only creates resentment, self-pity,

emotional outbursts, and lack of remorse. The pediatric psychiatrist will reevaluate the effectiveness of current medications and will make necessary adjustments. Hopefully, these changes will result in renewed self-control in school, and opportunity for development of future behavioral and emotional maturity.

PERSISTENT BEHAVIORAL PROBLEMS: ANALYSIS & STRATEGY

When a student refuses invitations to be self-reliant and responsible, it may be for these reasons: [A.] He finds it easier to be a problem to others, than to exert the stressful effort required. [B.] He believes it is best to avoid risk, failure, and embarrassment, so chooses to take no action at all. Or [C.] he may prefer only to execute behaviors he does comfortably, avoiding new endeavors. (Glenn and Nelson 1989, 72-93)

In these instances, parents and teachers must make more and more attractive invitations to responsible behavior. Support these efforts with guidance and encouragement from significant others. (Froyen 1993, 306)

Positive self-expectations, feelings of success, and intimate identification with groups, result from learned self-discipline and appropriate behavior that is cultivated by positive experiences. (Combs 1985) Management is viewed as a means of gradually relinquishing responsibility to the student so he learns to use his assets to positively shape his future and contribute to the well being of others. (Froyen 1993, 307)

To protect this enabling approach, these techniques will be avoided: [1.] Assuming that the child will repeat the behavior and attitudes of the past; [2.] rescuing the child from the consequences of his behavior; [3.] directing in an authoritative manner that requires blind obedience, irrespective of individual initiative; and [4.] setting standards and being the sole evaluator of performance. (Glenn and Nelson 1989, 72-93)

The child's responsible behavior and positive attitudes will be nurtured with these protocols: [1.] Periodic reminders to the student to check his progress, review his goals, and help him formulate strategies for success; [2.] Patiently help the child explore the "why," "what" and "how" components of experiences to learn lessons, and discover ways he can control various aspects of a process in the future. [3.] Continually point out that mistakes are learning opportunities and calls to reexamine his role in a situation. [4.] Encourage him to participate in the rapture of his success that follows sacrifice and hard work. Allow him opportunities to celebrate the joy and satisfaction of his improvements and progress. [5.] Always seize the opportunity to point out the diversity, assets, and contributions of individuals and their historical significance. From this he will come to identify, value, encourage, and express unique qualities in himself and others. (Glenn and Nelson 1989, 72-93)

To assist the child to successfully manage himself, employ these tactics, as adapted from Duke and Jones (1985, 280-281):

[1.] Teach him to collect data on academic progress and to chart it.

[2.] Teach him to identify and list behavioral expectations.

[3.] Teach him to evaluate and chart behavior in reference to stated targeted behavior.

[4.] Teach goal-setting skills.

[5.] Assist the child in setting his own academic, behavioral, and attitudinal goals.

[6.] Teach him to use the principles of positive self-talk and behavior modification to bring about desired personal and environmental outcomes, and to manage tension, anxiety, annoyance, anger, impulsively, aggression, and excitement.

[7.] Teach him that words, actions, body language and attitudes all communicate both voluntarily and involuntarily, and that others will always respond to those messages.

Teach that in order to control the perceptions others have of him and their resulting attitudes and behavior toward him, he must monitor and be deliberate in the messages he communicates.

[8.] Teach him ways to constructively and positively respond to the positive and negative messages and actions he receives from others.

[9.] Teach him positive and constructive ways to communicate appropriately and effectively.

[10.] Teach him techniques to monitor, catch, and re-direct his attention to appropriate tasks.

[11.] Teach him ways to "psyche himself up" sufficiently to conquer historically "impossible" tasks. Teach him to segment projects into small manageable tasks, to encourage and reward himself, and to screen out competing stimuli.

[12.] Teach him to work cooperatively in learning and other groups.

[13.] Teach him to make smart decisions by calming himself down, realistically assessing the situation, considering alternatives, and choosing definitively.

[14.] To internalize values that result in socially acceptable behavior and attitudes, implement regular religious teaching at home that covers moral development, the history and purpose of religion, a survey of world religions, the use of religious principles as guides for attitudes and behavior, and the use of religious principles to solve personal, community, and global problems.

[15.] Use student conflicts as starting points for group problem solving.

[16.] Explain the rationale for the following: the structure of the learning/home environment; individual learning styles; the characteristics of good teaching; good listening, learning, and study habits; and individual responsibilities in groups.

