Teachers' Attitudes on How Medication Affects Students' Success

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Teachers' Attitudes on How Medication Affects Students' Success

by

Anna Kogan

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A thesis submitted to the
Department of Education and Human Development of the
State University of New York College at Brockport
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Master of Science in Childhood Special Education
Teachers' Attitudes on How Medication Affects Students' Success

by

Anna Kogan

APPROVED BY:

Advisor  Date

2nd Reader  Date

Director, Graduate Studies  Date
Dedication

I am dedicating this thesis to the first Special Education cohort students and professors.
I would like to acknowledge Dr. Moira Fallon for the enormous amount of help and support she provided for us throughout the year.
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Abstract

A recent study was conducted to find out if elementary students in inclusive classrooms identified with disabilities and, in particular, students with problems in learning, processing and communicating information that are on medication are as academically and socially successful as students who are not on medication. All subjects (N = 34) that participated in the study were students and teachers in an elementary school, grades kindergarten through second, in a suburban setting. Data was collected using an anonymous, unpublished questionnaire, as well as published comments on report cards from spring of 2003. All the questions asked had to do with teachers’ opinions and knowledge about academic and social performance, as well as interventions and medication use for students with disabilities. There were three major themes found about teachers’ perception on the use of medication. The first theme was that teachers are not doctors, therefore they should never recommend medication to the parents. The second theme was that if a variety of modifications were made and the student continues to struggle with schoolwork, medication should be one of the last options. The third theme was that medication could be beneficial for some students. However, no significant differences were found on two out of the three questions in the questionnaire given to the teachers. A negative significant difference was found in question three of the questionnaire: The results suggest that the teachers in this study agreed with the policy of the school’s approach to medication use.
Introduction

Children with disabilities and, in particular, with problems in learning, processing and communicating information, who are not on medication have problems concentrating and staying on task in the classroom. During my internship, I have seen teachers who have become frustrated with students who have been diagnosed with disabilities and, in particular, with problems in learning, processing and communicating information and are not receiving medication. These teachers came across to me as being frustrated with these students.

I noticed that some general education teachers do not have the skills or knowledge to use in order to help students with disabilities and, in particular, with problems in learning, processing and communicating information. For example, I have observed one student who was very bright and wanted to do well in school, but he had a very hard time staying on task without his medication. He could not focus long enough to complete his assignments. He would start a project, lose concentration and never finish it. At a parent-teacher conference, the student’s parents admitted that he is a different child when he is on medication. They see a child who can sit in one place and finish all his homework within an hour. The parents were in the process of receiving a new prescription for medication from the child’s doctor, but no changes have been made and the child has not received the appropriate medication at this time.

Throughout my internship, I have noticed that the general education teacher lowered her expectations of this student. Since the student stopped taking his
medication, the teacher began asking him for work less frequently than she did when he was on medication. From my conversations with the teacher, my impression was that she believed that the child was smart and could be very successful. She knew that he was trying and wanted to excel in school. However, to my disappointment, the teacher confirmed that she could not do anything else to help him. Due to the accommodations on his individual education program (IEP) the teacher made sure she allowed the student more time during the tests as well as extensions on big projects.

I think a lot of general education teachers do not have the appropriate training to deal with students who are diagnosed with disabilities and, in particular, with problems in learning, processing and communicating information and are not receiving medication. They feel helpless and frustrated just like the teacher in my internship. These teachers are not aware of any alternative methods for helping these students. They believe medication is the only solution to this problem. I have seen some general education teachers try to modify their instruction and help students with disabilities and, in particular, with problems in learning, processing and communicating information who are not on medication in order to be successful in their classrooms. The same general education teacher in my internship that has given up on the student with disabilities and, in particular, with problems in learning, processing and communicating information who is not on medication has tried to modify her instructions to meet the student's needs. The teacher implemented the IEP by giving the child extensions to complete his assignments. However, after this
failed, I think she began to give up and thought that there was no hope for this child unless he receives medication.

