

“Lets Focus!”

Strategies and Interventions to Focus Off-task Students: A Case Study of a 1st Grade Student

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May 7, 2005

Introduction

Currently, I am a Professional Development School Intern in a first grade classroom in the State College Area School District. The Professional Development School is a partnership between The Pennsylvania State University and the school district. Through this year long internship I have had the experience of creating and implementing an inquiry project to explore a wondering about a particular child in my classroom. While working with my students, there was one student in particular whose behavior and academic performance stood out. This student had difficulty paying attention and staying on task in both large and small group instruction. When working independently, this student frequently had difficulty staying on task and concentrating. In addition, he was having difficulty following directions, completing assignments, reading as well as processing information and making generalizations. In order to reach my goal of having every student achieve success, I began to wonder if there were any strategies or interventions that could help this student stay on task and perform better academically. Accordingly, I began to perform research on Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD) as well as their connection with Sensory Disorders. This was helpful when determining what strategies or interventions would be best suited for this struggling student in my classroom. After collecting data about the effectiveness and impact these interventions had on this student, I have concluded several strategies that may be effective for many students that have difficulty staying in task in the classroom.

My Initial Wonderings:

- ◆ What strategies and interventions are successful for focusing off-task students?
- ◆ What strategies and interventions are successful for focusing students who have ADD/ADHD?
- ◆ Are these strategies or interventions going to be successful for the specific student in my classroom?

Wonderings After Research and Observations:

- ◆ Are there connections between ADD/ADHD and sensory difficulties?
- ◆ What strategies and interventions are helpful for students who are experiencing sensory difficulties?
- ◆ Are there connections between students who are easily distracted or have a difficulty focusing and low self-esteem?
- ◆ How could I focus on this student's strengths to improve his self-esteem and distractibility?
- ◆ Would implementing sensory interventions help this student focus and improve on his distractibility?
- ◆ How could I implement these strategies or interventions so that they wouldn't draw attention to this particular student's needs?
- ◆ Would the other students in the classroom benefit from having some of the interventions or strategies delivered to the entire class?
- ◆ Is this student aware of his distractibility?
- ◆ What activities are this student involved in at home and outside of school, and are the same issues present in those places?
- ◆ Do the parents notice this student's distractibility at home?

What the Experts Say: Research

What are the symptoms for ADD/ADHD?

The symptoms for ADD/ADHD include impulsiveness, inattentiveness, hyperactivity, poor concentration or distractibility. The *Diagnostic and Statistical Manual of Mental Disorders* has noted patterns of behavior for ADD/ADHD. The Manual has divided ADD/ADHD into three categories or types; predominately hyperactive-impulse type, predominantly inattentive type and combined type. In order to be categorized with one type of ADD/ADHD, the student will need to show some symptoms before the age of seven, the symptoms must exist in more than one setting, the symptoms interfere with child's functioning and the symptoms are not exclusive of another syndrome" (<http://www.pediatricneurology.com/newpage11.htm>).

Furthermore, when a teacher considers the young students in his or her classroom, there might seem to be several students who seem to be in constant motion, moving around in their seats or even just fidgety. Even though there might be many students who are exhibiting those behaviors, they are most likely not as prevalent. In fact, many young students exhibit those exact behaviors. Some students show symptoms for ADD/ADHD including impulsiveness, hyperactivity or even inattentiveness. However, when the student's academic performance or social relationships with other students is impacted by the student's hyperactivity, lack of concentration, impulsiveness or lack of concentration, the student should be considered for a full evaluation for the appropriate diagnosis by a professional.

The hyperactive-impulsive type includes children who are unable to sit still in their seats, fidget with small objects or with self, "run, climb, or leave seat in situations where sitting or quiet behavior is expected," blurts out answers to questions or "having

difficulty waiting in line or taking turns" (<http://www.nimh.nih.gov/publicat/adhd.cfm>).

According to the *Diagnostic and Statistical Manual of Mental Disorders*, a student who has ADD/ADHD predominantly hyperactive-impulse type will exhibit the following symptoms:

- Fidgets with hands or feet or squirms in chair.
- Has difficulty remaining in seat.
- Runs about or climbs excessively.
- Difficulty engaging in activities quietly.
- Acts as if driven by motor.
- Talks excessively.
- Blurts out answers before questions have been completed.
- Difficulty waiting or taking turns.
- Interrupts or intrudes upon others.

