On a Wednesday afternoon in October, a ninth grader I will call Maya sat across from me, eyes red from another tearful call from school. She is smart, funny, and creative, yet four missing assignments and one late lab report were pulling her grade in biology to a D. Her parents had spent months hearing variations of “she is capable, she just needs to try harder.” Finally, they moved ahead with ADHD testing. The results, when they arrived, were full of numbers and acronyms, an alphabet soup of strengths and weaknesses. The question that matters most to families like Maya’s is not whether the test confirms ADHD, but what to do with the information on page 12, in the scatter of subtest scores, or in the teacher ratings that show a pattern the report summary barely touches.

Turning data into action is the heart of effective support. It is also where many teams stumble. An Individualized Education Program can only be as strong as the information that feeds it. When testing is precise, and when the IEP translates that precision into daily practices, students gain traction. When the data is vague, or the IEP generalizes what should be specific, the plan becomes a binder on a shelf.

What ADHD testing actually measures

ADHD is a clinical diagnosis rooted in patterns of inattention, impulsivity, and hyperactivity that cause impairment across settings. Testing aims to do three jobs: confirm the pattern and rule out look-alikes, map the student’s cognitive and academic profile, and supply measurable targets for school supports.

Clinical evaluations often include a diagnostic interview, standardized rating scales from caregivers and teachers, and sometimes performance tests of attention. School-based evaluations, under special education law, focus on how a disability affects access to and progress in the general curriculum. Both views matter, even though they answer different questions. A diagnosis of ADHD is not the same as IEP eligibility. An IEP requires that a disability adversely affects educational performance and that the student needs specialized instruction. Many students with ADHD are well served by a 504 plan with accommodations; others need direct instruction in executive functions, reading fluency support, or behavior intervention, which anchors the case for an IEP.

When an evaluator does this well, the picture includes multiple angles: symptom ratings, cognitive processing, academic achievement, language and learning differences, executive function, behavior, and observations in natural settings. No single test can capture attention across a school day. Patterns and convergence are everything.

The core components that matter most

Over the years I have seen the same tools, used thoughtfully, transform vague concerns into a clear blueprint. A typical comprehensive assessment for suspected ADHD includes:

- Interviews with parents, the student, and at least two teachers. These establish history, onset, severity, and context. A child who has always been distractible presents differently from a teen whose attention slumped after a concussion or a depressive episode.
- Rating scales such as the Conners, Vanderbilt, or BASC. These quantify symptoms and impairment across settings. Discrepancies between teacher and parent ratings are common and meaningful. In one case, a quiet middle schooler showed minimal concerns at home but had teacher ratings in the clinically significant range for inattention; the classroom placed heavier demands on sustained focus.
- Cognitive testing, typically with a measure like the WISC or WAIS. Look beyond the Full Scale IQ. Processing speed and working memory indices, especially when they diverge from verbal or visual reasoning scores, often explain real-world struggles with task initiation and completion.
- Academic skills testing in reading, writing, and math. Instruments like the WIAT or Woodcock-Johnson untangle decoding versus comprehension, math facts versus multi-step problem solving, sentence structure versus written expression. ADHD often coexists with dyslexia or written expression disorder, and you cannot intervene well without knowing which pieces lag.
- Executive function measures, such as the BRIEF, or embedded performance tasks that require holding information, shifting, and planning. A profile with strong reasoning and weak organization calls for a different plan than global weaknesses across domains.
- Observation in class. How often does the student initiate within 30 seconds after a teacher gives a direction? How many prompts does completion require? In a fifth grade classroom last year, a simple tally showed that a student needed an average of three adult prompts to start independent work. That number, more than any scaled score, became the lever for a meaningful goal.

Rule-outs are essential. Anxiety can masquerade as inattention, and trauma narrows the window of tolerance, producing scattered focus under stress. If significant trauma history exists, a referral for EMDR therapy or other trauma-focused support can be as crucial as any classroom accommodation. Sensory differences, sleep disorders, and medication side effects can flatten attention in ways that testing alone will not capture without a complete history.

Reading a report the way a team should

Testing reports can bury the lead. Pull out four threads: pattern, variability, function, and fit.

Pattern refers to consistency across sources. If the Conners shows elevated inattention at school and home, and classroom observation documents frequent off-task behavior, you have convergence. If scores diverge, ask what

conditions amplify or buffer attention.

Variability is the spread within a student's profile. A teenager with high verbal reasoning and low processing speed might answer every question correctly when given time, yet miss points on timed quizzes. That is not lack of knowledge, it is an execution problem. I have seen processing speed scores in the 10th percentile paired with comprehension in the 90th. Those profiles are common in ADHD, and they demand supports that respect both strengths and bottlenecks.