A Russian psychologist, Lev Vygotsky (Hittie, & Peterson, 2003), focuses on connections between people and the cultural context in which they act and interact. His reasoning for putting children on medication would be compared to an unnecessary tool that was developed by the culture for children who were diagnosed with disabilities and, in particular, with problems in learning, processing and communicating information. I do not think Vygotsky would agree with the medication treatment. Based on his belief, I think Vygotsky would be trying to stimulate and come up with different methods for helping students with disabilities and, in particular, with problems in learning, processing and communicating information rather than putting them on medication.

Not much is known about the success rate in academic and social achievement of students with disabilities and, in particular, with problems in learning, processing and communicating information on and off medication in inclusion classrooms. Therefore, I became interested in an exploratory study to investigate this topic. The principle question I posed was: Whether elementary students in inclusive classrooms identified with disabilities and, in particular, with problems in learning, processing and communicating information and on medication are as academically and socially successful as students identified with disabilities and, in particular, with problems in learning, processing and communicating information who are not on medication?
Review of Literature

My research revealed two major issues in relation to my topic. The first issue I found was strategies and interventions for students with disabilities and, in particular, with problems in learning, processing and communicating information that controls their behavior. The second issue was why we use medication more often in the United States than in other countries to control our children's behavior. In my research, I found a variety of studies that emphasized behavior intervention plans to help students with disabilities and, in particular, with problems in learning, processing and communicating information concentrate and stay on task. There were several studies about a variety of self-management skills and self-evaluation techniques that proved to be effective in helping students with disabilities and, in particular, with problems in learning, processing and communicating information.

Strategies

Bradley-Klug, DuPaul, & Shapiro (1998) observed teachers using self-management strategies with different age groups of children across academic and nonacademic behavior problems. The strategies worked in both academic and nonacademic situations. Self-management strategy is usually when a student keeps track of his/her own behavior. Based on his/her appropriate behavior, the student receives rewards or consequences.

More current findings by Bradley-Klug, DuPaul, & Shapiro (1998), Reis (2002) showed that the use of self-monitoring strategy is very effective. Self-monitoring strategy of paying attention in class to increase students on task behavior...
involves having students ask themselves questions such as: "Was I paying attention? Did I hear what directions my teacher gave?" The students have to evaluate themselves by recording "Yes" or "No" answers on a score sheet every time they see or hear a signal given by a teacher or a tape recorder. The time period of on-task behavior can change from two to five minutes, depending on how well the student stays on task. When using self-monitoring strategy students are usually not aware of the time change. The use of self-monitoring strategies was found to be effective in increasing the on-task behaviors of inattentive students in both elementary and secondary schools (Reis 2002). Studies done by Bradley-Klug, DuPaul, & Shapiro (1998) showed that students learn to be more conscious of what triggers their off-task behavior. Students can use the information on their self-monitoring chart to better enable themselves to complete their class work.

Self-management strategies have been applied across a wide range of academic and non-academic behavior problems. The study done by Brender, & Mathes (1995) suggested that teachers need to help children with their communication and social skills by increasing their knowledge about appropriate social and academic behaviors. Barkley-Klug, DuPaul, & Shapiro (1998) looked at students with attention deficit hyperactivity disorder (ADHD) and found that these students had difficulties communicating and building relationships with their peers. School educators should provide social skills training to help increase the social interactions for students with ADHD. The social skills training will help decrease the higher behavior problems and discipline problems in children with ADHD. In the
article, *Self-Management as a Strategy to Improve the Classroom Behavior of Adolescents with ADHD* by Barkley-Klug Dupaul, & Shapiro (1998) it says, “Children with ADHD are not suffering from a lack of skills or knowledge. If we give clear instructions, make work interesting and redirect the child’s behaviors towards future goals, he/she will succeed” (5).

**Medication Use:**

The second major issue I found was the use of medication in the United States. In the article, *Psychostimulant Use for Children with ADHD in Australia* by Presser, & Reid (1999), researchers suggested that increased medication use for children with ADHD is due to different factors. These factors include society outlook on medication and awareness of ADHD in the country. They also stated that medication treatment was common in the USA for children with ADHD. In another study, *Head Start Children with a Putative Diagnosis of ADHD* by Redden, Forness, Ramey, Brezausek, & Kavale (2003) it was found to be true that children that were on medication in their early years were more likely to receive special education services during their school years.

