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A PROPOSED ELECTRONIC REMINDER DEVICE FOR TASK MANAGEMENT IN STUDENTS WITH ADHD: DESIGN AND CONTROL FRAMEWORK

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Abstract: Attention Deficit Hyperactivity Disorder (ADHD) presents persistent challenges in task management, sustained attention, and self-regulation among school-aged children. Existing interventions, including pharmacological and behavioral therapies, often lack adaptability, immediate responsiveness, or scalability within educational environments. This paper proposes the design of a wearable Electronic Reminder Device that utilizes a real-time feedback control framework to support students with ADHD in completing educational tasks. The device enables users or caregivers to input up to three tasks through voice or touchscreen, assign priority levels using a color-coded scheme, and configure alert frequencies and modalities (audio, vibration, or light) based on environmental context. The system operates through a closed-loop control structure that continuously monitors task timing and delivers adaptive alerts at predefined intervals. By limiting cognitive load and providing multimodal feedback, the device fosters task engagement and reinforces executive functioning. The control logic emphasizes simplicity, personalization, and responsiveness, offering a promising alternative to static reminder systems. This paper details the device's architecture, control algorithm, user interface, and operational workflow. The proposed solution contributes to the development of intelligent assistive technologies for learners with ADHD and highlights the role of control engineering in enhancing behavioral and educational outcomes.

Keywords: ADHD, Task Management, Real-Time Feedback Control, Wearable Assistive Device, Educational Technology

1. Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental and mental health condition that manifests through a persistent pattern of inattention, hyperactivity, and impulsivity (Predescu et al., 2024). These symptoms often interfere with academic performance, task completion, interpersonal relationships, and self-esteem in affected students (Jahani & Safaei, 2024). Although such behaviors may occasionally appear in typically developing children, ADHD is diagnosed when these traits are frequent, impairing, and pervasive across multiple settings such as school, home, and social contexts (Krtok et al., 2024).

Symptoms of ADHD commonly begin in early childhood and often persist into adolescence and adulthood. While hyperactivity may diminish with age, challenges related to attention, impulsivity, and restlessness often continue into adult life (Boonchooduang et al., 2025). ADHD affects approximately 3% to 5% of children globally, with school-age diagnosis rates ranging from 2% to 16%. Notably, it is a chronic condition, with 30% to 50% of diagnosed children continuing to experience symptoms well into adulthood (Gao et al., 2025).

ADHD can be categorized into three subtypes: (1) Predominantly Inattentive Type, where children struggle with focus and following instructions without showing hyperactivity or impulsiveness; (2) Predominantly Hyperactive-Impulsive Type, where children exhibit excessive movement, talkativeness, and difficulty waiting their turn; and (3) Combined Type, which involves a mix of inattention and hyperactive-impulsive behaviors (Herawati et al., 2022; Krtkova et al., 2023; Godfrey-Harris & Shaw, 2023).

Children with ADHD often face substantial difficulties in engaging with tasks, particularly those that demand sustained mental effort (Sarid & Lipka, 2024). These challenges are especially evident in structured academic environments, where students may struggle to initiate tasks, maintain concentration, organize materials, and complete assignments on time. They may forget instructions, overlook details, or lose track of steps in multi-stage activities (Tessarollo et al., 2022). Poor executive function skills further complicate their ability to manage tasks, appointments, and daily responsibilities, frequently leading to misplaced items, delayed work, and academic underachievement (Gonçalves & Ferreira, 2022).

Children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) often face considerable difficulties in sustaining attention and maintaining focus while engaging in one or more tasks (Zhang, 2023). They frequently overlook essential details necessary for task completion and are highly susceptible to environmental distractions. Tasks requiring prolonged concentration are typically avoided, and distraction levels increase significantly when they are expected to complete two or more sequential or simultaneous activities (Ewe & Aspelin, 2022). These children often lose track of the second and third tasks midway or forget to perform them altogether. Furthermore, deficits in organizational skills result in misplaced items, missed deadlines, and incomplete work (Grotewiel et al, 2022).

Despite the prevalence and impact of ADHD, traditional interventions—primarily pharmacological treatments and behavioral therapies—face significant limitations (Romadhona et al., 2025). Medications may induce side effects such as anxiety and sleep disturbances, while behavioral support often requires time-intensive, resource-heavy implementation that lacks real-time responsiveness (Peterson et al., 2025). Furthermore, scalability and individualization of these interventions remain a challenge within classroom settings (Hood & Baumann, 2025).

