



THE SECRETARY OF EDUCATION
WASHINGTON, D.C. 20202

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Honorable Peter Hoekstra
Chairman
Subcommittee on Oversight
and Investigations
Committee on Education and the Workforce
House of Representatives
Washington, DC 20515

Dear Congressman Hoekstra:

This is a response to your letter regarding children with attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD). I am sending a similar response to the cosigners of your letter.

In your letter, you asked three questions based on the testimony of Judith E. Heumann, Assistant Secretary for Special Education and Rehabilitative Services, before the House Oversight and Investigations Subcommittee of the Education and the Workforce Committee, and a letter written by the Chief Legal Counsel of the Rhode Island Department of Education.

Question 1: Do you agree with the [Rhode Island] letter and the specific statements [regarding the role of educators in diagnosing school children or recommending treatments]?

Yes, the position set out in the Rhode Island letter is consistent with the Department's policy. The Rhode Island letter indicates that State law prohibits the prescription of medication by anyone other than a medical practitioner properly licensed and authorized to prescribe medication and warns educators that educational services cannot be conditioned upon a parent's willingness to medicate his or her child. The Individuals with Disabilities Education Act (IDEA) provisions in no way interfere with a State's right to establish law or set policy with regard to medical diagnoses and prescriptions for treatment.

I believe that the statements made by Assistant Secretary Judith E. Heumann before the Subcommittee are consistent with the position espoused in the Rhode Island letter. As you noted, the Assistant Secretary stated in her testimony that, "[D]iagnostic responsibilities and decisions must be left to physicians and families. Educators can often provide input about the student's behavior that may aid in a diagnosis, but it is *not* the role of the school or the educator to make recommendations for treatment" [emphasis added]. The decision to prescribe any medication is the responsibility of medical, not educational professionals, after consultation with the family and agreement on the most appropriate treatment plan.

Question 2: Has the U.S. Department of Education ever issued such guidance to school personnel across the nation?

The Department has long recognized the need to provide information and assistance to teachers, administrators, parents and other interested persons regarding the identification, evaluation and instructional needs of children with ADD or ADHD. With funds appropriated by Congress in fiscal year 1991, the Department created four centers to analyze and synthesize research literature on ADD and ADHD relating to identification, assessment, and intervention strategies. The information was prepared in formats suitable for educators, parents, and researchers. This information has been disseminated through clearinghouses, as well as Federal, State and local organizations, to parents, educators and administrators, and other interested persons.

In addition, the six regional resource centers authorized under the IDEA worked with State education agencies to catalog effective identification and assessment procedures, as well as intervention strategies, that were being implemented across the country for children with ADD and ADHD. The results of their work have been disseminated to parents, educators, administrators and other interested persons through each of the regional resource centers' networks, as well as by parent training centers, other parent and consumer organizations, and professional organizations.

I am enclosing two specific examples of guidance related to the medical diagnosis or recommendation for treatment of children with or suspected of having ADD or ADHD:

- In 1994, the Chesapeake Institute, under contract from the Office of Special Education Programs, developed a document entitled, Teaching Strategies: Education of Children with Attention Deficit Disorder. This document was disseminated to parents, educators, administrators and other interested persons through each of the regional resource centers. On page 8 of this document, under the heading "Understand the Purpose of School-Based Referral," it states that teachers and related services personnel should "[k]eep in mind that educators should not attempt to diagnose attention deficit disorder medically." Moreover, page 12 states that "...the student's parents and physician will decide whether or not the child is to receive medical treatment."
- The Division of Innovation and Development within the Office of Special Education Programs published a technical assistance document entitled, Attention Deficit Disorder: What Teachers Should Know. This document has been disseminated to parents, educators, administrators and other interested persons. It remains available to anyone who requests the document.

These examples state the Department's long-standing policy that medical diagnoses of ADD and ADHD, and related decisions, such as decisions on medication, lie with physicians and families. At parents' request and with their consent, educators may provide input about a student's

behavior that may aid medical professionals in making a diagnosis, but it is not the role of educators to attempt to medically diagnose or recommend medical treatment for students with ADD or ADHD.

Question 3: Does the Department intend to issue guidance?

The Department believes that in many instances States, such as Rhode Island, are in a better position to address this issue as it arises. The Department, as necessary and appropriate, will continue to provide guidance and technical assistance regarding the limited role of educators in this regard and our policy that medical treatment is a matter for physicians.

I hope this information is helpful and will clarify any misunderstanding of the Department's policy. If the Department may be of further assistance, please let me know.

Yours sincerely,


Richard W. Riley

Enclosures