

A GUIDE FOR PARENTS

# Understanding ADHD

Recognize the signs. Navigate the path. Support your child at every age.

Evidence-based · Parent-focused · 2026



# What is ADHD?

A neurodevelopmental condition involving persistent patterns of inattention, hyperactivity, and impulsivity that interfere with daily life.



## Predominantly Inattentive

Daydreamy, disorganized, forgetful

Formerly called 'ADD'



## Predominantly Hyperactive-Impulsive

Restless, fidgety, acts before thinking

Most visible type



## Combined Presentation

Symptoms of both categories

Most common diagnosis



### 'ADD' is no longer an official diagnosis.

Since 1987, ADHD has been the umbrella term. What many still call 'ADD' is now the Predominantly Inattentive Presentation of ADHD.

## 02 · PREVALENCE

# More common than you might think

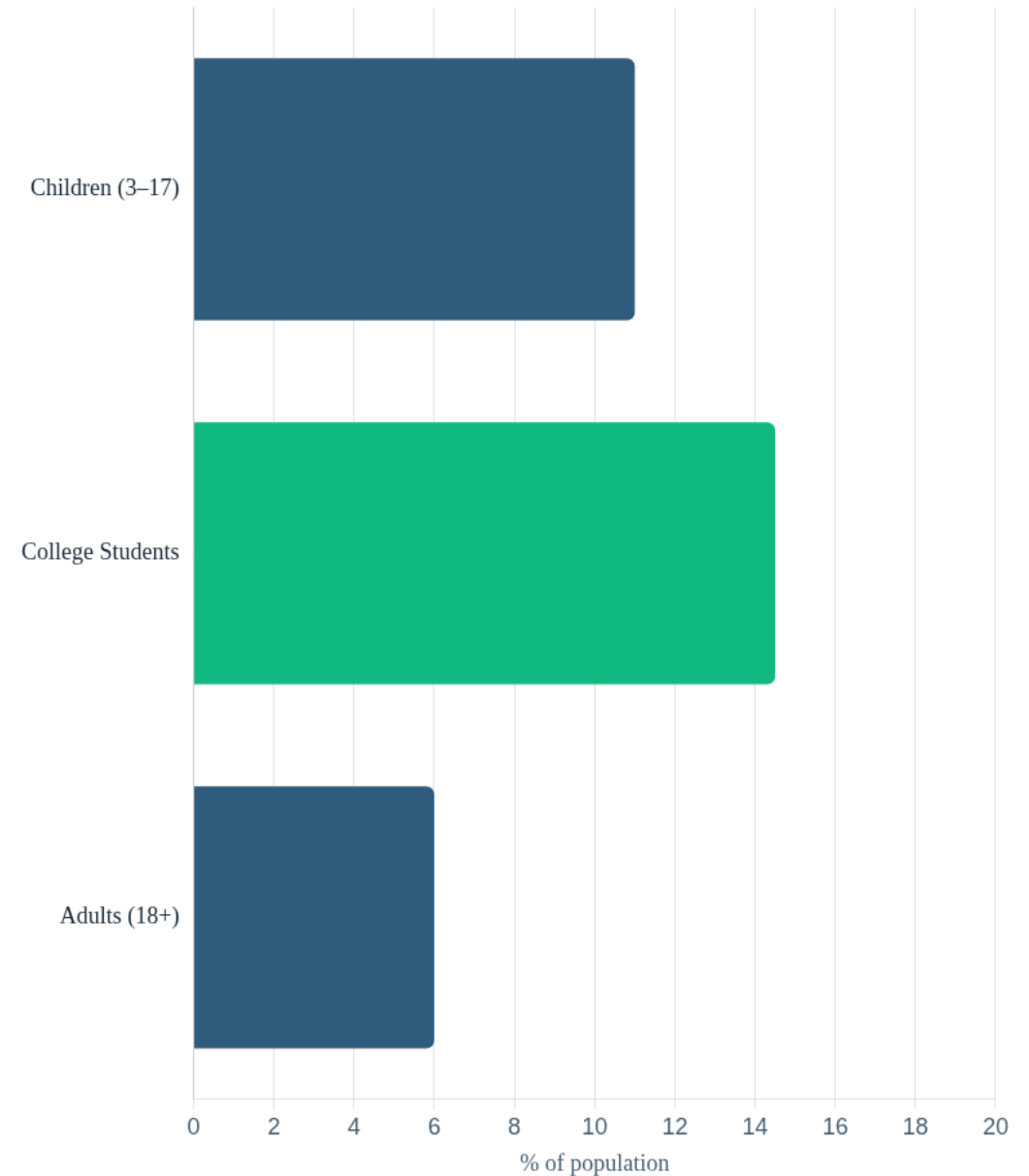
**~11%** **Children 3–17**  
diagnosed in the U.S.

**14–15%** **College students**  
self-report clinical symptoms

**6.0%** **Adults 18+**  
≈ 15.5 million Americans

↗ Adult diagnoses are growing 4× faster than childhood diagnoses.

