

Understanding ADHD Support at School

A guide for teachers — helping every child with ADHD reach their potential

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Teaching is demanding, and having a child with ADHD in your classroom can feel like an added challenge. This guide is here to help. Not as criticism — but as a partnership tool. Understanding how ADHD affects learning changes everything about how you can help.

What Medication Does — and What It Doesn't

When a child with ADHD is on medication, you'll likely notice they're calmer, more focused, and less disruptive. That's the medication working — and it matters.

However, research consistently shows that **medication improves behaviour but does not directly improve learning**. A major study found medicated children completed 37% more work and had 53% fewer rule violations — but showed **no measurable improvement in how much new content they actually learned**. Think of medication as brain glasses: the child can now see the board clearly, but someone still needs to teach them what's written on it.

Medication opens the door. The teacher is the one who teaches.

The Four-Legged Table: Your Role Is Critical

Dr Flett uses a framework showing four pillars of ADHD support. Like a table — if any leg is weak, the whole structure wobbles:

| | | | |
|---|---|--|---|
| <div>40%</div> <div>Medical</div> <div>Medication: core brain chemistry</div> | <div>20%</div> <div>Home</div> <div>Structure, routine, emotional support</div> | <div>20%</div> <div>Education</div> <div>Your role: classroom accommodations</div> | <div>20%</div> <div>Therapeutic</div> <div>OT, remedial, speech, psychology</div> |
|---|---|--|---|

The teacher carries **20% of the child's entire support structure**. Medication has made them available to learn — what happens in the classroom during that window determines whether their marks actually improve.

Removing the Disadvantages

Children with ADHD face real neurological disadvantages in a traditional classroom: shorter working memory, difficulty filtering distractions, slower processing speed, and weaker impulse control. These accommodations don't give an advantage — they **remove the disadvantages** so the child can access the same curriculum on a more level playing field:

- Instructions:** One step at a time. Written AND verbal. Check: "What did I just ask you to do?"
- Seating:** Front of class, near you for prompting. Away from windows and distracting peers.
- Work structure:** Smaller chunks with visible end points. They need to see the finish line to start.
- Time:** Extended time on assessments. The knowledge is there — processing takes longer.

- Movement:** Breaks are neurological necessities, not rewards. Fidget tools help focus.
- Feedback:** Frequent, immediate, specific: "You stayed focused through all five — real effort."
- Organisation:** Check homework diary daily. Allow photos of notes. Written copies of board work.
- Assessment:** Reduced clutter on papers. Fewer items per page. Allow oral or typed responses.

Language That Shapes Self-Belief

| Instead of... | Try... |
|----------------------------------|--|
| "You're not trying hard enough." | "I can see this is tough. Let's break it into smaller pieces." |
| "You should know this by now." | "Let's go over it again a different way." |
| "Everyone else has finished." | "Take the time you need. I'd rather you understand it." |
| "Stop fidgeting." | Nothing. Movement is how many ADHD children think. |

A child who feels safe takes risks with learning. A child who feels judged shuts down — regardless of medication. **You don't need to be an ADHD specialist**. You need to know three things: this brain is wired differently (not broken), medication has made them available to learn (they're now in your hands), and small adjustments in how you deliver instruction will make a bigger difference to their academic future than any medication ever could.

Medication carries 40%. **Sixty percent sits outside the prescription pad — and you are a critical part of that sixty.**