

## “The Dynamic Leadership Style of the Sports Leader in Managing the Behavior of Special Education Students”

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### Abstract:

This study explores the role of the dynamic sports leader in managing the behavior of special education students, with a particular focus on students with Attention Deficit Hyperactivity Disorder (ADHD). The research investigates the leadership techniques employed by sports educators to modify student behavior and enhance self-regulation through structured physical activities. A treatment program was implemented, integrating behavior modification strategies and supervised sports sessions to address hyperactivity and impulsivity. The findings indicate a significant improvement in students' attention span, impulse control, and social interactions, demonstrating the effectiveness of physical education in behavioral management. The study underscores the importance of structured sports activities in fostering discipline, emotional stability, and academic progress among special education students.

**Keywords:** Dynamic Leadership, Sports Leader, Special Education, ADHD, Behavior Modification, Physical Education.

### Chapter One

#### Introduction:

The school is an educational institution aimed at achieving societal goals. In fulfilling these objectives, it relies on several components, with the teacher being the most crucial. The teacher plays a leadership and managerial role at the school level and within the classroom. A dynamic sports leader teacher is professionally responsible for taking on a leadership role in the school through specific verbal and non-verbal methods that influence students' behavior either positively or negatively (Al-Haloom & Fahjan, 2013, p. 12).

#### Research Objectives:

The current study aims to:

1. Examine the approach used by the dynamic sports leader in managing the behavior of special education students in terms of behavior modification.
2. Observe instances of excessive movement among students, as identifying these behaviors helps address their issues and regulate their actions.
3. Develop a treatment program for students with excessive movement issues, aiming to channel their energy into positive behaviors.

#### Research Problem and Questions:

The research problem is defined as the role of the dynamic sports leader in managing the behavior of special education students.

The study explores two types of questions:

#### Main Research Question:

1. What approach does the dynamic sports leader use to regulate the behavior of special education students in terms of modifying their behavior?

**Sub-questions:**

2. What are the main techniques employed by the dynamic sports leader to modify the behavior of students with excessive movement?
3. How can the behavior of special education students be modified through physical education classes?

**Significance of the Study and Justifications:**

The significance of this study stems from the importance of the topic, as the dynamic sports leader is considered one of the most influential figures in shaping the behavior of special education students. The key points of significance include:

1. Managing the behavior of special education students is a crucial educational issue as it maintains school discipline, thereby enhancing and improving the learning process.
2. Developing strategies for the dynamic sports leader to regulate the behavior of special education students can aid in behavior modification and educational improvement. Effective behavior management is fundamental to advancing and refining education for this group of students.
3. Dynamic sports leadership plays a significant role in enhancing the educational process by creating a well-organized, flexible, and adaptable school system that accommodates various developments while utilizing the energy of students with excessive movement.

**Theoretical Framework and Previous Studies:**

Leadership is defined as "the ability to influence others through communication and guidance to achieve a specific goal."

A system is "a set of interacting components characterized by filtering the type and rate of inputs and outputs to and from the system."

**A. The Dynamic Sports Leader:**

A dynamic sports leader is one who builds the ethical, value-based, and skill-based system required by the surrounding society. It is well known that the foundation of any organization's success is its wise leadership. Creative sports leaders who can face challenges and make timely decisions are essential for successful leadership. Therefore, the dynamic sports leader is someone capable of initiating change and development through tasks that help organize the classroom, regardless of the types of students present.

**Hyperactivity:**

Hyperactivity is defined as excessive movements beyond the normal and reasonable limit. It is also described as excessive impulsive behavior that is inappropriate for the situation, has no direct purpose, and develops in a manner unsuitable for the child's age. This condition negatively impacts behavior and academic performance and is more common among boys than girls.

Leadership is regarded as a dynamic phenomenon in social psychology, constantly changing based on situational needs and group dynamics. Leadership is essential due to the interactions between individuals and groups, making it a vital activity and an influential factor in achieving goals (Rasheed, S., 2005, pp. 72-73).

**Special Education Students:**

These students require special treatment from teachers. For instance, a teacher may seat a hyperactive student at the back of the classroom to minimize distractions caused by their excessive and unfocused movements, which can divert the attention of other students (Stevens, S., 1997).