[17.] Show the student appropriate, positive ways to provide feedback about teacher/parent/group effectiveness, and the school/home climate.

BEHAVIOR MANAGEMENT PLANNING STRATEGIES-

DEMOCRATIC STYLE : PAUL'S BEHAVIOR PLAN

It was decided that a democratic orientation is best fitted to Paul's temperament, because he bristles when direct orders are given without rationale. He does best with logical appeals and participation in goal setting and problem solving. Paul is more agreeable to the enforcement of rules and consequences that he helped create, and has committed to defend.

As recommended by Dreikurs in 1997, rules and their logical and natural consequences are spelled out ahead of time, are reviewed regularly, and are enforced consistently. (Dreikurs 1982, 245) For each offense, the following components are charted: the motive (attention, power, revenge, or display of inadequacy); the natural consequences (occur without intervention); the logical consequences (imposed); and the goals (attention getting, power seeking, revenge, or the display of inadequacy).

Teachers and parents will emphasize encouraging Paul over praising him. Attention is shifted from efforts to control Paul, toward efforts that enable Paul to successfully manage the variables in his life. He is trusted to become responsible and independent. From this he will acquire self-confidence and ownership of his behavior. (Dinkmeyer, McKay and Dinkmeyer, Jr. 1980)

Focus is shifted from external evaluation to emphasis on self-evaluation of efforts and performance. Paul will make decisions based on these evaluations and

modify his behavior to meet stated goals. (Dinkmeyer, McKay and Dinkmeyer, Jr. 1980)

Instead of only rewarding Paul for excellent or completed tasks, Paul will be rewarded for honest effort, determination, persistence, and specified degrees of improvement. On the social front, Paul will be reminded of the definitions and consequences of bragging. He will be schooled on the wisdom of modesty, and the value of individual differences, assets and contributions essential for the accomplishment of community goals. Paul will be aware of the necessity and benefit of personal contributions to collective success. (Dinkmeyer, McKay and Dinkmeyer, Jr. 1980)

Cooperative and individualistic reward systems use encouragement and invitations to self-discipline. Using encouragement, parents and teachers reveal a disposition that views everyone and every thing as valuable challenges that can be overcome with the application of intelligence and persistence. The triumphs result in pleasure, joy, confidence, recognition, and personal satisfaction. (Purkey 1985, 256)

The parents and teachers hold themselves and the child jointly accountable for their respective parts in the creation and solution of problems. (Froyen 1993, 151) The energy of crisis is channeled into forces for change. Long-term goals for sensible and constructive behavior and relationships are stated. Incremental action plans are discussed, formulated and written, along with plans for implementation.

STATEMENT OF MANAGEMENT ASSUMPTIONS:

[1.] Paul will learn to behave responsibly when an authority figure is present and his physical and emotional needs are met. Teachers and parents will specify, model, and teach responsible behavior, while referring to natural and logical consequences. Rules will be consistently enforced with stated consequences.

(Froyen 1993, 362)

[2.] Paul will feel responsible when others important to him are affected by his choices, and when their approval of him motivates strong impulses to act responsibly. Parents and teachers will cultivate a feeling of "reciprocity" and "weness" and will examine rule violations for conflicting motives and lack of resolve.

(Froyen 1993, 362)

[3.] Paul will think like a responsible citizen when his beliefs match those of fair, wise, and just individuals, and when he has the opportunities for independent principled behavior, and receives occasional acknowledgement or reinforcement of that behavior. Parents and teachers will promote democratic consensus and justice when they consult Paul, appealing to his logic, when formulating

objectives, goals, rules, consequences, and rewards. (Froyen 1993, 362)

EDUCATIONAL POLICY STATEMENTS

[1.] Students will be seated and ready to attend exclusively to learning at the appointed place and time. (Froyen 1993, 367)

[2.] Students will know and abide by the stated rules and will graciously accept the consequences of noncompliance. (Froyen 1993, 367)

[3.] Parents and teachers will provide a well-planned, organized, and interesting settings, materials, and activities that directly further learning objectives.

[4.] Consequences, rules, learning objectives, and self-control skills will be democratically determined, stated in writing, directly and deliberately taught, practiced regularly, and reviewed regularly with individual and group conferences.

[5.] Parents, teachers, and students will be expected to act only in ways that positively fulfil their intellectual, emotional, esteem, and safety needs.

