

WHEN BEHAVIOR MAY BE NEUROLOGICAL

A behavior can be observable and still be neurological. The strongest assessment asks not only “What happened?” but also “What neurological, skill, environmental, or access need may be driving what we see?”

ASSESSMENT LENS

- Motor and vocal tics are neurological symptoms that wax, wane, and may look purposeful.
- High cognitive ability or strong grades can mask meaningful functional needs.
- Structured testing may not reveal difficulties that emerge during transitions, open-ended work, writing, social demands, or unstructured settings.
- Gather data across settings and times of day; include the student and family in understanding patterns.
- Consider the cost of suppression, masking, anxiety, and fatigue when interpreting performance.

LOOK BEYOND THE TICS

- Executive-function and organization difficulties.
- Dysgraphia or significant discrepancy between verbal ability and written output.
- Sensory-processing needs and difficulty with transitions.
- Disinhibition, impulsivity, emotional overreaction, or behaviors that appear intentional.
- ADHD, OCD/obsessive-compulsive behaviors, anxiety, social-communication difficulties, sleep concerns, and learning disabilities.

BEFORE CALLING IT “BEHAVIORAL”

1. Could this be a tic, neurological urge, or disinhibition?
2. What stressors, demands, transitions, or sensory factors occur before it?
3. Is the student suppressing or masking symptoms in other settings?
4. Is there a missing executive-function, communication, regulation, or academic skill?
5. Would an accommodation or environmental adjustment change the pattern?

PLAN FOR ACCESS, NOT TIC REDUCTION

- Do not write annual goals or benchmarks around reducing tics.
- Consider extended time, separate testing, writing/assistive technology, regulation options, and individualized environmental supports.
- When behavior requires formal analysis, use a tic-informed FBA and positive, proactive intervention plan.
- Consider IDEA/Section 504 needs based on the student’s unique academic and functional impact - not diagnosis or grades alone.
- Provide the team with accurate information about tics, disinhibition, and co-occurring conditions.

The TAA is here to provide personalized support, coordinate trainings, and more. Questions? Please reach out to programs@tourette.org or call 888-486-8738