### B. Definition of Psychological Disorders:

The phenomenon of hyperactivity, also known as "Attention Deficit Hyperactivity Disorder (ADHD)," is among the most common psychological disorders in children. This term refers to a behavioral disorder characterized by excessive motor activity, short attention spans, and impulsivity. Researchers in psychopathology and psychiatry have proposed various names for this disorder, including minimal brain dysfunction, hyperactivity syndrome, and Strauss Syndrome (Al-Asmi, R., 2008).

This disorder is prevalent among primary school students, and its incidence varies depending on the definition, diagnostic tools, gender, age, and social environment. Studies indicate that its prevalence rate is approximately 3% in the United States, 1% in the United Kingdom, and 6.2% in Egypt based on teacher evaluations. However, the rate decreases to 3.4% when clinical methods are used.

This phenomenon has garnered the attention of researchers and educators due to its negative effects on a child's cognitive, emotional, and social development. It also poses challenges for families, as parents often feel embarrassed and frustrated when they struggle to manage their child's behavior effectively. Consequently, parents may withdraw from social situations to avoid criticism (Al-Onaiza Humanitarian Services Association, 1420H).

Scholars have conflicting opinions regarding the nature of this disorder. Some consider it a distinct condition with unique symptoms and causes, while others argue that its symptoms overlap with various other childhood disorders, such as antisocial behavior and low academic achievement.

Scientific studies indicate that hyperactivity disorder in children is characterized by three main symptoms:

- **Inattention:** Children with hyperactivity disorder struggle to focus and maintain attention for long periods, particularly during repetitive activities such as completing homework or listening to a teacher's explanation.
- **Excessive Activity:** Symptoms include constant restlessness, difficulty sitting still, excessive movement, emotional instability, and disturbances that affect others. Indicators include frequent movement, climbing on objects, difficulty remaining seated, fidgeting, and excessive movement during sleep.
- **Impulsivity:** These children tend to respond without thinking, often providing irrelevant answers. They struggle to wait their turn and speak quickly without prior consideration.

### Concept of Hyperactivity Disorder:

Barkley emphasizes that when diagnosing ADHD, psychological counselors should consider specific criteria. These include parental and teacher complaints about the child's inattentiveness, excessive impulsivity, lack of calmness, and persistent symptoms lasting at least one year (Al-Asmi, R., 2008).

Despite the variety of terms used to describe this disorder, researchers generally agree on its defining behavioral characteristics and associated secondary symptoms, such as low academic achievement, mood disorders, anxiety, depression, and social maladjustment.

Goldstein defines this disorder by stating that these children struggle with their social environment due to physical weakness, low arousal levels, and an inability to control their behavior (Ahmed, S. & Badr, F., 1999).

The researcher concludes that ADHD is a behavioral disorder marked by impulsivity, inattention, and excessive, purposeless, and socially inappropriate movement. It is also associated with secondary symptoms such as anxiety, depression, poor academic performance, and aggressive behavior. The disorder is more intense and frequent compared to normal childhood behavior.

### Causes of the Disorder:

The causes of ADHD are diverse, stemming from medical, educational, psychological, environmental, and neurological perspectives. A review of literature on this topic highlights the following contributing factors (Al-Hamad, Kh., 2006):

#### 1. Genetic

#### Causes:

Some studies emphasize the hereditary nature of the disorder, noting that approximately 10% of parents of hyperactive children also exhibited hyperactivity during childhood. The Spread of Disorders among Family Members Disorders tend to spread among family members and appear more frequently among full siblings compared to half-siblings (Ben Hafeez, M., 2014).

#### 2. Biological Causes

The biological origins of disorders vary and can be classified as follows:

- **Brain Function Disorders**

The disorder may be caused by dysfunction in the brain centers responsible for attention regulation. The process of attention consists of several primary functions, such as identifying the source of a stimulus (located in the posterior lobes of the brain), directing sensory perception to the stimulus (located in the midbrain), focusing on the stimulus (right frontal lobe), and the reticular activation system, which enhances attentional ability and selects the primary stimulus from among several competing stimuli. If any of these centers malfunction, the brain processes information in a disorganized and unclear manner, leading to attention deficits and hyperactivity (Al-Hamad, K., 2006).

- **Increased Excitability**

Some explanations suggest that these disorders result from heightened sensitivity in the central nervous system's stimulation areas to both external and internal stimuli. This occurs in the posterior region of the basic brain, known as the midbrain, which transmits an abnormally high level of stimulation to the cerebral cortex. Other studies indicate that the dysfunction is centered in the brain's reticular formation, which fails to inhibit excessive neural impulses. Research also suggests a correlation between hyperactivity and slow brain wave activity, as well as cortical slow-wave activity. Other studies argue that these children have a low level of arousal in the reticular system, and their hyperactivity and impulsivity are attempts to regulate and increase sensory input to an optimal level of stimulation (Al-Hamad, K., 2006).