Research shows that Americans use medication more often than other countries to try to control children’s behavior. “Medication must not be the first choice of academic and social treatments” (Montague, & Warger 1997). Nine out ten children who have been diagnosed with ADHD will receive medication for at least some period of time. Studies done by Bender, & Mathes (1999) showed that the number of children receiving medication is rapidly increasing. In the study done by
Prosser & Reid (1999) it was suggested that an increase in the use of medication might be the result of a few different factors. One factor is an increased awareness of diagnosis of ADHD in United States. Another factor is an improved public image of medication treatment through worldwide media coverage in the past years. Parents' knowledge of ADHD and opinion of treatment play a significant role in treatments for their children. Due to the factors mentioned above, some parents believe and accept that medication use is the best choice to help their children with ADHD (Barkley-Klug, DuPaul, & Shapiro 1998).

Most studies cited in this paper deal with medication use for students with ADHD. Fewer studies have been found that looked at medication use for children with disabilities and, in particular, with problems in learning, processing and communicating information. A lot of people trust medication such as Ritalin to take care of ADHD. Others think that medication will improve academic and social achievement of their children who are diagnosed with ADHD. The purpose of the medication, if used appropriately, is to help children focus their attention and behavior. When the medication is working properly, it might control certain behavior that normally interferes with the child's learning ability. For example, children who have behavior difficulties or inappropriate social interaction may have a decrease in their disruptive behaviors when placed on medication. However, even though students are on medication, they might still require behavioral intervention. Gathering daily data on classroom behavior and academic skills is an essential component of any behavior management program, which could be necessary if a child is on or off
the medication. In the article Self-Management as a Strategy to Improve the Classroom Behavior of Adolescents with ADHD researchers Barkley-Klug, DuPaul, & Shapiro (1998) support the idea of a combination of behavior modification or self-monitoring of behavior even if children are on medication.

**Social Economical Status and Use of Medication**

One of several studies by Redden, Forness, Ramey, Brezausek & Kavale (2003) show that parental perception of ADHD differs depending on the parents’ ethnicity and social economical status. In 1999, Prosser & Reid found several reasons why low socio-economic status might be associated with increased ADHD treatment. The researchers’ first reason was that low socio-economic status is associated with factors such as severe marital divorces, large family size or foster care placements. Another factor suggested by the study was that children in low-income families might be exposed to environmental or psychosocial stressors such as hunger or lack of sleep. The same study concluded that there was a higher use of medication treatment among children from low-income families, as well as among children of minority families. I think with a proper education, many parents might find different ways of focusing their children’s behaviors without the use of medication.

In conclusion of my review, I established that not enough research has been done on interventions and strategies for students with disabilities and, in particular, with problems in learning, processing and communicating information. The findings of existing research are not conclusive as to whether being on medication enhances the behavior and social success rate of students with disabilities and, in particular,
with problems in learning, processing and communicating information as compared to other students who are not on medication. In the future, there should be more in-depth and more carefully-controlled studies conducted about interventions needed for students with disabilities and, in particular, with problems in learning, processing and communicating information. One big question that still remains in most studies is when to choose whole-group method of intervention as opposed to using an individualized method of intervention. More research needs be done before deciding whether to implement intervention strategies with an individual student or within a group. The kind of intervention used would depend on the diversity of students in the classroom.

Conclusion

There is no conclusive information on correlation of lower academic performance in inclusion classrooms and teacher attitudes towards the students. After reading several research studies, I learned that a number of teachers have the same experiences and problems that I saw in school during my internship. Teachers become frustrated and give up on students with disabilities and, in particular, with problems in learning, processing and communicating information, who are not on medication and have a hard time concentrating and completing their work.

I found studies on how to control students' behavior using medication. However, these studies ignore other methods that could be used to help students be successful in school. I learned that there are some general education teachers that try to include the students with disabilities and, in particular, with problems in learning,
processing and communicating information and to modify their instruction, so that students can be successful in an inclusion classroom. Based on the studies I have read, I have come to a conclusion with regards to having children with disabilities and, in particular, with problems in learning, processing and communicating information on medication in general education classrooms.