The predominately inattentive type includes students who do not have hyperactivity. These students display symptoms of inattentiveness or distractibility.

According to the *Diagnostic and Statistical Manual of Mental Disorders*, a student who has ADD/ADHD predominantly inattentive type will exhibit the following symptoms:

- Fails to give close attention to details or makes careless mistakes.
- Has difficulty sustaining attention.
- Does not appear to listen.
- Struggles to follow through on instructions.
- Has difficulty with organization.
- Avoids or dislikes tasks requiring sustained mental effort.
- Loses things.
- Is easily distracted.
- Is forgetful of daily activities.

The third type of ADD/ADHD is the combined type. Students who are considered to have the combined type exhibit symptoms of both predominantly inattentive and predominantly hyperactive-impulse types.

What impact does ADD/ADHD have on a student?

ADD/ADHD is a syndrome that affects the way the brain functions. There are "three (brain) structures we've identified as being responsible for this disorder: the orbital prefrontal cortex; the striatum, part of the basal ganglia; and the caudate" (12, SchwabLearning.org). Unfortunately, these areas of the brain are responsible for carrying out executive functions. Executive functions include things such as self-control and self-regulation. Because ADD/ADHS affects the executive functioning of a child, there are developmental delays of inhibition. This developmental delay causes external events, people and noises around them, and lack of foreseeing the future to take control over their every day functioning (21, SchwabLearning.org).

Other symptoms of executive dysfunction include lack of foresight or poor hindsight. These dysfunctions leave the child with ADD/ADHD to constantly be stuck in the present. These children have difficulty predicting the results of their behaviors and learning from their past behaviors to modify their actions. "The lack of this ability can be the most devastating part of ADHD" (<http://www.pediatricneurology.com/newpage11.htm>).

In addition, there are many other symptoms of executive dysfunction. Some other symptoms include poor organization, trouble returning to a task, poor sense of time or time moving too slowly and poor ability to use "self-talk" to work through a problem (<http://www.pediatricneurology.com/newpage11.htm>). These symptoms could also have

a great impact on the academic and social life of a child. Their poor organizational skills would pervade through their mathematics, writing, handwriting and reading skills. Furthermore, the student who has difficulty returning to a task or a poor sense of time, the student may not complete work on time, or even at all.

Other symptoms of executive dysfunction have an impact on a child's social or behavioral skills. Some of these symptoms include having a poor internalization and generalization of rules, poor social clues, trouble transitioning, poor frustration tolerance and becoming angry frequently and quickly (<http://www.pediatricneurology.com/newpage11.htm>). These are the symptoms of executive dysfunction that cause for seventy-two percent of children with ADD/ADHD to argue with adults, sixty-six percent blame others for their mistakes, seventy-one percent act touchy or are easily annoyed, forty percent swear, forty-nine percent lie, and fifty percent steal (<http://www.pediatricneurology.com/newpage11.htm>).

In addition to showing symptoms of executive dysfunction, many children with ADD/ADHD exhibit co-morbid disorders. These disorders accompany the diagnosis of ADD/ADHD or they are often misdiagnosed as ADD/ADHD. "John Ratey refers to these as "shadow syndromes" (<http://www.pediatricneurology.com/newpage11.htm>).

What are the co-morbid disorders that often accompany ADD/ADHD?

A co-morbid disorder that accompanies twenty to thirty percent of children who are diagnosed with ADD/ADHD, is a learning disability. Many of the characteristics of a learning disability are the same characteristics of ADD/ADHD. Difficulty following directions, sequencing or organizing problems and dysgraphia are all associated with learning disabilities and ADD/ADHD. According to Larry Silver, a child is tested for a

learning disability when a student does not "live up to hi/her potential"

(<http://www.pediatricneurology.com/newpage 11.htm>).

Other co-morbid disorders associated with ADD/ADHD are Disruptive Behavioral Disorders. These disorders account for fifty percent of children who are diagnosed with ADD/ADHD. Disruptive Behavioral Disorder includes behaviors such as lying, cursing, stealing, blaming others for their mistakes as well as being easily angered or annoyed. As stated before, this disorder is a result of the executive dysfunction an ADD/ADHD child experiences. Other Disruptive Behavioral Disorders include, Oppositional Defiant Disorder (ODD) where children are unwilling to conform, Conduct Disorder where children are "hostile and law breaking with a lack of remorse, " and Antisocial Personality Disorder (<http://www.pediatricneurology.com/newpage 11.htm>).