- **Sensory System Disorders**

Some studies indicate that affected children show signs of reduced basic tactile communication and minimal skin response. "M-Vitamin" has been found to help improve the disorder by acting as a stimulant that raises the arousal level to an appropriate level.

- **Cognitive Development Delays**

The disorder may arise due to low intelligence levels in children, as cognitive development directly impacts their attentional abilities. Attention efficiency is proportional to cognitive and intellectual development, whereas delayed cognitive growth weakens the neural centers responsible for attention processing in the brain. This explains why the disorder is more prevalent among children with intellectual disabilities than among neurotypical children (Ahmed, S., & Badr, F., 1999).

- **Psychological and Social Causes**

According to scholars, psychological stress and frustration make children feel insecure, lower their self-esteem, cause dissatisfaction with their actions, weaken their morale, and lead to withdrawal into their own world. They

may also become vengeful toward others, experience feelings of loneliness, anxiety, and depression. A study by Peter et al. (1993) confirmed a positive correlation between anxiety, depression, and attention disorders (Ben Hafeez, M., 2014).

### 3. Family Causes

Dysfunctional family relationships contribute to childhood disorders due to frequent conflicts that may lead to parental divorce. Such situations cause children to become confused and preoccupied with family issues, leading to distraction and aimlessness in tasks. Improper parenting styles—such as outright rejection, neglect, excessive physical and psychological punishment, emotional deprivation, overprotection, and excessive pampering—can all contribute to childhood disorders (Ben Hafeez, M., 2014).

### 4. Symptoms of the Disorder in School-Age Children

Children with this disorder face increasing difficulties in school, where they are expected to sit still, focus on tasks, and interact with peers in class. Academic difficulties often manifest at home, as homework assignments become a struggle for both the child and their family. These children also have trouble following instructions at home and school, completing daily tasks, or finishing assigned work. Their inappropriate social behaviors cause peer rejection, which worsens over time.

By the late childhood years, social behaviors improve and stabilize, but academic difficulties persist. Barkley (1993) states that between the ages of 7-10, at least 30-50% of children with Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) may develop oppositional behavior (Conduct Disorder) or other behaviors such as lying or resisting authority. Additionally, 25% of them may initiate physical fights with others.

Studies by Tarnowski & Nye and Clark & Helfel indicate that these children often face aggression from their surroundings and suffer from neglect and a lack of attention from others. Ross & Ross suggest that these children are predisposed to hyperactivity due to their emotional characteristics and that their excessive activity is a response to environmental pressures that exceed their coping abilities. These pressures arise from difficulties in positive interactions between the child and their social environment, leading to constant stress, low self-worth, rejection of social norms, and engagement in disruptive behaviors. As a result, others find them difficult to be around, further reinforcing their social maladjustment (Visser & others, 2015).

Dowdney & Taylor emphasize the importance of family factors in ADHD development, suggesting that children raised in environments characterized by hyperactivity may imitate these behaviors. Barkley and colleagues (1993) and Kaplan assert that ADHD is linked to improper parenting, where children feel neglected and rejected by their parents.

### 5. The Relationship Between Behavioral Problems and Sports Participation

There are two main approaches to understanding the connection between sports and behavioral issues:

#### Compensation and Fulfillment of Psychosocial Needs

Many delinquent youth show a strong interest in sports, particularly combat sports or activities involving direct confrontation. These activities allow them to validate their physical abilities, boost self-esteem, and attain a higher social status among peers. Sports also provide a means of compensation for deprivation and serve as an opportunity for social mobility (Abu Zahra, N., 2011).

#### Rehabilitation and Reform

This approach assumes that since sports attract delinquent youth, they can be socially and therapeutically employed for rehabilitation. Sports environments, when supervised by competent leaders, serve as corrective and educational spaces that guide and reform behavior in accordance with societal norms and values (Abu Zahra, N., 2011).

### The Role of Physical Activity in Managing Hyperactivity

Engaging in structured physical activities contributes to balanced and healthy growth in physical, cognitive, psychological, and social domains. It also helps regulate misbehavior through participation in sports programs. Sports activities promote social values and foster positive character development by allowing students to navigate various situations, which in turn refines their personalities.

