



Supporting Neurodivergent
Learners: **Strategies for School
Psychologists and Specialists**



Kara Canale began working as a school psychologist in 1998. In the decades since, she has seen significant advances in our understanding of **neurodivergence** — natural variations in how the brain functions that affect how a person thinks, learns, and interacts with the world.

One of the most important advancements has been a shift in mindset that allows schools to serve students more effectively. “For years,” Canale explains, “the common language of *disability* suggested something broken that needed to be fixed. But now we understand that these are *differences* to be understood and supported.”

Today, about **one in five students** in the United States is neurodivergent.¹ Since the year 2000, the share of U.S. students identified with autism spectrum disorder (ASD) has **nearly quadrupled** — from 1 in 150 to 1 in 31 today.² In the same period, the portion of American students diagnosed with attention deficit hyperactivity disorder (ADHD) **has jumped from 6.9% to 11.4%**.³

With awareness and understanding growing, schools and clinicians have real opportunities to level up their support for neurodivergent students. The key question facing them: *How can I meet the demand and ensure each student receives meaningful, effective support?*

That’s where this guide comes in.

Employing the right strategies — such as a collaborative, team-based approach and an inclusive, strengths-based philosophy — can make this goal feel more achievable and manageable. Drawing on current research and the insights of experienced psychologists, speech-language pathologists, and occupational therapists, we outline six practical strategies to help neurodivergent students thrive.

A changing student population

Increases since the year 2000

↑ 65%

Children diagnosed with attention deficit hyperactivity disorder

↑ 384%

Children identified with autism spectrum disorder

Sources: National Center for Education Statistics, Centers for Disease Control

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Kara Canale

Certified school psychologist and clinical assessment consultant at Pearson

What we know about neurodivergent learners

A 2024 study from the University of Melbourne emphasizes how our understanding of neurodivergence has evolved.⁴ Until recently, the dominant approach centered on a “medical model” that framed “non-normative cognitive and behavioural traits as deficits.” As Canale phrases it, “something broken that needed to be fixed.” For decades, this model shaped how schools treated and educated neurodivergent students.

But a paradigm shift has begun. The Melbourne researchers reviewed a decade of studies on children with ASD, ADHD, and specific learning differences such as dyslexia, dysgraphia, and dyscalculia. Their conclusion: *the most effective approaches are inclusive and strengths-based rather than deficit-focused.*

Every student has unique learning needs, but neurodivergent learners may require more targeted accommodations. For instance, children with ASD or ADHD often experience **sensory processing differences** that can make certain environments feel overwhelming or distracting. Implementing sensory-regulation strategies can help prevent overload, while creating sensory-friendly spaces within the classroom can help increase accessibility and foster inclusivity. As a growing body of evidence shows, inclusive learning environments help not only neurodivergent learners but also students without special educational needs.⁵

Research has also helped expand awareness of the diversity of neurodivergent profiles. As Canale notes, “Co-occurring conditions are now the rule rather than the exception.” Indeed:

- Nearly **8 in 10 children** with ADHD have at least one other condition, whether behavioral or mental-health-related.⁶
- Nearly **8 in 10 children** with ASD have at least one mental-health condition — a rate far higher than is found among children without ASD.⁷
- “**Twice-exceptional**” students — those with high academic potential (often called gifted) who also have learning, attention, and/or behavior difficulties — have historically been underidentified.⁸ One study estimated that “**17% to 18%** more students with disabilities should have been identified for a gifted education program.”⁹ At the same time, some gifted students receive little support because strengths in one area allow them to mask difficulties in others.¹⁰

How can clinicians leverage what we have learned about neurodivergence to help students succeed? Here are six practical strategies to use in K-12 schools.

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6 strategies for success

How clinicians can support neurodivergent students



1 Stay informed to meet the needs of today's students

“Keeping up with changes in the field is crucial to meeting the needs of today’s students,” Canale says.