## ADHD Prevalence by Life Stage



# Symptoms evolve as children grow

What to look for at each stage

Ages 6–16

## Elementary & Middle School



*6+ symptoms required*

- Constant motion, can't stay seated
- Trouble following classroom rules
- Acts without thinking
- Difficulty finishing tasks

Ages 17+

## High School & Teens



*5+ symptoms required*

- Internal restlessness replaces hyperactivity
- Missed assignments, poor time management
- Impulsive social decisions
- Overwhelmed by long-term projects

College & Adults

## Independence & Work



*5+ symptoms required*

- Chronic lateness, missed deadlines
- Disorganization, lost items
- Trouble relaxing — 'driven by a motor'
- Many diagnosed for the first time

#### 04 · WHEN TO ACT

# Trust your gut — and the pattern.

Every child gets distracted. ADHD is about persistence, pervasiveness, and real-life impact.

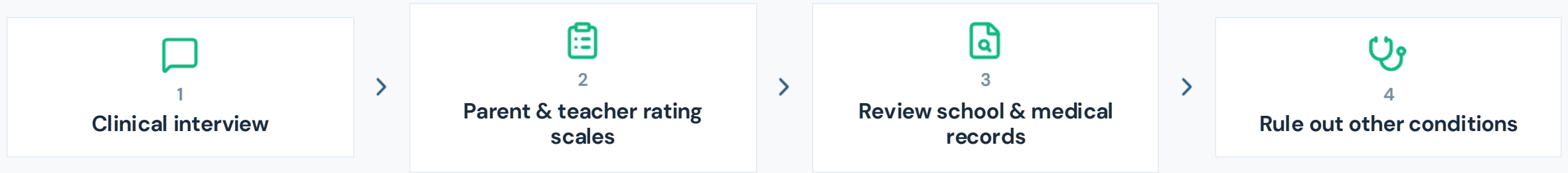
Consider a professional evaluation when symptoms are:

- 01 Persistent**  
Lasting 6+ months, not just a phase
- 02 Present in 2+ settings**  
Both home and school — not just one place
- 03 Impairing function**  
Hurting grades, friendships, or family life
- 04 Started before age 12**  
Even if first noticed later

A pediatrician, psychologist, or psychiatrist can evaluate and rule out other causes.

# There's no single ADHD test

Diagnosis is a multi-step clinical process — questionnaires are one piece.



Tool	Ages	Completed By	What it Screens
NICHQ Vanderbilt Assessment	6–12	Parents & teachers	ADHD + co-occurring conditions
ADHD Rating Scale-IV	3–18	Parents & teachers	18 DSM symptom items
SNAP-IV	6–18	Parents & teachers	Concise 18-item DSM screen
Conners 4th Edition	6–18	Parents, teachers, youth	Multi-informant ADHD assessment
Child Behavior Checklist	6–18	Parents	Broad behavioral / emotional profile

# What works — and what works best together

UNDER 6

## Parent training in behavior management (PTBM) first

Medication only if behavior therapy is insufficient



### Medication

Stimulants help 70–80% of kids; non-stimulants are an alternative



### Behavior Therapy

Skills, structure, parent training, CBT for teens & adults

AGES 6 AND OLDER

## Medication + behavior therapy combined

Most effective approach per AAP guidelines



### ADHD Coaching

Practical systems for time, tasks, and motivation



### Lifestyle

Sleep, exercise, nutrition, mindfulness

# IEP vs. 504 Plan — your child's legal protections

IDEA

## IEP

Individualized Education Program

Specially designed instruction & services

- Qualifies under 'Other Health Impairment'
- Measurable annual goals & progress tracking
- Formal team incl. special-ed teacher & specialist
- Reviewed at least annually

Section 504

## 504

Civil rights anti-discrimination plan

Accommodations for equal access

- For impairments limiting major life activities
- No specialized instruction required
- Less formal — no annual goals required
- Easier to qualify; broader eligibility

Common accommodations both plans may include:

Preferential seating

Extended test time

Movement breaks

Step-by-step directions

Planner & checklist support

# Small structures, big difference

Daily practices that help your child thrive



## Build routine

Consistent wake, meal, homework, and bedtime — use visual schedules



## Break it down

Chunk big tasks into small wins; give one direction at a time



## Shape the environment

Quiet workspace, fewer choices, designated spot for daily items



## Catch them being good

Specific praise, immediate rewards, calm consistent consequences

# You don't have to figure this out alone



## CHADD

NATIONAL NONPROFIT

CDC-funded resource center; local support chapters



## Understood.org

NONPROFIT

Clear guides on IEP/504 plans; learning & thinking differences



## ADDitude Magazine

PRINT & ONLINE

Expert articles, webinars, free downloadable guides



## CDC & NIMH

GOVERNMENT

Foundational, evidence-based science of ADHD

## How to ADHD

YOUTUBE · JESSICA McCABE

Empathetic, short-form videos for families



## Dr. Russell Barkley

YOUTUBE SERIES

'30 Essential Ideas Every Parent Needs to Know'

# ADHD is real, manageable, and never your fault.

**01**

## **It's biological**

Genes account for 70–80% — not parenting or willpower

**02**

## **Recognize the pattern**

Persistent, pervasive, and impairing — across 2+ settings

**03**

## **Treatment is multimodal**

Therapy, skills, lifestyle — medication when right for your child

**04**

## **You have allies**

Schools, clinicians, and trusted organizations stand with you

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**Thank you — here's to understanding, patience, and progress.**

Questions welcome.