School sports classes are among the most favored activities for students across all educational stages. These activities positively impact individuals on multiple levels—physically, cognitively, and psychologically—since human beings function as holistic entities, where mind, body, and spirit are interconnected. School sports promote social interaction, boost self-confidence, enhance self-esteem, and foster a sense of belonging among students, particularly those with hyperactivity.

### Previous Studies

Many studies have explored this topic, albeit with certain differences from the current study. Among these is the study by **Riyad Nayel Al-Asami (2001)**, which focused on hyperactivity in children and its relationship with variables such as depression, academic achievement, and psychological adaptation (both social and personal dimensions). The study sample included **33 children with hyperactivity** (29 boys and 4 girls). Various psychological assessment tools were used, including personality questionnaires and projective tests. The study clarified the relationship between **ADHD and academic achievement, depression, personal and social adaptation, self-image, parental relationships, environment, frustrations, and conflicts** among primary school students in **Daraa**. The results indicated a significant statistical decline in academic achievement, depression, and personal and social adaptation in children with hyperactivity compared to their peers. Additionally, children with ADHD exhibited **self-image disturbances, problematic parental relationships, environmental challenges, and heightened frustrations and conflicts**.

In another study, **Attoum (2007)** examined the impact of **play-based and symbolic reinforcement methods** on improving attention and reducing hyperactivity among **Jordanian students with learning difficulties** enrolled in resource rooms. The sample consisted of **67 students**, divided into **two experimental groups and one control group**. The results indicated improved attention and reduced hyperactivity in the group that underwent the play-based intervention.

Meanwhile, **Omar (2001)** designed a **sports-based intervention program** to examine its effects on behavioral issues such as **aggression, hyperactivity, and adaptive behavior** in intellectually disabled children. The experimental study involved **30 students** aged 8-12 years from a special education school in **Minya**. The results revealed that **sports activities had a statistically significant positive impact on reducing aggressive behavior, hyperactivity, and improving adaptive behavior**.

**Ben Hafiz (2014)** designed a **therapeutic program for children with ADHD** using **sports activities** based on **metacognitive therapy**, which focuses on **self-regulation skills like planning, monitoring, and evaluation** before, during, and after tasks. The study examined various psychological factors contributing to ADHD, including **executive function deficits, attention issues, hyperactivity, impulsivity, emotional deprivation, poor parental treatment, and school failure**. The **single-subject experimental design** involved **16 therapy sessions** using techniques like **direct explanation, self-questioning, self-monitoring, internal dialogue, and modeling**. The results demonstrated the **success of the therapeutic program in reducing ADHD symptoms (inattention, hyperactivity, impulsivity)**, highlighting the effectiveness of **metacognitive therapy** in treating ADHD in late childhood.

In another study, **Ghosh (1993)** developed a **counseling program** incorporating **sports, drawing, and theater activities** to modify ADHD behaviors. Using a **pre-post experimental design**, the study involved **15 children (aged 7)** selected



randomly. The results showed significant improvement in ADHD-related behaviors, including **cooperation, social behavior, and obedience**.

Additionally, **Baer and Nietzel (1991)** reviewed **36 studies** in the **United States**, which applied **cognitive behavioral therapy (CBT) and behavior modification techniques** to reduce impulsivity in children with **ADHD, oppositional defiant disorder, conduct disorders, learning disabilities, and other behavioral issues**. These studies included **self-instruction training, response cost, modeling, reinforcement, and relaxation training**. The sample consisted of children aged **4-17 years** (average age **9.62**), with **most participants being male**. The results indicated **significant improvements in impulsivity symptoms across all studies**.

In another study, **Young (2008)** assessed **early childhood teachers' awareness and ability to identify ADHD symptoms**. The study included **258 teachers**, using **interviews** to understand their perceptions of ADHD. The results highlighted that **teaching experience and participation in ADHD training programs were key factors in teachers' ability to identify ADHD**. More experienced teacher's demonstrated significantly **greater knowledge and awareness of ADHD symptoms**.

### Chapter Three: Treatment Program and Results

This chapter presents the **observations, conclusions, and findings** of the study after implementing an **intensive intervention program** with a sample of **five male students diagnosed with ADHD**.

#### Study Tool

The primary research tool used was **interviews**, as they are most suitable for the nature and objectives of the study.

#### Study Scope

- **Sample:** Students from **special education programs**.
- **Time Frame:** **Second semester of the 2023/2024 academic year**.