In addition, Anxiety Disorder is another co-morbid disorder that affects some children with ADD/ADHD. This disorder occurs in thirty percent of children with ADD/ADHD. These children experience stress from many situations. They may appear tense, edgy and may even be sleepless. Some children experience panic attacks when the stressor becomes too overwhelming.

Similarly, one third of ADD/ADHD patients have Obsessive Compulsive Disorder (OCD). These children experience obsessive thoughts and behaviors. In many instances, these thoughts and behaviors can control their daily actions. However, in some instances children with OCD have been able to overcome the disorganization they experience from ADD/ADHD (<http://www.pediatricneurology.com/newpage 11.htm>).

Another co-morbid disorder that often clusters with ADD/ADHD is Asperger's Syndrome. Children who have Asperger's Syndrome show symptoms including

"impaired ability to utilize social cues such as body language, irony, or other "subtext" of communication; restricted eye contact and socialization; limited range of encyclopedic interests; perseverative, odd behaviors; didactic, monotone voice; "concrete" thinking; over-sensitive to certain stimuli; and unusual movements" (<http://www.pediatricneurology.com/newpage11.htm>).

Furthermore, Sensory Integration Dysfunction is a co-morbid disorder associated with ADD/ADHD. This dysfunction is the "inability to process information received through the senses" (<http://www.pediatricneurology.com/newpage11.htm>). With this disorder, the child may be undersensitive or oversensitive to stimuli. Because there are many symptoms that mimic the symptoms associated with ADD/ADHD, Sensory Integration Dysfunction is usually evaluated by an occupational therapist. Some of the symptoms include:

- Hypersensitive to touch: sensitive to clothes or getting dirty; withdraw to light kiss.
- Hyposensitive to touch: wallow in mud; rub against things; unaware of pain.
- Hypersensitive to movement: avoid running, climbing or swinging.
- Hyposensitive to movement: rocking; twirling; unusual positions.
- May also respond abnormally to sights, sounds, smells, tastes or textures.
- May be clumsy; have trouble coordinating (bilateral) movements; or have poor fine motor skills.

What are the serious consequences of ADD/ADHD?

Depression could be a serious consequence of ADD/ADHD. In fact, depression could occur in ten to thirty percent of children and forty-seven percent of adults.

Symptoms of depression could include "loss of joy, sadness, pervasive irritability, withdrawal, self-critical outlook, and vegetative symptoms (abnormal sleep or appetite)"

([http://www.pediatricneurology.com/newpage 11.htm](http://www.pediatricneurology.com/newpage11.htm)). In addition, secondary to the students frustration with academic and social tasks, the student may lack self-confidence.

How is ADD/ADHD diagnosed?

Because ADD/ADHD has numerous co-morbid disorders, there is not one single test to diagnose ADD/ADHD. The evaluation process requires time and effort. The evaluation includes a thorough family history, a clinical assessment of the student's "academic, social, and emotional functioning and developmental level" (<http://www.chadd.org/fs/fs1.htm>) The evaluation includes parents, teachers and possibly the student. The evaluations and assessments are age-normed tests that measure how extreme the student's symptoms are.

Many professionals are included in the evaluation process; school psychologists, clinical psychologists, clinical social workers, nurse practitioners, neurologists, psychiatrists and pediatricians. Also included in the evaluation are the student, parents and the classroom teacher. In addition, the *Diagnostic and Statistical Manual IV* needs to be measured for ADD/ADHD criteria. Also, the child must be given a physical exam to rule out any medical problems that could be causing the symptoms for the child (<http://www.chadd.org/fs/fs1.htm>).

Furthermore, the law is taken into consideration. "The Individuals with Disabilities Act (IDEA) of 1990 provides federal funding to school with guarantee special needs students with appropriate rights and services" (<http://www.pediatricneurology.com/schoolrx.htm>). In addition to providing an appropriate education for every student, there are also guidelines for the evaluation process. For example, the parents of the student must be a part developing the

Individualized Education Plan (IEP) for the child. In addition, the parents must give consent for their child to be evaluated. However, the school has the right to decide when the evaluation is needed and appropriate. If the parents are not satisfied with the school district's evaluation team, they may request an independent evaluation outside of the school district. This IEP must be carried out by the school and the child's classroom teacher if necessary. There is also an annual review and updating of the child's IEP, and a full re-evaluation every three years. However, the parents may request a review any time they feel necessary.

