Tourette Syndrome

Tourette syndrome is a neurological disorder that causes a wide variety of involuntary motor tics and unusual behaviours. These tics range from eye blinking, facial grimacing and jerky movements to noises, such as snorting, barking, throat clearing and, in rare cases, crude language. They are almost impossible to control. Some individuals can hold back tics for a short time, but this requires a great deal of concentration and energy, and often results in an explosion of tics afterward. Symptoms of Tourette syndrome may come and go and may change over time. Students with Tourette syndrome are likely to have another neurological condition such as attention deficit disorder, obsessive compulsive disorder, learning disabilities, visual and auditory processing problems, sensory integration issues or depression.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student’s needs related to Tourette syndrome. This could include finding out about:
  – the student’s strengths, interests and areas of need
  – the student’s specific symptoms
  – successful strategies used at home or in the community that could be used at school.

☐ If the student is taking medication during the school day, discuss with the parents possible side effects. Follow school and/or jurisdictional policies and protocols in storing and administering medication.

☐ Learn as much as you can about how Tourette syndrome may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student’s success at school.

☐ Collaborate with the parents and student to consider if, and how, they would like to share specific information on Tourette syndrome with peers. If they wish to do this, consultation with health care providers, such as school or community health nurses, may be helpful.

☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and services.

☐ Develop a system for sharing information with relevant staff members about the student’s condition and successful strategies.
**Implications for Instruction**

- Understand how the student’s particular symptoms, triggers and associated disorders may interfere with success at school, and develop appropriate accommodations.
- Provide regular opportunities for physical movement to help the student release body tension.
- Schedule core academics toward the beginning of the day because tics tend to worsen when the student is tired.
- Provide extra support and accommodations, such as the use of a computer/word processor, if the student has difficulty with handwriting or reading.
- Provide alternatives for doing tests and assignments (e.g., orally taped tests in a separate location with time limits waived or extended).
- Allow extra time to complete work, especially if medications cause drowsiness or slowed thinking.
- Break down assignments into manageable pieces.
- Use caution and judgement when distinguishing between disobedience and uncontrollable behaviour.
- Seat the student where you can help the student stay on-task, but where tics will be less noticeable and embarrassing (e.g., not in the centre and front of the classroom).
- Provide a neat, quiet place to work in the classroom. Brightly coloured decorations, intriguing toys and other distractions may be too stimulating for a student with Tourette syndrome.
- Reduce external annoyances, such as the hum of fluorescent lights, the whistle of air conditioners and glare. These types of stimuli may make it very difficult for a student with Tourette syndrome to concentrate.
- Allow transition time between activities. If necessary, have the student leave the classroom a few minutes early.

**Implications for Social and Emotional Well-being**

- Engage the student and parents in planning for transitions between grade levels and different schools.
- Be flexible but provide a structured, organized classroom. Set a tone that is accepting and supportive.
- Be aware that stress (both negative and positive) can cause an increase in tic symptoms. Work with the student to manage stressful or exciting times, such as before tests or special occasions.
- If tics are socially inappropriate or distracting (e.g., spitting, tapping a pencil on the desk), work with the student to identify a more socially acceptable alternative (e.g., spitting into a tissue, tapping on a sponge).
- Give frequent breaks out of the classroom to release tics in a less embarrassing environment (e.g., the bathroom, at the drinking fountain, while running an errand).
- Provide a private area (e.g., nurses’ room, resource room) where the student can go to calm down and release tics or obsessions.
As you consider the implications for this medical condition, think about the following questions:

1. Do I need further conversations with the parents to better understand this student's strengths and needs?  □ Yes  □ No

2. Do I need targeted professional learning? If yes, what specific topics and strategies would I explore?  □ Yes  □ No

3. Is consultation with jurisdictional staff required? If yes, what issues and questions would we explore?  □ Yes  □ No

4. Is consultation with external service providers required (e.g., Regional Educational Consulting Services, Student Health Partnership, Alberta Children's Hospital, Glenrose Hospital)? If yes, what issues and questions would we explore?  □ Yes  □ No

5. Are further assessments required to assist with planning for this student? If yes, what questions do I need answered?  □ Yes  □ No

6. Is service to the student from an external provider required? If yes, what outcomes would be anticipated?  □ Yes  □ No

Links for further information:


Please note:
These websites are for information only and the user is responsible for evaluating the content and appropriate uses of the information.