NeuroFX
Changing Minds

CHILDREN AND ADHD · 6.1

How ADHD Presents in Primary School Age Children

ADHD often becomes visible at primary school because the demands of school expose patterns that home life absorbed. Here is what to look for, what is and is not within normal range, and what to do next.

FOR
Parents of primary-age children

AUDIENCE AGE
6-11

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IN SUMMARY

How ADHD Presents in Primary School Age Children

Why primary school is often where it shows up

- **The demands of school stretch what home absorbed.** Sitting still, focusing for blocks of time, following multi-step instructions, taking turns, managing belongings, building friendships across a long day. ADHD-related difficulties become harder to mask in this environment than at home.
- **School often raises the concern first.** A teacher or SENCo conversation about distractibility, restlessness, talkativeness or difficulty with friendships is one of the most common starting points for an ADHD assessment in children.
- **Most concerns start to look serious between Year 2 and Year 4.** Before that, the range of normal child behaviour is wide. By Year 3, the gap between what the child can sustain and what is expected often becomes clearer.

What to look for, and what is just being a child

- **The pattern matters more than any single behaviour.** Every child gets distracted, forgets things, interrupts and finds boring tasks difficult. The clinical question is whether the pattern is persistent (months, not weeks), pervasive (across settings, not only school), out of proportion to age, and actually causing difficulty with friendships, learning or self-esteem.
- **Inattention shows up as distractibility, forgetfulness and difficulty finishing tasks.** Daydreaming, losing things, missing instructions, putting off written work. The child may be bright but not performing to their ability in the classroom.
- **Hyperactivity-impulsivity shows up as movement, talking and interrupting.** Fidgeting, struggling to stay seated, talking a great deal, blurting out answers, difficulty waiting their turn. In girls this often shows as constant chatter and restlessness rather than physical running about.
- **ADHD in girls is often missed.** More inattentive than hyperactive, more emotional reactivity, high effort to mask difficulties at school often producing exhaustion at home. Anxiety is sometimes the presenting concern. The female pattern deserves the same diagnostic consideration as the more stereotypical picture in boys.
- **Look back to preschool.** ADHD is a neurodevelopmental condition that begins early. In hindsight, most parents of children later diagnosed can identify earlier signs. A pattern that genuinely started in Year 5 with no earlier history is unlikely to be ADHD.

What you can do next

- **Talk to the class teacher and SENCo first.** School sees your child every day in the environment where ADHD most clearly shows up. The teacher's perspective often complements or contradicts the home picture usefully. School rating scales (Conners, SDQ) are commonly used.
- **Speak to your GP.** The GP is the gateway to NHS paediatric ADHD assessment. NICE NG87 sets the UK pathway. Waiting times vary widely by region and are often substantial.
- **Consider private assessment if the wait is not workable.** NeuroFX offers private paediatric ADHD assessment for children aged 6 and upwards, with the same NICE-aligned standard as NHS assessment. Combined ADHD and autism assessment is available where both are being considered.
- **Do not wait for things to get worse.** Earlier identification gives more time to build the skills and supports that improve long-term outcomes. The evidence supports earlier rather than later.

WHEN TO SPEAK TO A PROFESSIONAL

Speak to your GP if the ADHD pattern is persistent, present across settings, and affecting friendships, learning or self-esteem. The school SENCo is a parallel conversation. NHS routes for paediatric ADHD assessment exist; Right to Choose in England applies in some areas for children's services. Seek urgent help via 111, 999 or A&E for any acute mental health crisis or significant safety concern.

SOURCES

DSM-5-TR; NICE NG87; Polanczyk et al. 2014 (Int J Epidemiol); Faraone et al. 2021 (Neurosci Biobehav Rev); Royal College of Psychiatrists