How Did I Collect and Analyze My Data:

In my classroom, I noticed one student who seemed to be very off task for much of the day. At first I noticed how often I had to redirect the student or even give one-on-one attention during specific activities. I wanted to know how much of this student's day was spent off or on task, and what specific behaviors he was exhibiting.

The first step I took to develop my inquiry in my classroom was meeting with the Instructional Support Teacher at my school. She gave me some observation recording sheets that organized the data for time on/off task. In addition, she gave me some suggestions for how to measure or collect time on/off task data. She informed me that it often works better when you observe the student for one minute intervals.

Taking the information that the IST teacher gave me, I also developed another recording sheet. This recording sheet was used to document the behaviors that the student exhibited during small group, large group and independent working situations.

This recording sheet allowed me to explore where the student was having specific behavior inattentive difficulties.

Next, I performed observations of my student. While my mentor was teaching lessons, I had the opportunity to examine and study the student. I instructed the paraprofessional, my mentor teacher as well as my PDA on how to perform the observations. In turn, they were able to perform observations of my student while I was teaching lessons. In addition, I tried to monitor my actions while teaching a lesson; how many times I had to redirect the student, what comments I made toward the students, and how many times the student participated in the lesson or discussion.

In addition to doing direct observing of my student, I also administered an informal student and parent survey. The student survey was designed to see what the student enjoyed and disliked about school, if the student was aware of his distractibility as well as something he would like to do better at in school. I used the survey to collect information about the student's awareness of his distractibility. I was also able to pinpoint academic areas where the student felt he didn't perform very well. I used the parent survey to see if the student was exhibiting any distraction or inattention at home. I also wanted to see if the parents noticed any of the behaviors at home that the student exhibited in class.

After collecting all of my data through careful observations and the student and parent survey, I had to analyze the data. The first piece of data I analyzed was the student survey. From the survey, it was noted that the student likes school because it is fun, however there are certain things that the student really does not like. I was able to conclude that the student did not like any activities where writing was involved. In fact,

the student shared that he felt nervous when he could tell a writing activity was coming up. From the student survey I also learned that the student is aware of his distractibility. I asked the question, "do you think that sometimes it is hard for you to pay attention during class, why or why not?" The student responded by saying, "Yea, there are a lot of pretty cool things around that you could use. We mostly have to do a lot of writing and I can spot that coming." I was able to conclude that the student knows that he is distracted by the things that are all around the room, and that he allows himself to become distracted when he thinks there is a writing activity approaching.

When analyzing the parent survey, it was concluded that the student also exhibits some distractibility at home as well. The parent shared that their son has trouble following directions at home, and sometimes needs to be told several times what the directions are. Furthermore, they also felt that their son's nervousness when completing tasks was a behavior that was out of the ordinary.

After contemplating the results of the two surveys, I was anxious to analyze the observational data that was collected. The computation of this data was done in several ways. I tallied the number of off/on task behaviors during small group, large group, and independent instruction. The comparison of these two numbers was employed to see if the student spent more time on off-task activities. Also, I inquired into the specific behaviors the student was engaging in while he was off-task. The number of different behaviors was tallied to see what the majority of the behaviors were.

After looking over the observation sheet and annotated notes, I tallied all of the off/on task behaviors the student engaged in during a large group instruction. I discovered that the student exhibited one hundred five off-task behaviors compared to

twenty one on-task behaviors. When I tallied the on/off task behaviors for small group instruction, I noted twenty off-task behaviors compared to 30 on-task behaviors. Lastly, I tallied on/off task behaviors exhibited during independent work and discovered forty off-task behaviors compared to five on-task behaviors.

From this data and analysis, I have discovered that this student has great difficulty remaining on task during large group instruction and independent work. The results were shocking. I never realized how many off-task behaviors this student exhibited. I was surprised to find out that this student engaged in more on-task activities compared to off-task activities during small group instruction.