Function is the bridge to the IEP. What concrete behaviors at school are impacted? Track late work, incomplete notes, forgotten materials, lost points from small procedural steps, impulsive call-outs, or restlessness that disrupts peer work. Numbers are your allies: percent of on-time assignments over four weeks, average time to start work, number of redirections per class period.

Fit means the match between needs and services. A student who understands content but turns in half of it late needs executive function instruction and workflow systems more than additional content tutoring. A child who cannot copy notes fast enough due to low processing speed needs access to printed notes or a shared digital outline, not reprimands for missing information.

From data to an IEP that actually changes Tuesdays

An IEP that helps is specific, teachable, and measurable. It starts with Present Levels that write the story in numbers. Replace "often forgets assignments" with "submits an average of 58 percent of homework across core subjects; starts independent work within two minutes after directions in 2 of 5 observed opportunities."

Psychotherapist

Goals then target what can be taught. Executive function skills are not character traits, they are learnable routines. Strong goals live at the behavior level and name the supports. For students with ADHD, I often see three goal areas emerge: task initiation, work completion, and organization. For some, a behavior regulation goal or a written expression goal belongs too.

Here is an example translation. Suppose an eighth grader's testing shows average reasoning, working memory at the 25th percentile, processing speed at the 12th percentile, reading comprehension solid, and written expression weak in planning and mechanics. Teachers rate inattention high; observation shows delays starting tasks and frequent loss of materials.

A useful set of goals could include: by the end of the marking period, when given a class assignment broken into steps and a visual timer, the student will begin the first step within 30 seconds in 4 of 5 opportunities, measured by frequency counts; given a writing task and a planning template, the student will produce a paragraph with a topic sentence, three detail sentences, and correct end punctuation in 4 of 5 opportunities, measured by rubric; using a two-pocket system and a weekly checklist, the student will bring required materials to class on 4 of 5 days, verified by binder checks.

Accommodations should trace back to the bottlenecks the data shows. For low processing speed, extended time on tests helps, but only if paired with untimed opportunities for practice assignments and flexibility with late penalties when initiation is part of the disability. For working memory limits, provide stepwise directions, limit multi-step verbal instructions, use checklists, and teach chunking. Prefer seating that reduces visual and auditory distractions, not as a punishment but as a performance support. Technology often belongs here: a digital planner with reminders, audio versions of long readings to support attention stamina, or speech-to-text for drafts when writing fluency drags content output.

Services matter because accommodations alone do not teach new skills. Specialized instruction in executive functions requires explicit lessons and guided practice. A 20 to 30 minute weekly check-in is not enough for students who are failing multiple classes due to workflow problems. I have seen the best outcomes when students receive short, frequent instruction embedded in classes: a co-teacher modeling task initiation routines in English, a resource period focused on planning and backlog triage, or a daily progress card tied to immediate feedback.

Behavior plans sometimes carry stigma, but a well-designed Behavior Intervention Plan can be the backbone of consistency. It should center on antecedents and routines, not on consequences alone. For a student who wanders during independent work, a plan might introduce a "start signal" script, a visible timer, and a reinforcement schedule for on-task intervals, with choices for short movement breaks every ten minutes.

The 504 question and when a lighter touch is enough

Not every student with ADHD requires specialized instruction. A 504 plan can level the playing field when the core issue is access, not skill deficits. If strengths are strong, grades mostly hold, and the barriers lie in predictable moments, a targeted set of accommodations may suffice: scheduled movement breaks, extended time, visual schedules, teacher check-ins before transitions, and reduced-load homework for skill practice rather than volume.

The inflection point is usually data on academic performance and response to prior interventions. If, despite targeted supports, the student continues to experience significant impact on grades, participation, or behavior, or if the student needs direct teaching of skills such as planning and writing organization, an IEP becomes appropriate. RTI or MTSS documentation should sit in the file, charting what was tried and with what effect.

Monitoring progress without drowning in paperwork

An IEP lives or dies in progress monitoring. The rule of thumb is simple: measure what you teach, and do it frequently enough to adjust. For task initiation, a five-minute daily sampling during class can produce a weekly percentage. For writing goals, a monthly cold write scored with the same rubric will tell you whether instruction sticks. Curriculum-based measures for reading fluency or math facts can show growth curves over weeks, not semesters.