[6.] Parents, teachers, and students will influence and control their work environments. They will engage in meaningful and socially significant activities. They will satisfy their self-esteem needs, and maintain a sense of belonging to a meaningful group. (Gardell 1971, 151-152)

HOME-SCHOOL MANAGEMENT: AUTHORITATIVE ASPECTS

According to experts, an effective teacher will not permit: teaching disruptions for any reason; learning interference of any sort; or any behavior that is not in the best interests of all involved. (Canter & Canter 1979, 34) The teacher

regularly acknowledges the laborious nature of learning, and rewards desirable behavior.

The competent teacher draws from several areas. She understands and takes a proactive stance on the cultural causes of classroom problems. She views self-esteem as a product of responsible behavior, and believes that security comes from knowing that the sources of power are mature, stable, and predictable. (Rosemond 1985, 4E) This translates into a clear consensus of behavioral expectations that are consistently enforced. (Froyen 1993, 149)

Competent teachers and parents get their personal, emotional, and self-esteem needs met through work. They work out strategies for satisfactory student performance. They understand that children actually desire and require adult authority to counterbalance the volatile nature of youth.

By maintaining a healthy amount of social distance, obedience is regarded as a reasonable form of respect. Because they are responsible for academic content, and rules, routines and responsibilities, these are carefully formulated. These are clearly stated, explained, modeled, and consistently enforced. This results in security, self-esteem, a sense of purpose, and the targeted: initiative, motivation, resourcefulness, and perseverance. (Rosemond 1985, 4E)

CONCLUSION

In the case of Paul, Anna will demand that the remaining 54 hours in the special education room (the last 27 days of 3rd Grade) be spent on Orton-Gillingham type multi-sensory kinesthetic-tactile handwriting instruction.

Currently the special educator devotes most of the time to encouraging Paul to complete assignments given in the regular education classroom. Only 20 minutes per day is devoted to tracing for handwriting practice. Anna will also require, from this point forward, that Paul brings unfinished assignments and tests to the special education room for oral completion- a fair accommodation, until handwriting is no longer a challenge.

Anna will home-school Paul during the summer, in all subject areas, devoting 2 hours per day exclusively to Orton-Gillingham type handwriting instruction. Anna anticipates that Paul will acquire the necessary self-discipline and writing skills to enable him to forgo daily visits to the special education room in 4th grade. (A copy of the home-school objectives and schedule is included here.)

The support and coordination of the special educator will be required in 4th grade; however, the initial handwriting disability will be overcome sufficiently to allow Paul the ability to produce written work independently.

If this goal is not met, an in-class aid will be requested to help Paul with management of his behavior, attention, and motivation. Medication and a strict healthy diet will continue as essential foundations of behavior management, as

well as recommended democratic, consistent, and positive strategies to foster Paul's maturity and growth toward responsible, autonomous self-management.

It has been heartbreaking for Anna and Mark to watch their promising young child go from "child prodigy" to "academic failure." Their precious son, and millions like them, are forced into environments where they cannot compete. Not only does this set them up for discouraging outcomes, it robs society of their important contributions.

* * *

Compulsory public education aims to maximize the intellectual, economic, and democratic potential of all students- regardless of race, gender, handicap, or social class. It promises to level the barriers created by other cultural forces. It purports to set its graduates out on level ground, where they are limited only by their own imaginations.

Unfortunately, the nature of "the great equalizer" has been imprisoned in the walls and halls of our institutions. It has resigned to old age and tradition, and is weak-willed to champion the student who cannot thrive in its filtered enlightenment. It must be content to expel the oppressed child, who craves to be outside its windows, lest his willful and spirited desire break them all.

But government has ordered the educational system to "tame the wild child." New goals for learning, set by state and national standards, are mandating the success of those rebelling in its shadows. Schools must attempt to help all students meet high academic expectations. How will policymakers,

administrators, and teachers create learning environments that nurture those students who fail to learn in traditional school settings? The ADHD child's answer: "Start by opening your windows and doors, and let us out."

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4-22-98

Dear Math Class,

I am very sorry that I disrupted our class and made us loose learning time. I am sorry I stole that time from all of you and have no way to give it back.

I will be extra careful from now on to be happy and cooperative and in control of myself, even when I'd rather act out. I will not steal school time from you anymore.

I will not make you watch me stomp and yell and make a fool of myself any more.

Please forgive my inconsiderate behavior.

I hope I can be a helpful member of our class from now on.

Sincerely,
Your Friend, Paul

By signing, I verify that Paul has effectively presented this letter to his class.

Teacher X _____

on _____.