In addition to the above mentioned data, other behaviors this student exhibited were documented and compiled. From this analysis, it was noted that the student engaged in behaviors including biting his nails, picking his nose, blank staring, playing with small objects, slapping hands as well as rocking his body. These results were very interesting due to the fact that most of these behaviors if not all, had to deal with sensory issues, which is common with ADD/ADHD.

Due to the fact that many of my student's behaviors included sensory issues, distractibility and inattentiveness I thought that it might be beneficial to implement strategies and interventions that experts suggest for students who have ADD/ADHD. After referring back to my research about interventions that focus on the specific behaviors my student exhibits. It was imperative that I chose interventions that focused on sensory issues, inattentiveness, distractibility as well as improvement of self-esteem. Finally, I had to take into careful consideration how and when to implement these strategies in order to collect data to explore the effectiveness of the specific intervention.

What Interventions Did I Implement?

Clear Rules, Expectations and Organization:

A major impairment of students who have ADD/ADHD is with the execution of executive functions. Many of these executive functions deal with poor organizational skills, poor internalization and generalization of rules as well as having trouble transitioning (<http://www.pediatricneurology.com/newpage11.htm>). Because these functions are difficult with students who have ADD/ADHD, setting clear rules, displaying the rules, giving examples of rules and making rules so that they are observable could be helpful for students.

In the beginning of the school year, we set clear classroom rules that the students helped to create. The rules were created so that they would be observable by the students. In addition, we also gave specific examples of how to follow those rules. In addition to setting clear rules in my classroom, we utilized the first two weeks of school to learn how to move through transitioning periods throughout the day. There were clear, concise directions on how to go through the different transitions. Furthermore, the students had many opportunities to practice going through the transitions. Also, the classroom was very organized and the students had the opportunity to explore and learn the rules for the different materials organized around the classroom. Not only is this an important thing to do for students who have ADD/ADHD, but it is also helpful for every other student in the classroom to learn as well.

Stop, Look and Listen

This intervention was established from the first day of school. However, I made a great attempt to make sure that every student, especially my case study student, was stopping, looking and listening. In my classroom, I set a clapping pattern that I would start and the students would finish. The students are given specific instructions to stop what they are doing, do something with their hands, have their eyes on the teacher and be listening for the directions or instructions. For example, during literacy centers, when it came time to transition and the students needed to listen to the directions about how to move from center to center, I would initiate the clapping pattern and have the students finish it. Next, I would tell the students to put their hands in their air, then on their head, and then to keep their hands there while they are looking and listening while I gave directions.

Having the students stop, look and listen forces the students to make sure that they are stopping whatever it is that they are doing and really concentrating on listening to the next set of directions. This intervention is especially helpful for the student who has trouble attending to directions. It forces that student to focus on one thing; listening to the directions, and not allow him to be distracted by any outside stimuli.

In addition to the clapping pattern I made sure that the students were listening to all directions I given, especially during a direct instructional activity. Before I began giving directions, I would make sure that every student had the materials out that they needed to complete the activity. Then, I would have students place their pencils on the floor so that the students were concentrating on what I was saying, rather than writing or being distracted by their pencils. This intervention was created with my case study

student in mind. Because he was constantly being distracted by playing with his pencil, tapping it, playing with the eraser or even doodling on his desk, I felt this was a very important intervention to help focus the student.

Appropriate Seating Arrangement:

After analyzing the data and observations, I discovered that my case study student was very distracted by sensory stimuli. He was often distracted by noise, movement, physical contact with self and objects as well as visual stimuli. Therefore, I seated him in an area in the classroom that would not have a lot of sensory stimulation. I created a spot in the classroom where he would not be able to look out the window or near the door to the classroom. In addition, it has been noted that proximity control is also very important to keep students who have ADD/ADHD on task. Therefore, I placed him towards the front of the room, where I usually deliver directions and whole group lessons. The student had the optimum seating arrangement void of excessive sensory stimuli as well as having close proximity to the teacher.

In addition to seating arrangements, I also thought that it would be important for the student to sit in close proximity to the teacher during large group instruction as well as small group instruction. Because the student exhibited so many off-task behaviors during large group instruction, I was hoping that those behaviors would be lessened if he was sitting much closer to the teacher. With the close proximity to the teacher, the student might be less distracted or become more conscious that the teacher could observe his actions.