Two practical habits make a difference. First, separate skill acquisition from performance supports. If a student only meets the initiation goal when an adult stands five feet away, name that as the current level and design a fading plan. Second, check fidelity. If the IEP lists a visual schedule and timers, verify they are in use. I sat in a meeting where a parent brought in photos showing that the promised planner routine never happened in science class. Within a month of tightening fidelity, late work dropped by half.

Edge cases that demand nuance

Twice-exceptional students, those with high cognitive ability and ADHD or a learning disability, often present with a jagged profile. Their verbal brilliance can mask the executive function debt until coursework scales up in middle or high school. Standardized test scores may look fine, yet zeros from missing tasks tank the grade. For these students, honors content with built-in workflow supports can be better than a lower track that bores them and worsens attention.

Girls with primarily inattentive ADHD are under-identified. They are less likely to be disruptive, more likely to receive feedback about being “spacey,” and may internalize failure. Anxiety therapy can help when self-criticism spirals, but the classroom still needs structural supports. Without them, therapy becomes a private coping plan for a public problem.

When trauma is part of the picture, attention fluctuates with perceived safety. EMDR therapy or other evidence-based trauma treatments can widen the window of tolerance. School teams should avoid interpreting trauma-related hypervigilance as willful noncompliance. In these cases, predictable routines, a trusted adult check-in, and carefully framed choices reduce cognitive load and let executive skills re-engage.

Autism and ADHD frequently co-occur. Social communication needs change how you teach organization and initiation, often with more visual structure and explicit teaching of how to ask for help. English learners add a layer: slow processing may reflect second-language acquisition, not attention alone. Bilingual assessments and input from ESL educators keep the plan honest.

Medication can help attention and impulse control, but it is not a curriculum. Teams should document performance both on and off medication to see where instruction remains necessary. I have worked with students whose initiation improved on stimulants but whose writing output did not, because the underlying planning skills were never taught.

Bringing home and school into sync

Students with ADHD live across settings. The home-school handoff can sabotage even the best IEP if routines collide. A daily report card that tracks one or two target behaviors, with a brief reward at home for meeting the goal, aligns contingencies. A shared digital planner reduces the “who knew what when” debate. Many families find success with a Sunday night 30-minute planning ritual: check the learning management system, update the calendar, break larger tasks into steps, and choose two priorities for the week.

Sleep is not optional. Adolescents need approximately 8 to 10 hours. Screen curfews and a charging station outside the bedroom are simple, not easy. Nutrition and movement also matter; a mid-morning protein snack and short outdoor breaks can stabilize **Couples therapy** energy and attention. None of these replace instruction or accommodations, but they amplify the benefit.

Family systems ripple too. I have counseled parents whose own ADHD made it hard to sustain new routines, and I have seen couples therapy help parents align responses, reducing mixed messages that confuse kids. For teens, a skilled teen therapy provider can coach self-advocacy, stress management, and study skills in a way that preserves autonomy. When anxiety co-travels, dedicated anxiety therapy can calm the nervous system so executive skills can perform. Therapy is not a substitute for school services, yet it pairs well when each role is clear.

Preparing for the meeting with precision

Before the IEP table, preparation saves hours later. Bring specific examples, ***EMDR psychotherapist*** not just concerns. If your child loses points on multi-step labs, print two marked rubrics. If initiation stalls, gather timestamps from the school's learning platform to show late-night submission patterns. Ask the case manager for draft Present Levels ahead of time. If they are generic, request revisions that reflect actual data.

Here is a concise checklist that keeps teams focused:

- Gather objective evidence: assignment logs, grade breakdowns, observation notes, and rating scale summaries.
- Identify two or three priority bottlenecks that drive most problems, such as task initiation or written planning.
- Draft sample goal language rooted in numbers from the report.
- List accommodations tied to identified processing limits, like visual checklists for working memory or untimed practice for processing speed.

- Clarify who will deliver instruction, where, and how often, and how progress will be measured.

At the table: how to turn agreements into action

Meetings drift when terms stay soft. You can keep momentum by translating every generality into a routine. If a teacher says, “I will remind him,” ask, “What will the reminder look like, and when will it happen?” If the team offers a check-in, nail down the days and the person. Invite the student, especially by middle school. Their insight into what trips them up can reshape plans better than any adult debate.

Try this sequence during the meeting:

- Start with Present Levels read aloud with data points, not labels.
- Agree on no more than three annual goals that address the biggest access barriers.
- For each goal, pair a short list of accommodations, explicitly linked to the need they address.
- Specify services by minutes, setting, and provider, and decide how general education teachers will be supported to implement accommodations.
- Plan a 30 to 45 day follow-up with interim data on each goal, and decide in advance what will trigger adjustments.