How can busy school clinicians find time for this professional learning? Experienced practitioners suggest four ways:

- **Listen to neurodivergent voices:** Podcasts and social media offer a convenient way to hear from neurodivergent educators, clinicians, and advocates. This exposure is important, says speech-language pathologist Rebecca Whalen, because “lived experience brings insight that research alone can’t capture.” Whalen mentions such podcasts as *ADHD Essentials* and *Two Sides of the Spectrum*. On social media, she follows the Occupational Therapist (@Occuplaytional) and Em Hammond (@Neurowild), among others.
- **Bookmark leading research institutes:** University-based centers, research foundations, and nonprofit organizations regularly publish information, statistics, and guidance on neurodivergence. Industry leaders like Pearson also make [resources available](#).

- **Join professional associations:** Groups such as the National Association of School Psychologists, the American Speech-Language-Hearing Association, and the American Occupational Therapy Association help members stay up on best practices.
- **Advocate for ongoing professional development:** Administrators can help clinicians stay current. Clinicians should make the case for ongoing professional development to improve assessment quality and student outcomes.

2 Create an expert team and collaborate

Schools that successfully serve neurodivergent students avoid working in silos. Multidisciplinary collaboration — psychologists, occupational therapists, and speech-language pathologists working together — makes a measurable difference in helping neurodivergent students thrive.

Each specialist brings different expertise and plays a unique role. (See sidebar, “The roles and goals of school practitioners.”) By collaborating in a multidisciplinary team, clinicians can develop a more comprehensive and nuanced understanding of a child’s strengths and needs. This approach enables them to identify and implement more effective supports.

Successful teams also include educators. After all, even the strongest IEP or 504 plan won’t succeed without buy-in from classroom teachers.

The roles and goals of school practitioners

In working toward the shared goal of student success, every clinician on a student support team plays a distinct but complementary role.

School psychologist

Primary role: Conducts comprehensive evaluations to understand cognitive, academic, behavioral, social-emotional, executive-functioning, and adaptive skills and needs.

Support functions:

- Determines eligibility and supports for special education (IEPs) and 504 plans.
- Collaborates with educators and families to implement interventions that promote academic and social success.
- Advocates for system-level supports and inclusive, strengths-based practices.

Occupational therapist (OT)

Primary role: Focuses on functional skills that enable students to participate fully in school activities.

Support functions:

- Addresses sensory processing, motor skills, and self-regulation.
- Helps adapt classroom tasks and environments.
- Teaches coping techniques for daily tasks.

Speech-language pathologist (SLP)

Primary role: Assesses and supports communication across speech, language, and social communication, recognizing individual communication strengths and needs.

Support functions:

- Provides intervention to support expressive and receptive language, pragmatic communication, and self-advocacy.
- Collaborates with educators and families to reduce communication barriers, support access to learning, and integrate communication goals within the classroom.
- Can address feeding and swallowing needs in ways that consider sensory preferences and individual comfort.

3 Educate and advocate

As our understanding of neurodivergence advances, school practitioners play a vital role in educating the broader community.

This education begins with students themselves. Neurodivergent learners, Whalen says, “need to understand that their brains aren’t wrong, they just work a little differently.”

Educators and administrators also benefit from the insights of clinicians. Helping classroom teachers recognize certain traits or behaviors increases the chances of early intervention.

Student support improves when educators and families understand the various ways specialists can contribute. That’s why educating others about clinicians’ roles proves so important. Families, teachers, and administrators, for instance, don’t always understand each clinician’s specific role.

Occupational therapist Melinda Cooper gives examples of misconceptions about her field. “OTs are often seen narrowly as the ‘sensory people,’” she says. “Or sometimes people think we just pull students out of the classroom for services.” She explains that occupational therapists’ core concern is *participation* — that is, helping students engage more meaningfully in the classroom and other school environments such as the cafeteria and playground. Sensory strategies are just one modality they use to support engagement.

The OT example underscores why collaboration makes such a difference. Clinicians can identify areas of support within the classroom. Even small changes — to tasks, schedules, or physical spaces — can significantly improve engagement among neurodivergent students, and many of these adjustments also benefit neurotypical students.

Finally, clinicians should advocate for system-level supports, such as universal screening and frameworks like Multi-Tiered System of Supports (MTSS). Flexible learning environments also matter. The most successful districts are open to allowing students options like movement breaks and sensory tools.