I believe these children can be educated successfully in a general education program with the help of appropriate interventions. General education teachers should work with special education teachers to plan a program that will benefit the student and help him/her become successful in school. There are no published studies on the topic of elementary students in inclusive classrooms who are diagnosed as having disabilities and, in particular, with problems in learning, processing and communicating information who are on medication and without medication. Therefore, it would be appropriate for me to conduct a study on this topic.
Methods

There is not much known in the research literature about the success rate in academic and social achievement of students with disabilities and, in particular, students who have problems in learning, processing and communicating information on and off medication in inclusion classrooms. Therefore, I became interested in implementing an exploratory study. Are elementary students in inclusive classrooms identified with disabilities, and in particular, students with problems in learning, processing and communicating information that are on medication are as academically and socially successful as students who are not on medication?

Subjects

All the subjects (N = 34) participating in my study are students and teachers in an elementary school grades kindergarten through second in a suburban setting. The students are between the ages of five and seven years old. All students (N=14) are diagnosed with a mild to moderate disability. All students participating in the study have communication disorder, learning disorders and behavioral issues. The teachers (N = 20) are all Caucasian and females who have general or special education certifications.

Instrument

In this study, the researcher is planning on collecting data by using an anonymous, unpublished questionnaire developed by the researcher for the purposes of this study. The questionnaire is attached (See Appendix A). All the questions asked had to do with teachers' opinions and knowledge about academic and social
performance, as well as intervention and medication use for students with disabilities, and in particular, students with problems in learning, processing and communicating information. Reliability will be analyzed on the questionnaire using statistical package for the social science (SPSS 12.0). Face validity will be analyzed using the panel of two experts.

The researcher also will be using published comments on report cards from Spring of 2003 written by teachers of students with disabilities, and in particular, students with problems in learning, processing and communicating information. The researcher will use a qualitative, historical research design to analyze teachers’ opinions of students’ performance and behaviors. The report cards are available on a public website published for teachers use, http://www.greece.k12.ny.us. The researcher will look at descriptive anecdotal records of comments by teachers of students with disabilities, and in particular, students with problems in learning, processing and communicating information. Only the comments about behavioral problems that negatively affect the students’ academic performance will be recorded. Only the comments, no identified information on either the students or the teachers, will be recorded.

**Procedures**

I will start my research by distributing the questionnaire, placing it into each volunteer’s school mailbox. Attached to the questionnaire each volunteer will find a letter with information of why I am conducting this research, anonymity information, when the questionnaire should be returned to a designated mailbox in the main office,
as well as where they will be able to find the results of my study. All volunteers will be given one week to complete the questionnaire. I will debrief the results of my study by posting the results on the information bulletin board outside the main office.

Planned statistical analyses include computation of descriptive statistics such as percentages, means and standard deviation. Planned inferential statistics will be compared using paired samples T Test. My qualitative research includes the organization subject responses for common themes. The information about the subject and procedures planned will be presented in results section. If there are any changes, they will be noted later on in the paper.
Results

I began my research with the following question: Are elementary students in inclusive classroom identified with disabilities and, in particular, students with problems in learning, processing and communicating information that are on medication as academically and socially successful as students who are not on medication?

The quantitative analysis I had planned was conducted using statistical package for the social science SPSS (version 12.0). I used SPSS (version 12.0) to analyze data using descriptive statistics (percentage, mean and standard deviation) and inferential statistics. I used a paired sample T Test to determine if there is a statistically significant difference between teachers’ attitudes and the success of students. Reliability of the questions was analyzed using SPSS (version 12.0). Face validity was analyzed using the panel of two experts. Analyses went as planned.