Small Sensory Ball:

After hearing a presentation by an occupational therapist about students who have sensory issues, I contemplated integrating sensory interventions. Due to the fact that most of the behaviors my student was exhibiting were sensory related, it was essential to implement an intervention suggested by the occupational therapist. The therapist suggested giving the distractible student something to manipulate or touch in their hands while they were listening to directions or working in a large group setting. She suggested that this would focus the student because he/she would not be craving that other sensory stimulation that the student was usually engaged in.

Subsequently, I gave my case study student a small yellow, suction cup ball. The student was informed that there were three rules for holding the ball: only hold the ball in one hand, do not throw or drop the ball, and always be looking and focusing in on the teacher when you have the ball in your hand. The student was instructed to recite the rules back to me in order to make sure that he heard and understood the rules. The student was given the ball whenever we were in a large group instructional setting or when there were going to be specific instructions or directions given.

Praise Journal:

After observing my case study student come into school in the mornings with a scow on his face, and discovering that he did not like school very much, I decided to implement a praise journal. I decorated the journal with the student's favorite colors and I wrote encouraging comments on it. At first, I told the student that we were going to do something special that was just between him and me. At the end of each day he would

tell me two things that he felt he did well during the day, and I would also write down a comment or compliment about something I noticed he did well with during the day. I made sure that he knew that this was only between us, and he wasn't to tell the other students about it. I also instructed him to be thinking about what he is doing well throughout the day. Every day we would write down the comments and he would choose a sticker to place on the page. The student took the praise journal home on the weekends so his parents could document things they noticed him doing well at home. The goal of this intervention was to improve the student's self-esteem and his outlook on school. This was a wonderful instrument for positive reinforcement and encouraging comments.

Movement:

I carefully monitored how long my students were sitting still, listening to a lesson. I also know that young children have very short attention spans. Therefore, I thought it would be important, especially to my case study student, to have the students engage in a short activity that got them up out of their seats and moving. I would have the students stand up by their desks and do a short stretching exercise with me. In addition, music and songs were played and the students acted out the motions that accompanied the words. This gave students a small break from listening and focusing to get out some of their pent up energy. Participating in this was particularly important for my case study student who was usually moving a part of his body in some way; tapping, rocking, bobbing his head. It got out some of that energy that might have been spent during the lesson.

What Did I Learn From My Inquiry?:

When the physical environment in the classroom, especially seating arrangement, is taken into consideration, the special needs of distractible students can be accommodated. When a student is highly distractible, especially to sensory stimulants, it is important to consider their seating arrangement in the classroom. "To minimize distractions, seat the ADD/ADHD student away from both the hallway and the windows" (<http://www.addinschool.com/elementary/roomsetup.htm>). For students who have difficulty with too much sensory input, a colorful classroom filled with pictures, children's work and colorful bulletin boards can be distracting to a student with sensory input issues. According to Schneider, "many people believe that learning will take place more quickly in an environment with lots of visual stimulation to capture the attention. However, for the child with a visual perceptual overload, it can be distracting and difficult to work in such a room" (80, Schneider). Therefore, it is important to seat the student in a location with the least amount of visual and auditory distractions.

In addition, when the student was observed in a new seating location; closer to the teacher, away from extraneous stimuli, the student appeared less distracted or exhibited various activities that he did in a previous seating arrangement. When observed in a large group setting where he was sitting in close proximity to the teacher, he exhibited more on-task behaviors than off-task ones. Furthermore, when the student was asked if he felt more or less distracted in his new seating arrangement, the student responded by stating that he felt, "much less distracted because he had to focus on the teacher."

When clear two to three step instructions are given after the students "stop, look and listen," students are more likely to understand and follow directions. It is difficult for children to attend to more than one thing. This is especially true for students who have to attend to more than one thing at a time. When students are forced to stop what they are doing, look at the teacher and listen, they only have to attend to one thing; what the teacher is saying. This technique is especially important to focus those students who are easily distracted. In addition, while you have that student's attention, it is important to give clear, two step directions. Because the student has a difficult time attending, you want to make the directions as clear and concise as possible. This is important because you may only have that student's attention for a short amount of time. You want the student to hear and comprehend what it is that you want them to do and learn.

