Sleep and School Performance: What Teachers and Parents Can Do

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What teacher has not been troubled by sleepy students? And what parent has not faced the challenge of getting a sleepy child up in the morning and ready for school? Educators and parents have long known that children need sufficient sleep to perform their best at school. New research is showing that children’s sleep problems are widespread, and that there are multiple serious consequences. Sleep problems have been linked to low grades in school and to low scores on standardized tests. Poor sleep can also be associated with emotional and mood difficulties as well as health problems such as weight gain and asthma.

Here are some basic facts about sleep and some suggestions for what parents, teachers, and school personnel can do to improve sleep of children and adolescents.

Some Facts About Children’s Sleep

- Much evidence shows that American children are getting less sleep than they need.
- Sleep plays a role in learning and memory. Sleeping well following exposure to newly learned information results in higher levels of learning and memory.
- Sleep loss is related to behavior problems. Loss of sleep impairs one’s ability to regulate emotions and behavior, and often leads to conflict with friends, teachers, and family members.
- Depression, anxiety, and other serious emotional problems are linked to sleep.
- Children who live in high-conflict homes often do not sleep well.
- Sleepiness has been related to higher risk of childhood injuries.
- Overweight and obesity have been associated with poor sleep.
- Sleep disruption is associated with poor immune system functioning.
- Some part of the dysfunction due to colds and allergies is caused by sleep loss. Breathing well is necessary for good sleep.
- Greater stress due to overproduction of stress hormones is associated with poor sleep.
- Sleeping well is necessary for normal growth hormone production.
- Children who sleep poorly perform less well on intelligence tests, achievement tests, classroom tests, obtain poorer grades, and are more likely to miss or arrive late to school.
- Sleep loss is associated with greater risk of automobile accidents for teenagers who are driving, and for persons riding with them.
- Children with health problems, including ADHD, autism, asthma, allergies, developmental delays, and migraines often have sleep disturbances.
- The onset of puberty brings hormonal changes that make it difficult to fall asleep early in the evening. Teens need particular help with sleep as they deal with biological changes in the context of social pressures and more challenging academic material.
- Minority and low SES children may be affected more than others by sleep loss.

**What Can Parents Do?**

- Monitoring and enforcing the amount of sleep children get are essential. Recent national surveys indicate that many children are failing to get the recommended hours of sleep on school nights. General guidelines are 10 to 11 hours for 5 to 12-year-olds and 8.5 to 9.5 hours for teenagers. Since children must get up very early to go to school, bedtimes should be pushed back earlier in the evening.
- Parents in some school districts have lobbied to push school start times a little later in the morning, especially for teenagers who may be particularly sleep-deprived, due to biological and social changes.
- Consistency of bedtimes from night to night should be a goal. Even for weekend nights, bedtimes should not vary much. Sleeping longer hours on weekends is evidence that children are sleep-deprived during the week.
- Bedtime routines should be supervised. Use of telephones, computers, electronic games, and televisions in the bedroom should be avoided an hour or so before bedtime. Instead, quiet activities conducive to lowering the level of arousal should be encouraged. Late night eating should be avoided. Caffeinated drinks should be limited during the day, but especially late in the afternoon and evening (e.g., 3-5 hours prior to bedtime).
- If possible, each child should have their own sleeping space. Bed sharing should be avoided. Bedroom sharing is often a necessity, but is not ideal. Adequate temperature control in bedrooms is essential for quality sleep.
- When children have nasal congestion due to colds and allergies, children’s decongestants that do not impair sleep should be considered. Additionally, nasal dilator strips have been found to improve breathing during sleep.
- Adults and older children who stay up later than younger children should keep down sound and light levels in the house.
- Parents can strive to become good role models for their children by making their own good sleep a priority.
- Parents and children can help track quality and quantity of sleep by keeping sleep diaries, completing sleep problems questionnaires, and monitoring napping and daytime sleepiness. The National Sleep Foundation is an excellent source of educational materials suitable for parents, children, teachers, school psychologists, and school counselors.
- For children suspected of having a serious sleep problem, the help of a school counselor or school psychologist should be sought. In some cases, referral to a pediatrician or to a sleep medicine specialist may be recommended.
What Can Teachers and Other School Professionals Do?

- Teachers should make an effort to recognize symptoms of sleepiness and sleep deficiency in children and call those children to the attention of school counselors and school psychologists. Teachers and students often don’t agree when asked about the presence and degree of sleep and alertness problems. While some signs of sleepiness like falling asleep in class are obvious, some students may not show clear signs of sleepiness.
- For children suspected of serious learning and/or behavior problems, sleep problems may be related to their inability to perform academically or regulate their emotions. Interventions to improve sleep should be considered as part of any comprehensive evaluation.
- Parents may need help finding appropriate health care services for sleep and sleep-related problems. Physicians or psychologists in the community may be able to help with some kinds of problems, whereas more serious problems should be referred to sleep medicine specialists.
- The time of day when classroom tests and group-administered achievement are administered should be considered a factor that could affect performance. Some children are likely to be sleepy very early or very late in the day.
- A week or two before high-stakes testing such as high school graduation examinations, schools should consider all-out school-wide efforts to have students get adequate sleep.
- Check to see if your school’s health and science education programs have units devoted to teaching children the science and the health benefits of sleep.
- When traumatic events disturbing to children occur at the local, regional, national, or international level, interventions designed to help with sleep problems should be incorporated into crisis management plans.
- Teachers should contribute to discussions of school- and district-wide policies that affect students concerning sleep and sleepiness. Many districts have adjusted early bus route and school start times to enable children to get more sleep.

Resources for Parents, Teachers, and Other School Professionals

Books and chapters on recognizing and treating children’s sleep problems


Websites

American Academy of Sleep Medicine, www.sleepeducation.com; www.sleepcenters.org
(where to locate a sleep treatment center)
National Institutes of Health /National Center on Sleep Disorders Research, http://www.nhlbi.nih.gov/about/ncsdr/index.htm
National Sleep Foundation, www.sleepfoundation.org
Sleep for Kids, www.sleepforkids.org

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