Descriptive Statistics

The descriptive statistics was done using SPSS (version 12.0). The mean, standard deviation, and percentages are shown in Table 1, 2, and 3. The two experts in the field determined validity by reviewing the content of the questionnaire and determining that it was appropriate to the research problem. Reliability was done using SPSS (version 12.0) and was computed to be .662 or 66%.
Inferential Statistics

The inferential statistics was computed using a paired sample T Test on SPSS (version 12.0) on selected pairs post hoc after reviewing raw data. In question one, no significant differences were found between checking past academic records for behavior/academic problems and recording observation of classroom behavior ($t = 1.677, p = .110$). In question two, no significant differences were found between trying behavior modifications in the classroom and talking to the parents ($t = -.438, p = .666$). In question three, there is a significant negative difference between what teachers would do first and second ($t = -2.517, p = .020$). More teachers would first try modifications in the classroom before trying to monitor progress through anecdotal records.

Qualitative Analysis

Teacher responses on their perception of the use of medication were organized and analyzed into common themes. The answers exactly as recorded are shown in Table 4. Through results, thee major themes were found. Theme one that the subjects stated was: teachers are not doctors therefore they should never recommend medication to the parents. It is the doctors’ responsibility to diagnose children and parents should decide on whether to put their child on medication or not. The second theme found was: if a variety of modifications were made and the student continues to struggle with schoolwork, medication should be one of the last options. The last theme that was found is: medication can be beneficial for some students. If it is appropriately diagnosed, administered and monitored, it can be a powerful tool to
assist students with their academic and social difficulty. A lot of teachers stated they have seen examples when medication helped students perform better in school.

**Historical Analysis**

Comments from report cards from Spring 2003 were reviewed, and selected comments of teacher opinions on student’s performance and behaviors were recorded and are shown in Table 5. One common gap was that there were only a few comments recorded about behaviors throughout the semester. The results will be discussed in the conclusion.
Conclusions

I began my study with a question: are elementary students in inclusive classroom identified with disabilities and, in particular, students with problems in learning, processing and communicating information that are on medication are as academically and socially successful as students who are not on medication? After completing this study, I have partially answered the question stated above. One of the major limitations to my study was the accessing the professional opinions of volunteers in the building. I think teachers in this study were reiterating the policy, rather than stating their personal opinion when answering the questionnaire. Some of the other limitations were: the use of small sample size, volunteer’s perception about the research topic, as well as the building’s policy. Not having a coherent strategy that teachers’ use for systematic referral process could have an influence on my results.

After reviewing raw data, not all planned analyses were carried out. One selected pair from each question was analyzed after using the paired sample T Test on SPSS (version 12.0).

One of the gaps earlier found in the literature is that there was no conclusive information found on correlations of academic performance in inclusive classroom and teachers’ attitudes towards the students who are on medication. The importance of this study, for other professionals who work with children is that it provides them with important information about how a group of teachers who have general or special education certifications perceive the use of medication with elementary students with disabilities in an inclusive classroom.
As a researcher, I strongly believe the next step is to conduct a research study using a larger school population with randomly selected subjects. I think future research studies should be conducted by first looking at the pre-referral process the teachers must follow. The next step will be to provide teachers with different scenarios, asking them to analyze it, and provide them with choices and ask them what they would do.

I think learning to conduct a research study is critical for any teacher. I know that it provided me with basic knowledge of how to pursue a topic and find information I am interested in. Conducting research will become a big part of my life throughout my teaching career. I believe it is part of my job as an educator, to be able to find literature that supports my teaching strategies as well as helps me develop new ones. By conducting this research study I learned a few lessons. First, I learned about teachers' attitudes towards medication use. Also, I have learned a valuable lesson on how the school policy has an enormous influence on teachers' attitudes and responses to the questionnaire. I think the most important lesson I learned was that next time I need to be more careful with stating my questions and in accessing opinions of volunteers.

Throughout this process, I became more comfortable with finding and reviewing literature. I think teachers should be able to identify primary sources of information from secondary. Conducting this research study helped me understand the difference between the two. If I was looking for information about particular teaching strategies I would want to hear the facts and the opinions of the experts who conducted the
study and not someone else's opinions. Learning new skills makes me a life-long learner. I think that is what all educators should strive towards.
References


Appendix A

Questionnaire

1. In general, when identifying a student with disabilities, and in particular, students with problems in learning, processing and communicating information what steps would you take? Put the following steps into rank order 1-6 (1 = first step, 6 = last step), as you would do this in your classroom.

