



Before referring a gifted child for ADD/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 ADD/ADHD (Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder). There is no doubt that gifted children can be ADD/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 check list to help them decide to refer for medical or psychological evaluation.

Gifted?	Need More Information	ADD/ADHD?
<input type="checkbox"/> Contact with intellectual peers diminishes inappropriate behavior	<input type="checkbox"/>	<input type="checkbox"/> Contact with intellectual peers has no positive effect on behavior
<input type="checkbox"/> Appropriate academic placement diminishes inappropriate behavior	<input type="checkbox"/>	<input type="checkbox"/> Appropriate academic placement has no positive effect on behavior
<input type="checkbox"/> Curricular modifications diminish inappropriate behaviors	<input type="checkbox"/>	<input type="checkbox"/> Curricular modifications have no effect on behavior
<input type="checkbox"/> The child has logical (to the child) explanations for inappropriate behavior	<input type="checkbox"/>	<input type="checkbox"/> Child cannot explain inappropriate behavior
<input type="checkbox"/> When active, child enjoys the movement and does not feel out of control	<input type="checkbox"/>	<input type="checkbox"/> Child feels out of control
<input type="checkbox"/> Learning appropriate social skills has decreased “impulsive” or inappropriate behavior	<input type="checkbox"/>	<input type="checkbox"/> Learning appropriate social skills has not decreased “impulsive” or inappropriate behavior
<input type="checkbox"/> Child has logical (to the child) explanations why	<input type="checkbox"/>	<input type="checkbox"/> Child is unable to explain why tasks, activities are not completed
<input type="checkbox"/> Child displays fewer inappropriate behaviors when interested in subject matter or project	<input type="checkbox"/>	<input type="checkbox"/> Child’s behaviors not influenced by his/her interest in the activity
<input type="checkbox"/> Child displays fewer inappropriate behaviors when subject matter or project seems relevant or meaningful to the child	<input type="checkbox"/>	<input type="checkbox"/> Child’s behaviors do not diminish when subject matter or project seems relevant or meaningful to the child
<input type="checkbox"/> Child attributes excessive talking or interruptions on need to share information, need to show that he/she knows the answer, or need to solve a problem immediately	<input type="checkbox"/>	<input type="checkbox"/> Child cannot attribute excessive talking or interruptions to a need to learn or share information



Gifted?	Need More Information	ADD/ADHD?
<input type="checkbox"/> Child who seems inattentive can repeat instructions	<input type="checkbox"/>	<input type="checkbox"/> Child who seems inattentive is unable to repeat instructions
<input type="checkbox"/> Child thrives on working on multiple tasks – gets more done, enjoys learning more	<input type="checkbox"/>	<input type="checkbox"/> Child moves from task to task for no apparent reason
<input type="checkbox"/> Inappropriate behaviors are not persistent – seem to be a function of subject matter	<input type="checkbox"/>	<input type="checkbox"/> Inappropriate behaviors persist regardless of subject matter
<input type="checkbox"/> Inappropriate behaviors are not persistent – seem to be a function of teacher or instructional style	<input type="checkbox"/>	<input type="checkbox"/> Inappropriate behaviors persist regardless of teacher or instructional style
<input type="checkbox"/> Child acts out to get teacher attention	<input type="checkbox"/>	<input type="checkbox"/> Child acts out regardless of attention

If, after addressing these questions, parents and teachers believe that it is not an unsuitable, inflexible, or unreceptive 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 ADD/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 appear 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 ADD or ADHD without comprehensive clinical evaluation that can distinguish ADD/ADHD from look-alikes with other causes.