Mistakes to avoid and what to do instead

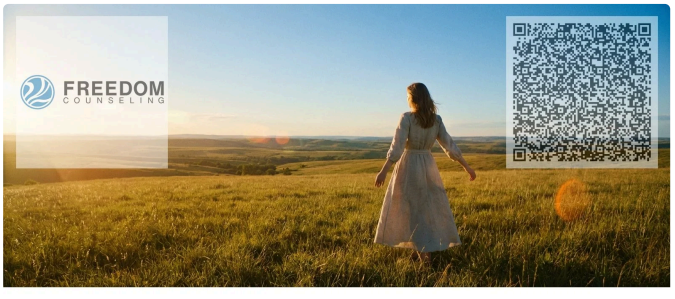
I see a few repeat offenders. Teams sometimes accept vague goals like “will improve organization.” Replace them with measurable behaviors like “will submit assignments by the due date in 80 percent of cases across core subjects.” Over-reliance on extended time is common. Extended time helps, but if initiation is the choke point, the student just extends the delay. Teach the start routine, and pair it with extended time strategically.

Another pitfall is ignoring the bell curve inside a student. If working memory and processing speed are low relative to reasoning, do not set goals that require holding three verbal steps while solving a problem. Externalize steps. Build checklists into the environment until the student internalizes them, and then fade supports slowly.

Lastly, avoid perfection as the target. ADHD waxes and wanes with stress, sleep, and task interest. Set aims that acknowledge variability. A goal might specify 4 of 5 trials or an average percentage over multiple weeks. This keeps everyone honest about the human rhythms behind the data.

For teens on the edge of adulthood

By age 14 to 16, transition planning should begin. Ask about self-advocacy goals: can the student email a teacher to request clarification? Can they describe their accommodation needs? If college is on the horizon, learn the difference between high school IEPs and college disability services. Colleges require recent documentation, typically within three to five years. Most provide accommodations but not modifications or specialized instruction.



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Standardized testing accommodations, like those for the SAT or ACT, require a paper trail of school-based use. If extended time or a quiet room would be appropriate, ensure they are documented and in regular use now. For

driving, discuss attention demands and practice strategies. Executive function coaching can help teens build systems before responsibilities multiply.

Many teens benefit from individual supports that sit outside school. A teen therapy relationship can create a space to test strategies, sort priorities, and manage feelings about ADHD. Some families find that when parent conflict lowers through couples therapy, kids ride a steadier wave at home and school. The whole ecosystem improves.

When the data starts working for you

A family once sent me an email three months after a hard IEP meeting. The subject line read: “We turned the corner.” The body **PTSD therapy** was simple: assignment completion up to 82 percent from 54 percent, biology grade from D to B minus, fewer nightly battles. The difference was not a miracle intervention. It was a series of small, specific shifts based on what the testing already told us: a visible “start now” cue, a timer, printed lab steps, and a co-taught resource block twice a week that focused on planning and backlog cleanup.

ADHD testing can feel like an evaluation of character when you read it cold. It is not. It is a map of how the brain prefers to work, with detours and bottlenecks clearly labeled. An IEP is the route plan that follows. When teams respect the details, agree on what to teach, and check progress with real numbers, Tuesdays change. Missing assignments shrink. Fewer calls home. More “I did it” texts. That is the work, and it is absolutely within reach.

Freedom Counseling Group

Name: Freedom Counseling Group

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Hours:
Sunday: Closed
Monday: 8:00 AM – 6:00 PM
Tuesday: 8:00 AM – 6:00 PM
Wednesday: 8:00 AM – 6:00 PM
Thursday: 8:00 AM – 6:00 PM
Friday: 1:00 PM – 8:00 PM
Saturday: Closed

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Freedom Counseling Group provides psychotherapy and counseling services from its main Vacaville office at 2070 Peabody Road, Suite 710.

The practice serves individuals, teens, couples, and families through in-person counseling in Vacaville, Roseville, and Gold River, with telehealth options also listed.

Listed specialties include EMDR therapy, anxiety therapy, PTSD therapy, depression therapy, OCD treatment, addiction support, phobia treatment, couples therapy, teen therapy, and immigration mental health evaluations.

The team is led by Kevin Anderson, PsyD, LMFT, CCTP, an EMDRIA Approved EMDR Consultant listed by the official site.

Freedom Counseling Group is locally positioned for clients in Vacaville, Solano County, Travis Air Force Base, Roseville, Gold River, and the Greater Sacramento Area.