- Suggest the use of medication to other professionals
- Suggest the use of medication to the parents
- Check past academic records for behavior or academic problems
- Bring it to Instructional Support Team (IST)
- Record observations of classroom behaviors
- Suggest an assessment from a specialist

2. In general, when you are observing a student in your classroom who is having difficulty academically and social, what would you do first? Put the following steps into rank order 1-6 (1 = first step, 6 = last step), as you would do them in your classroom.

- Take it to Instructional Support Team (IST)
- Try behavior modifications in the classroom
- Talk to the parents
- Suggest medication to other professionals
- Suggest medication to the parents
Record observations of classroom behaviors

3. Once the student has been identified with a disability and in particular with problems in learning, processing and communicating information, in general, what would you do next? Put the following steps into order 1-3 (1 = first step, 3 = last step), as you would do them in your classroom.

- Suggest to the parents/guardians possible medication treatment
- Try modifications in the classroom
- Monitor progress through anecdotal records

Please answer this question on the lines provided on the bottom, if you need more room you can use the back of the paper.

4. How do you feel about medication use with students with disabilities and particular students with problems in learning, processing and communicating information?
### Table 1
Descriptive Statistics for Question # 1

<table>
<thead>
<tr>
<th>Questions</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Percentages</th>
</tr>
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<tbody>
<tr>
<td>Suggest the use of medication to other professionals</td>
<td>4.92</td>
<td>.289</td>
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<td></td>
<td></td>
<td></td>
<td>2 = 0</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>3 = 0</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>4 = 5%</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>5 = 55%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6 = 0</td>
</tr>
<tr>
<td>Suggest the use of medication to the parents</td>
<td>5.91</td>
<td>.302</td>
<td>1 = 0</td>
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<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>3 = 0</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>4 = 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5 = 5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6 = 55%</td>
</tr>
<tr>
<td>Check past academic records for behavior or academic problems</td>
<td>1.65</td>
<td>.489</td>
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<td>3 = 0</td>
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<td>4 = 0</td>
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<td></td>
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<td></td>
<td>6 = 0</td>
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<tr>
<td>Bring it to Instructional Support Team (IST)</td>
<td>3.00</td>
<td>.324</td>
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<td>5 = 0</td>
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<td></td>
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<td>6 = 0</td>
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<td>Record observations of classroom behaviors</td>
<td>1.30</td>
<td>.470</td>
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<td>Suggest an assessment from a specialist</td>
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<td>6 = 0</td>
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<td>Standard Deviation</td>
<td>Percentages</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>------</td>
<td>--------------------</td>
<td>------------------------</td>
</tr>
</tbody>
</table>
| Take it to Instructional Support Team (IST)         | 4    | .000               | 1 = 0  
|                                                    |      |                    | 2 = 0  
|                                                    |      |                    | 3 = 0  
|                                                    |      |                    | 4 = 100%  
|                                                    |      |                    | 5 = 0  
|                                                    |      |                    | 6 = 0  
| Try behavior modifications in the classroom        | 2.30 | .657               | 1 = 10%  
|                                                    |      |                    | 2 = 50%  
|                                                    |      |                    | 3 = 40%  
|                                                    |      |                    | 4 = 0  
|                                                    |      |                    | 5 = 0  
|                                                    |      |                    | 6 = 0  
| Talk to the parents                                | 2.40 | .598               | 1 = 5%  
|                                                    |      |                    | 2 = 50%  
|                                                    |      |                    | 3 = 45%  
|                                                    |      |                    | 4 = 0  
|                                                    |      |                    | 5 = 0  
|                                                    |      |                    | 6 = 0  
| Suggest medication to other professionals          | 5.00 | .000               | 1 = 0  
|                                                    |      |                    | 2 = 0  
|                                                    |      |                    | 3 = 0  
|                                                    |      |                    | 4 = 0  
|                                                    |      |                    | 5 = 60%  
|                                                    |      |                    | 6 = 0  
| Suggest medication to the parents                  | 6.0  | .000               | 1 = 0  
|                                                    |      |                    | 2 = 0  
|                                                    |      |                    | 3 = 0  
|                                                    |      |                    | 4 = 0  
|                                                    |      |                    | 5 = 0  
|                                                    |      |                    | 6 = 55%  
| Record observations of classroom behaviors          | 1.30 | .733               | 1 = 85%  
|                                                    |      |                    | 2 = 0  
|                                                    |      |                    | 3 = 15%  
|                                                    |      |                    | 4 = 0  
|                                                    |      |                    | 5 = 0  
|                                                    |      |                    | 6 = 0  