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Occupational therapist and senior product manager
at Pearson



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4 Focus on each child’s strengths

“The diagnosis we put on a child is not as important as determining what the child needs to succeed,” Canale emphasizes.

Focusing on strengths helps students succeed. Research shows that when schools take a strengths-based approach, neurodivergent learners see improved engagement, motivation, executive functioning, confidence, and mental health.¹¹

For clinicians, then, it’s essential to shift conversations away from deficits and toward strengths. Positioning a diagnosis as a problem to fix can unintentionally reinforce stigmas.

A strengths-based approach should inform every stage of assessment and intervention. In addition to identifying areas of need, clinicians should ask: What does the student do well? How do they learn best? What supports help them engage and succeed?

This mindset empowers students. It enables them to recognize what helps them succeed and to communicate their needs confidently. It also helps clinicians, teachers, and families leverage the child’s strengths while applying appropriate supports in areas of challenge.

5 Build rapport with families

Families today are deeply engaged and often well informed about neurodevelopmental differences.

At the same time, information on the internet doesn't always align with evidence-based practice. Whalen explains, "We sometimes find ourselves in a noisier situation, navigating misinformation, trying to parse out the student's needs, and helping families make sense of what's accurate. Our role is to help bridge the information they've found with evidence-based practice in a way that supports each child's needs."

Strong relationships make this work possible. Families need to feel that the school is on their side — that the clinicians and teachers are working with them to understand and support their child.

A strengths-based approach helps build rapport with families. Focusing exclusively on challenges during IEP meetings can feel overwhelming for families. By contrast, Whalen says, "when you provide the full picture, identifying the student's strengths, interests, and motivations, families see that you understand and value their kid."

Clear communication establishes trust. Take the time to explain to the family what assessments you used and why, and what the scores mean for their child. Use accessible language rather than falling back on clinical terminology.

Building rapport isn't a one-time effort; schools and families must have an ongoing partnership.

6 Secure the tools you need

As understanding of neurodivergence has evolved, so too have screening and diagnostic instruments. This evolution increases the importance of having up-to-date assessment tools — ones that are normed on representative populations and aligned with current standards.

For some clinicians, digital assessment libraries offer a practical solution. Quality digital tools are regularly updated, ensuring that your assessments stay current.

Digital assessments can help in other ways, too. Every expert interviewed for this resource stressed the need for *efficiency*. Many districts face shortages of psychologists, speech-language pathologists, and occupational therapists,¹² so clinicians must maximize their time and effectiveness. Digital tools help many practitioners do just that.

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Speech-language pathologist and assessment consultant at Pearson

For example, digital scoring reduces time spent on administrative tasks. This enables clinicians to focus on more critical functions, such as conducting complex evaluations, providing services, and screening as part of an MTSS model.

Digital administration can also address logistical challenges, particularly for practitioners who work across multiple sites. “You might have to travel all over the district to conduct evaluations,” Canale notes. “With digital tools, you’re no longer having to share or lug around test kits.”

In a time of budget constraints, many districts are understandably reluctant to invest in new tools. But schools need effective means of assessing their students. That’s particularly true as we learn more about the extent of co-occurring conditions. An up-to-date, comprehensive assessment library offers the best chance of pinpointing each student’s needs and identifying effective supports.

6 strategies for supporting neurodivergent learners

1. Stay informed to meet the needs of today’s students
2. Create an expert team and collaborate
3. Educate and advocate
4. Focus on each child’s strengths
5. Build rapport with families
6. Secure the tools you need





The small shifts that make a big difference

School clinicians contribute meaningfully to the lives and education of neurodivergent learners. Using the six strategies in this resource, you and your district can make tangible improvements that benefit your students.

Small shifts matter. As a clinician, you might bring more collaboration into the IEP process, or help a teacher understand neurodivergence better, or explain a student's profile more clearly to the child's family, or tweak a classroom setup to meet the needs of all students.

Each step moves schools closer to a shared goal: creating environments where every student can learn and thrive.



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Endnotes

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