Positive praise has an impact on a student's self-esteem, class participation and motivation to complete academic tasks well. Because students with ADD/ADHD have trouble completing many demanding tasks at once, therefore the "resulting anxiety can lead to a diminished self-esteem" (<http://www.arp.sprnet.org/curric/ATRISK/adhd.htm>). This diminished self-esteem has been prevalent with my case study student. He began to express dislike of school and looking forward to the weekends. In addition, I observed the student coming into school with a scow on his face. He often expressed that he wanted to go home and not be in school. As previously noted, the results of the survey expressed his concern and fear about writing.

However, after three weeks of writing put ups in a praise journal every day, there has been a remarkable change in attitude and academic achievement. Every day, my case study student would tell me two things that he thought he did really well during the day. I would also write down a comment about something I noticed him doing well during the day. In addition, he was allowed to pick a sticker and place it on the page.

I observed the student in various situations throughout the day; large and small group instruction, independent work as well as socially. This student began coming to school with a smile on his face. He also began to raise his hand and respond during large and small group instruction. In fact, he rose his hand forty-three times in one week, compared to my initial observations where he only rose his hand eight times in one week. In addition, this student began working independently and spent more time on-task than off-task. This is in great contrast to my initial observations. Furthermore, the student's writing and mathematics tasks have improved greatly. A comparison of a writing and math sample taken during my initial observations, with samples taken after the intervention offer great evidence for the impact of giving a student positive praise.

In addition, according to ADD In School.com,

"encouraging your student to monitor his own behavior has many benefits. It can provide opportunity for discussion when your student and the teacher agree/disagree on the ratings. It also prompts movement toward your student's internal frame of reference in evaluating his behavior" (<http://www.addinschool.com/elementary/compliance.htm>).

Most importantly, I overheard the student state that "he was really going to miss school on Saturday and Sunday!"

Distractible students, especially those with sensory distractions, benefit from sensory input interventions including a tactile ball as well as movement activities.

Many students, especially those students who are diagnosed with ADD/ADHD, or even those who exhibit ADD/ADHD symptoms- such as my case study student- are constantly in motion. They may move around the classroom, fidget in their seats or play with small objects. Having these students get up out of their seat and engage in a structured movement activity can help students focus better on tasks. In fact, according to Carla Hannaford, "the more closely we consider the elaborate interplay of brain and body, the more clearly one compelling theme emerges: movement is essential to learning" (41 Schneider).

In addition, when given a sensory input (a suction cup ball), my case study student was able to hold the ball in his hands and completely focus on the teacher. After careful explanation of the rules and purpose for maintaining the ball, the student was able to control his actions and use the ball in a positive way. I noticed the student was able to understand and follow directions better when he was holding the ball in his hand while the directions were being given, compared to how he followed directions without the ball in hand. Furthermore, it is important to "create tasks that engage both hands in accomplishing the desired activity (following directions)" (72, Schneider).

Conclusions, Future Teaching Implications, New Wonderings:

I have discovered the joy of helping a student whose needs are not being met in the classroom. I have learned that it is important to perform careful observations and to analyze those observations to get to the source of the problem a student may be

struggling with. Once you have an idea about what that child might be struggling with, it is important to perform research and contact other professional and parents to gather more information. I have also learned that with research, careful planning of interventions, executing the interventions and then carefully analyzing the intervention's effectiveness, you could greatly impact a student.

Furthermore, I have discovered some strategies that are successful not only for students who have attention problems, but for all of the students in the classroom. The implementation of many of these strategies from the first day of school can help students focus, remain on task and enjoy school with minimal frustration. The excitement and the knowledge of how these effect my student as well as my classroom will certainly benefit me and my students in future endeavors. In all probability, I will have several students in the future who will experience difficulties with distractibility or even be diagnosed with ADD/ADHD. However, I am confident that I will be able to help these students achieve success by implementing these interventions.

I am still wondering what are some other strategies or interventions that help students who have sensory distractibility. I am also wondering if my case study student will be diagnosed with ADD/ADHD and if he has any sensory input disorders. Also, what would be the next step to maintain progress in this student. In addition, I am wondering the impact a praise journal would have on every student in the classroom, and their self-esteem and academic performance.

In conclusion, the students, his parents and the support staffs willingness to work with new strategies and interventions, enabled me to see him, not just as another student, but as a young person with so many terrific qualities, who is willing to learn and feel

good about himself. After all, “a teacher affects eternity: she can never tell where her influence stops.”- Henry Adams