Table 3
Descriptive Statistics for Question #3

<table>
<thead>
<tr>
<th>Questions</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suggest to the parents/guardians possible medication treatment</td>
<td>3.00</td>
<td>.000</td>
<td>1 = 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 = 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3 = 65%</td>
</tr>
<tr>
<td>Try modifications in the classroom</td>
<td>1.25</td>
<td>.444</td>
<td>1 = 75%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 = 25%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3 = 0</td>
</tr>
<tr>
<td>Monitor progress through anecdotal records</td>
<td>1.75</td>
<td>.444</td>
<td>1 = 25%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 = 75%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3 = 0</td>
</tr>
</tbody>
</table>
Table 4
Qualitative Responses to Use of Medication

<table>
<thead>
<tr>
<th>Subject</th>
<th>Comments exactly as written in response to question #4</th>
</tr>
</thead>
</table>
| 1       | • Professional obligation to observe behavior, review with colleges and try new strategies, discuss with parents  
  • Not comfortable as a teacher or should I ever diagnose a student  
  • Doctors responsibility to diagnose children  
  • Never told parents to medicate their children |
| 2       | • Medication when necessary, proven effectiveness  
  • Too many people jump on "medication bandwagon" as a cure all  
  • When appropriate, helps some children with certain disabilities be more successful |
| 3       | • IF child has been evaluated by doctors and other recourses have been exhausted, medication may be appropriate and show good results  
  • Should be carefully monitored |
| 4       | • Depends on the individual student  
  • Medication should be the last option  
  • Teachers' responsibility to record behavior, check old records and contract parents before discussing medication  
  • Teacher should never mention word "medication" to a parents because it is a very controversial topic |
| 5       | • Suggest to the parents to talk to a doctor  
  • Would not suggest to the parents to put their child on medication  
  • It is doctors responsibility to diagnose and prescribe medication  
  • I have observed positive changes for students diagnosed with ADD/ADHD when on medication |
| 6       | • Medication is the decision only doctor and parents can make  
  • As teachers we can share what is happening with the child during the day |
| 7       | • All other alternatives to be exhausted first  
  • Appropriate for some students but not all |
| 8       | • If properly diagnosed, administrated and monitored it can be powerful tool to assist students with academic difficulties  
  • Physicians must play a leading role in medication monitoring  
  • Not the teachers duty to promote or diagnose the use of medication |
| 9       | • Each child is different; therefore medication should be prescribed as needed and not as a rule  
  • I believe some children need medication if it fits their needs |
| 10 | • I have seen my niece's self-esteem rise as a result of a medication that allow her to focus on instruction  
   • Her grades went up and now she is an honor roll student |
| 11 | • Should be on of the last steps to take  
   • If modifications are made and the student continues to struggle a great deal, some other things must be looked at |
| 12 | • Each situation is different so it depends on the type of student and circumstances  
   • I would follow all the steps I ranked before recommending the use of medication  
   • I am not a medical doctor I felt uncomfortable about the "role of medication" unless everything else has been tried and did not work  
   • The use of medication should be diagnosed by the child's doctor and parents first |
| 13 | • In 19 years I have seen that medication make a significant, positive impact on a child  
   • The greatest improvement is helping the child focus and be attentive |
| 14 | • If behavior interferes with the learning of the child and après that medication makes a difference in child's school experience then I am for it  
   • If it doesn't impact the child and has no positive function, I would not want the child to be on medication |
| 15 | • It can be wonderful for students who truly need it  
   • Should be determined by a medical doctor, with considerable input from many sources (family, school)  
   • It should be monitored very closely by a medical professional |
| 16 | • Each case needs to be looked at on an individual basis |
| 17 | • If medication helps a student to learn, progress and feel good about him/herself and it is the only or best alternative then a student should use it |
| 18 | • For some students medication greatly adds to their ability to reach his/her highest potential  
   • I never/rarely recommend medication to parents, but leave suggestions like that to pediatricians/medical professionals |
| 19 | • It is helpful for those who truly need it  
   • I usually have an average of 1-2 students per year who could benefit form it |
| 20 | • The use/recommendation for medication is strictly a medical decision  
   • Teachers should describe observable behaviors and should not recommend medication or diagnose ADD or ADHD  
   • Can be beneficial to some students |
A teacher is not a medical doctor and the medication issue is strictly a medical/parents decision
### Table 5
Historical Analysis of Selected Comments Form Report Cards