#### Study Methodology

Given the nature of this research, the **descriptive approach** was adopted to **observe, document, analyze, and recommend solutions** based on the collected data.

#### Data Collection Method

This study employs **qualitative research methods**, focusing on **observations and behavioral assessments** to develop effective intervention strategies.

#### Study Observations

Observing the students with **ADHD**, the researcher identified key behavioral patterns:

1. Difficulty staying seated when required.
2. Easily distracted by external stimuli.
3. Inability to focus on a single task or sports activity.
4. Starting a new task without completing the previous one.
5. **Mental restlessness (fidgeting and anxiety).**
6. **Inability or unwillingness to wait their turn in group activities.**
7. **Difficulty playing quietly.**
8. **Engaging in reckless physical activities, risking injury.**
9. **Interrupting others inappropriately.**



10. **Speaking impulsively.**
11. **Not listening to conversations attentively.**
12. **Frequent mood swings (cheerful one moment, irritated the next).**
13. **Producing disruptive noises and exhibiting mild aggression.**

### Intervention Program

To address these behavioral challenges, the researcher implemented a **structured intervention program** focusing on **physical activity and behavioral strategies**:

1. **Modifying the physical environment:** Preparing appropriate equipment and selecting **structured activities** such as **gymnastics, rotational exercises, and timed running challenges**.
2. **Setting clear goals and structured behavioral plans:** Developing a **home-based behavior modification plan** to regulate students' behavior **outside school**.
3. **Using frequent reinforcement:** Providing **positive feedback and immediate correction** to improve self-regulation.
4. **Incorporating multiple strategies for behavior modification:** Utilizing **school radio announcements** and **integrating ADHD students with preferred peers**.
5. **Providing teachers with ADHD management strategies:**
  - Using **varied teaching techniques** in subjects like **math, science, and language**.
  - **Avoiding front-row seating** to prevent distractions.
  - **Not isolating them on single desks** to encourage peer interaction.
  - **Implementing engaging teaching strategies** to maintain their attention.
  - **Positioning them near the teacher for better supervision**.
6. **Allowing students to choose their preferred sports:** Some selected **football**, others chose **gymnastics**, while some preferred **track and field activities**.
7. **Applying covert punishment techniques:** Temporarily **restricting privileges** (e.g., reducing playtime) when students failed to meet expected behaviors.

### Study Results

Following the program, significant improvements were observed in:

- **Attention span and focus**
- **Reduction in hyperactive behaviors**
- **Impulse control**
- **Social interactions and peer cooperation**
- **Academic performance**

The findings confirm the effectiveness of **structured sports activities and behavior modification strategies** in managing **ADHD symptoms**. Bottom of Form

### Eighth:

Use the deep breathing technique when failing to perform a skill, as well as the candle-blowing technique in case of anger. Additionally, allow these students to leave the classroom three times during break periods to engage in intensive physical activities of their choice.

### Ninth:

I contacted the school counselor to communicate with the parents of these students to determine the program's success in influencing their behavior at home.

**Tenth:**

I conducted interviews with these students to assess the impact of the program on them, as detailed in Appendix (1), which presents the interviews, the interview script, and the students' responses. Based on these, the following observations were made:

**Results Table**

## Observation Number

## Observation No. (1)

## Description of Observations:

The student actively engaged in the previous program's activities, demonstrating athletic skills from the beginning. I noticed an improvement in his mental state, greater self-reliance in various situations, and better behavior at home, as confirmed by his parents.

## Conclusions:

The researcher concludes that this student was able to adhere to the rules and regulations set in place, demonstrating self-control, increased morale, and significantly improved self-confidence. Thus, the result can be considered positive.

## Observation No. (2)

## Description of Observations:

This student displayed strong resistance and rejection of all aspects of the program, refusing even to participate in football. He did not comply with any rules and caused significant disturbances, even attempting to escape one day due to the program.

## Conclusions:

The researcher concludes that this student exhibits behavioral disorders associated with ADHD, possibly linked to learning difficulties or genetic issues, which require either medical or psychological treatment.

## Observation No. (3)

## Description of Observations:

This student enjoyed games that required thinking, such as chess. He showed excellent interaction with classmates and was praised by teachers for his classroom discipline.

## Conclusions:

The researcher concludes that this student has positive energy, can rely on himself, and has the potential to overcome his challenges and improve academically.

