



# Suggestions FOR THE CLASSROOM

## Before Referring a Gifted Child for ADHD Evaluation

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Parents and gifted educators are asked with increased frequency to instruct gifted children to conform to a set of societal standards of acceptable behavior and achievement—to smooth the edges of the square peg in order to fit into a “normal” hole. Spontaneity, inquisitiveness, imagination, boundless enthusiasm, and emotionality are being discouraged to create calmer, quieter, more controlled environments in school. An extension of this trend is reflected in an increase in referrals for medical evaluation of gifted children

as ADHD (Attention Deficit Hyperactivity Disorder). There is no doubt that gifted children can be ADHD. However, there are also gifted children whose “inappropriate behavior” may be a result of being highly gifted and /or intense.

This intensity coupled with classroom environments and curriculum which do not meet needs of gifted, divergent, creative, or random learners, may lead to the mislabeling of many children as ADHD. To avoid mislabeling gifted children, parents and educators may want to complete the following checklist to help them decide to refer for medical or psychological evaluation.

	NEED MORE			
	GIFTED?	INFORMATION	ADHD?	
Contact with intellectual peers diminishes inappropriate behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contact with intellectual peers has no positive effect on behavior
Appropriate academic placement diminishes inappropriate behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate academic placement has no positive effect on behavior
Curricular modifications diminish inappropriate behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Curricular modifications have no effect on behavior
The child has logical (to the child) explanations for inappropriate behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child cannot explain inappropriate behavior
When active, child enjoys the movement and does not feel out of control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child feels out of control
Learning appropriate social skills has decreased “impulsive” or inappropriate behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Learning appropriate social skills has not decreased “impulsive” or inappropriate behavior
Child has logical (to the child) explanations why tasks, activities are not completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child is unable to explain why tasks, activities are not completed
Child displays fewer inappropriate behaviors when interested in subject matter or project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child’s behaviors are not influenced by his/her interest in the activity
Child displays fewer inappropriate behaviors when subject matter or project seems relevant or meaningful to the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child’s behaviors do not diminish when subject matter or project seems relevant or meaningful to the child

Child attributes excessive talking or interruptions to need to share information, need to show that he/she knows the answer, or need to solve a problem immediately




Child cannot attribute excessive talking or interruptions to a need to learn or share information

Child who seems inattentive can repeat instructions




Child who seems inattentive is unable to repeat instructions

Child thrives on working on multiple tasks—gets more done, enjoys learning more




Child moves from task to task for no apparent reason

Inappropriate behaviors are not persistent—seem to be a function of subject matter




Inappropriate behaviors persist regardless of subject matter

Inappropriate behaviors are not persistent—seem to be a function of teacher or instructional style




Child acts out regardless of attention

If, after addressing these questions, parents and teachers believe that it is not an unsuitable, inflexible, or unresponsive educational environment which is causing the child to “misbehave” or “tune out,” or if the child feels out of control, then it is most certainly appropriate to refer a gifted child for ADHD diagnosis. Premature referral bypasses the educational system and takes control away from students, parents, and educators. By referring before trying to adjust the educational environment and curriculum, educators ap-

pear to be denouncing the positive attributes of giftedness and/or to be blaming the victim of an inappropriate educational system.

When deciding to refer, parents should search for a competent diagnostician who has experience with both giftedness and attention deficit disorders. It is never appropriate for teachers, parents, or pediatricians to label a child as ADHD without comprehensive clinical evaluation that can distinguish ADHD from look-alikes with other causes.