~~(I) FOR PARENTS, TEACHERS, CHILD CARE PROVIDERS, AND PRIMARY CARE PHYSICIANS; AND~~

~~(II) TO EXAMINE THE LATEST INFORMATION ON:~~

~~1. ATTENTION DEFICIT HYPERACTIVITY DISORDER;~~

~~2. THE USE OF MEDICATIONS EFFECTIVE IN THE TREATMENT OF THE DISORDER; AND~~

~~3. NONPHARMACOLOGICAL INTERVENTIONS IN THE TREATMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER;~~

~~(3)~~ *(2)* SHALL REVIEW THE RELEVANT LITERATURE AND CURRENT RESEARCH, INCLUDING PROFESSIONAL SOCIETY PRACTICE GUIDELINES;

~~(4)~~ *(3)* MAY CONDUCT SURVEYS ON THE EXTENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER AND THE POLICIES AND TREATMENTS USED IN TREATING THE DISORDER;

~~(5)~~ *(4)* SHALL ASSIST ALL LOCAL SCHOOL SYSTEMS IN DESIGNING AND IMPLEMENTING WRITTEN GUIDELINES FOR THE OPTIMAL DIAGNOSIS AND TREATMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER, FOLLOWING "BEST PRACTICES" WHILE COMPLYING WITH FEDERAL REQUIREMENTS;

~~(6)~~ *(5)* SHALL DEVELOP AND DISTRIBUTE EDUCATIONAL PROGRAMS AND MATERIALS CONCERNING ATTENTION DEFICIT HYPERACTIVITY DISORDER TO PARENTS, EDUCATORS, CHILD CARE PROVIDERS, AND PRIMARY CARE PHYSICIANS;

~~(7)~~ *(6)* SHALL ASSIST THE GOVERNOR AND STATE AGENCIES IN IMPLEMENTING THE RECOMMENDATIONS OF THE MARCH 1999 REPORT OF THE TASK FORCE TO STUDY THE USES OF METHYLPHENIDATE AND OTHER DRUGS ON SCHOOL CHILDREN INCLUDING PERFORMING THE FOLLOWING TASKS:

(I) FACILITATING COMMUNICATION BETWEEN PHYSICIANS, EDUCATORS, AND PARENTS;

(II) PROVIDING ONGOING TRAINING FOR PRIMARY CARE PROVIDERS, FAMILIES, EDUCATORS, AND SCHOOL HEALTH PERSONNEL;

(III) PROVIDING SUPPORT FOR CONTINUED RESEARCH AND EVALUATION;

(IV) PROVIDING SUPPORT FOR FAMILIES INCLUDING INCREASED ACCESS TO RESOURCES;

(V) PROMOTING SMALLER CLASS SIZES FOR CHILDREN WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER;

(VI) PROMOTING THE PRESENCE OF A MENTAL HEALTH EXPERT WHO IS KNOWLEDGEABLE ABOUT ATTENTION DEFICIT HYPERACTIVITY DISORDER IN EACH SCHOOL SYSTEM; AND