<table>
<thead>
<tr>
<th>Subjects</th>
<th>Comments exactly as they were found in Report Cards</th>
</tr>
</thead>
</table>
| 1        | • Making academic progress at his own pace  
           • Needs small group instruction in all academic areas  
           • Needs to be checked for understanding  
           • Daily repetition and review of specific skills  
           • Trouble with *listening, speaking, comprehension* |
| 2        | • Helpful to have pictures for following directions  
           • Requires reminders to slow down when reading and to take his time  
           • Difficulty focusing on his tasks  
           • Benefits from small group instruction  
           • Ask to repeat directions to help him concentrate |
| 3        | • Is not meeting expectations for working with others  
           • Uses variety of strategies to derive meaning from text  
           • Small group setting is implemented to increase listening and speaking skills  
           • Started to attend a friendship group  
           • Attitude needs improvement  
           • Tendency to become overly concerned about others |
| 4        | • Has a hard time staying on task  
           • Needs help with organizational skills  
           • Spelling progress inconsistent  
           • Listening attentiveness increases when in close proximity  
           • When the child gets older, his ability to manage his time efficiently will be called on |
| 5        | • Attentiveness is very low  
           • All instructions are modified to meet the needs of the child  
           • Needs 1:1 and small group instruction  
           • Still learning number recognition  
           • Everything needs to be 1:1  
           • Distracted easily  
           • Trouble attending and staying focused  
           • Tires very easily  
           • Needs highly structured environment with educational support to increase academic success  
           • Preferential seating in classroom  
           • Responds well to positive reinforcement |
| 6 | • Tends to beginning without listening to all direction  
   • Reminding of good listening behaviors and tends to get distracted easily  
   • Difficulty staying on task in a group and independently  
   • Difficulty keeping her hands to herself and remembering her manners with others  
   • Difficulty with comprehension of new concepts |
|---|---|
| 7 | • Needs much assistance to sound out words  
   • Can be distracted needs reminders  
   • Trouble reading/writing numbers  
   • Works/plays well with others |
| 8 | • Follow simple oral directions with cues and prompts  
   • Exhibits self-control (needs assistance through out day)  
   • Reinforce turn taking, sharing, listening and speaking in a friendly way |
| 9 | • Follow simple oral directions with picture clues  
   • Minimum progress in applying knowledge of letters and sounds to creative writing  
   • Needs constant redirections  
   • Enthusiastic about topic concerning animals such as whale and horses |
| 10 | • Benefits from small group instruction  
   • Continues to work on social skills  
   • Needs repetition, consistency and predictability to guide social interaction  
   • Follow simple oral directions with reminders and picture cues  
   • Behavior management charts are needed  
   • Daily/home-school notebooks help her monitor and adjust behavior. |
| 11 | • Reading independently is hard  
   • Expresses himself clearly both orally and written with some encouragement  
   • Much improvement in the area of listening attentively |
| 12 | • A good listener, when makes good choices  
   • Uses picture clues that are posted in the room  
   • Not focused as well as he was in the beginning of the year  
   • Trouble listening and following directions |
| 13 | • Time to process information  
   • Benefit from small group reading and writing  
   • Does well expressing himself in social situations |
| 14 | • Capable of good listening skills when he chooses  
   • Most of the time needs reminders and lessons are stopped because of he is disrupting others |
• Difficulty keeping his hands to himself
• Difficulty listening to what adults ask him to do.