## Observation No. (4)

## Description of Observations:

This student exhibited fluctuating feelings about the program, alternating between acceptance and dissatisfaction. He seemed capable of improving but was held back by certain issues. He frequently complained about family problems, conflicts with neighbors, and physical abuse by his father if he was late coming home from school.

**Conclusions:**

The researcher concludes that while this student has the ability to solve his problems, he is at risk of engaging in undesirable behaviors. However, with proper monitoring and support, he can improve. Strengthening relationships between parents, students, and teachers is essential to addressing his issues effectively.

### Observation No. (5)

#### Description of Observations:

This student rejected everything, but not out of refusal itself, but rather as a form of stubbornness. It was evident that he was capable of following instructions but only after initially resisting them.

#### Conclusions:

The researcher concludes that this student will eventually comply with rules and improve his behavior, but he requires a longer period and collaboration with the school counselor to address his issues.

### Results

This study aimed to explore the dynamic leadership approach in managing the behavior of special education students. The findings indicate the following:

1. Behavioral disorders, particularly ADHD, are often misinterpreted as purely medical conditions when they may actually result from external influences.
2. Sports activities help enhance the social environment for these students.
3. Engaging in physical activities allows behaviorally challenged students to gain valuable social experiences.
4. The sports program applied to students with ADHD increased their interaction with their parents, teachers, and classmates.
5. Managing environmental factors was crucial; the researcher controlled the students' surroundings, which significantly helped regulate their undesirable behaviors when necessary.
6. The attention and care provided to these students helped them adapt to social traditions rather than having them imposed upon them.
7. Engaging in sports activities helped these students modify their behaviors and manage their hyperactivity both in the classroom and at home.

### Explanation of Results

After implementing the program for students diagnosed with ADHD, with the assistance of the school counselor and parents, it was confirmed that many of the causes of their condition stemmed from psychological distress. These students had unmet emotional and social needs, often experiencing destructive criticism, violence, lack of care, and insufficient affection. This aligns with the findings of Riyadh Nayel Al-Asimi (2001).

This program helped students develop healthier social integration, making them better adapted to their environment. The researcher used this program to modify students' behaviors, which is similar to the approach used by Al-Atoum (2007), who employed play-based interventions to improve students' social and academic behaviors. Similarly, Omar (2001) designed a sports program to address behavioral issues such as aggression, hyperactivity, adaptability, and behavioral change.

Through this program, students gained social values, enabling them to adopt acceptable social norms among their peers and siblings. The program provided students with a level of freedom, avoiding rote learning, which allowed them to internalize social customs and traditions naturally. This aligns with the findings of Bin Hafidh (2014), who designed a therapeutic program for children with ADHD using physical activity. Ghosh (1993) also emphasized the role of sports, drawing, and theater in behavioral intervention.

Thus, the social application of physical activities proved to be educationally beneficial. The program served as both a direct and indirect rehabilitative treatment for these students without requiring them to leave the school environment. This supports the findings of Baer & Nietzel (1991) and Yong (2008).

The program introduced new methods to address behavioral problems encountered in educational settings. It demonstrated that engaging students in school activities, keeping them occupied with meaningful tasks, and channeling their energy into constructive activities helped reduce behavioral issues. Furthermore, using modern educational strategies—such as respecting students' individuality, giving them responsibilities, and fostering their independence—led to better compliance with school rules and reduced instances of rebellion.

Additionally, involving students in group activities and team projects enhanced peer communication and social interaction.

### Recommendations

Based on the findings, the researcher suggests the following recommendations:

1. **Prioritizing support for these students** by teachers, addressing their issues without resorting to punishment, as punitive measures are ineffective for this group. Establishing specialized sports clubs for such students is recommended.
2. **Utilizing their excess energy** through structured educational and academic activities. Teachers, especially physical education instructors, should assign hyperactive students leadership roles in sports sessions or appoint them as class monitors.
3. **Enhancing collaboration between schools and families** by organizing regular parent meetings, offering guidance from school counselors and administrators to address hyperactivity-related issues.
4. **Employing a special education teacher** on a part-time basis across multiple schools to conduct therapeutic and rehabilitative sessions for these students.
5. **Working with the Ministry of Education** to provide teacher training programs on handling students with behavioral disorders, particularly ADHD.
6. **Increasing the duration and frequency of physical education classes**, especially in secondary schools.
7. **Encouraging parental support** for children with ADHD to prevent the worsening of behavioral issues.

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