The official site describes online therapy and virtual couples counseling for clients in California, Texas, and Florida, with some pages also referencing Idaho telehealth availability that should be confirmed directly.

The Vacaville service page notes support for adults, teens, couples, first responders, and military personnel seeking care for trauma, anxiety, PTSD, depression, OCD, phobias, ADHD, and autism-related concerns.

Prospective clients can call (707) 975-6429, email contact@freedomcounseling.group, or visit https://www.freedomcounseling.group/ to ask about a free consultation and therapist fit.

The public map listing for Freedom Counseling Group can help clients verify the Peabody Road office before planning an in-person appointment.

Popular Questions About Freedom Counseling Group

What is Freedom Counseling Group?

Freedom Counseling Group is a mental health group practice serving the Greater Sacramento Area, with offices in Vacaville, Roseville, and Gold River, California.

Where is Freedom Counseling Group located?

The main Vacaville location is listed at 2070 Peabody Road, Suite 710, Vacaville, CA 95687. Additional listed locations include Roseville and Gold River.

Does Freedom Counseling Group offer EMDR therapy?

Yes. EMDR therapy is one of the practice's listed specialties, and the official site describes EMDR as a central part of its treatment approach for trauma, anxiety, PTSD, and related concerns.

What services does Freedom Counseling Group provide?

Listed services include EMDR therapy, anxiety therapy, PTSD therapy, depression therapy, OCD therapy, addiction counseling, phobia treatment, couples therapy, teen therapy, immigration evaluations, EMDR consultation, workshops, and online therapy.

Does Freedom Counseling Group work with couples?

Yes. The official site lists couples therapy and marriage counseling, including Emotionally Focused Couples Therapy for clients working on communication, connection, and relationship repair.

Does Freedom Counseling Group offer online therapy?

Yes. The official site lists online therapy and says telehealth is available in California, Texas, and Florida. Some official pages also mention Idaho, so clients should confirm current state availability directly.

Who does Freedom Counseling Group work with?

The practice describes work with individuals, teens, couples, families, first responders, military personnel, and clients seeking care for trauma, anxiety, PTSD, depression, OCD, phobias, ADHD, autism support, and relationship concerns.

What are Freedom Counseling Group's listed hours?

The matching public listing shows Monday through Thursday from 8:00 AM to 6:00 PM, Friday from 1:00 PM to 8:00 PM, and Saturday and Sunday closed. Appointment availability should be confirmed directly because the official site also lists broader office hours.

Is Freedom Counseling Group an emergency mental health provider?

The connected client portal states that it is not to be used for emergency situations and advises calling 911 if someone is in immediate danger or experiencing a medical emergency.

How can I contact Freedom Counseling Group?

Call (707) 975-6429, email contact@freedomcounseling.group, visit https://www.freedomcounseling.group/, or use the listed social profiles: https://m.facebook.com/p/Freedom-Counseling-Group-100063439887314/, https://www.instagram.com/freedomcounselinggroup/, https://www.linkedin.com/company/freedomcounselinggroup/, https://www.tiktok.com/@freedomcounselinggroup, https://x.com/freedomcounse, and https://www.youtube.com/@FreedomCounselingG.

Landmarks Near Vacaville, CA

Freedom Counseling Group is located on Peabody Road in Vacaville, with additional locations listed in Roseville and Gold River. Clients near these landmarks can call (707) 975-6429 or visit https://www.freedomcounseling.group/ to ask about EMDR therapy, couples therapy, teen therapy, immigration evaluations, online therapy, and consultation options.

- 2070 Peabody Road, Suite 710 — The listed Vacaville office address for Freedom Counseling Group; clients can use the map listing to verify the office before visiting.
- Peabody Road — The local corridor connected with the practice's Vacaville office location.
- Vacaville — The primary city connected with the public listing and main office location.
- Nut Tree — A well-known Vacaville shopping and local landmark near I-80.
- Vacaville Premium Outlets — A major regional shopping landmark for clients traveling through central Vacaville.
- Downtown Vacaville — A central local district and useful reference point for clients in the city.
- Andrews Park — A recognizable downtown park and community landmark in Vacaville.
- Travis Air Force Base — A major nearby military landmark; the official Vacaville page notes relevance for military families and service-related concerns.
- Solano County — The county context for Vacaville and nearby communities served by the practice.
- Fairfield — A nearby Solano County city; clients can contact the practice to ask about in-person or online therapy options.
- Dixon — A nearby community east of Vacaville and a practical local reference for Solano County clients.
- Greater Sacramento Area — A broader regional service-area reference used by the official site for its in-person and online counseling services.