Amid these limitations, there has been a growing interest in Digital Health Interventions (DHIs) as non-pharmacological approaches to managing ADHD symptoms (Chacko et al., 2024). These include mobile applications, virtual reality systems, and wearable technologies that aim to provide dynamic support, self-regulation, and monitoring. However, most existing digital solutions offer general guidance or scheduled alerts, without adapting in real time to a child's behavioral cues or attention state (Kazda et al., 2024).

A critical gap in current solutions lies in the lack of real-time feedback control mechanisms, which are essential for dynamically adjusting support based on immediate behavioral input (Namasse et al., 2025). Real-time feedback control involves a closed-loop system where behavioral or physiological indicators (such as motor activity or heart rate) are continuously monitored, processed, and responded to through instant stimuli—such as vibrations or visual cues (Joty et al., 2025). These immediate feedback signals can redirect attention and promote self-regulation during learning tasks (Dimitrov et al., 2024).

Recent advancements in wearable technology now allow for continuous, real-time monitoring of attention and activity patterns. Devices capable of interpreting these data streams can deliver immediate prompts to help students maintain focus and manage academic tasks (Fernández-Arce et al., 2025). Unlike fixed reminders, these intelligent systems adapt their signaling based on live feedback, enhancing the personalization and effectiveness of intervention (Nguyen-Thi-Phuong et al., 2025).

Although individuals with ADHD may be introduced to various coping strategies, frequent and timely reminders remain among the most effective tools for helping them stay on task. However, because caregivers, teachers, or parents are not always available to monitor and provide these reminders consistently, the implementation of a portable, child-accessible alert device becomes a practical and necessary solution (Maher et al., 2024).

This paper proposes the design of an Electronic Reminder Device that operates based on real-time feedback control to support students with ADHD in managing their academic tasks. The system architecture, operational mechanism, control algorithm, and dynamic behavioral modeling will be presented. The paper also discusses how such a device can be integrated into educational settings to promote engagement, task completion, and self-regulated learning. This study is significant in that it addresses a critical gap in ADHD intervention by proposing a real-time, feedback-controlled electronic reminder device specifically designed to support students with attention regulation and task management. Unlike traditional interventions that often lack adaptability and immediate responsiveness, the proposed device leverages wearable technology and dynamic control systems to provide personalized, context-sensitive prompts that can enhance focus and executive functioning in real-world educational environments. By integrating principles of control engineering with behavioral

support, this research contributes to the advancement of intelligent assistive technologies tailored to the cognitive and emotional needs of learners with ADHD, offering scalable solutions for classrooms and beyond. The development of such a device-capable of delivering task-related prompts independently and responsively-represents a meaningful advancement in supporting executive function and academic performance in children with ADHD. This underscores the importance of the present study, which aims to bridge this critical support gap through the design of a smart, real-time feedback system tailored to the unique cognitive challenges faced by students with ADHD.

2. System Architecture

The proposed ADHD alert device comprises a central controller connected to a non-transitory computer-readable memory, a user interface, and a display unit. The controller is designed to store a set of tasks within the memory, assign a distinct priority level to each task, and determine a corresponding alert frequency. Each task is visually presented on the device's display using a color-coding scheme that reflects its priority level, facilitating intuitive task recognition for the user.

Tasks can be input manually via a touchscreen-based virtual keyboard or through voice commands. The device incorporates a speech-to-text function, allowing spoken tasks to be transcribed and stored automatically. Alerts are generated according to the predefined frequency of each task and can be delivered in multiple formats: as audio cues via a built-in speaker, as visual indicators on the display, as haptic signals through a vibration motor, or any combination of these modalities. This multi-sensory alert system ensures that users with different attention profiles and sensory preferences can receive timely and effective reminders to complete their tasks.

The Electronic Reminder Device includes the design of an Electronic Alert Device for Supporting Children with Attention Deficit Hyperactivity Disorder (ADHD). This device, which is worn on the child's wrist, allows tasks to be pre-entered into it. There is no doubt that the alert device will carry an operating program based on inputs, processes, and outputs in the form of alerts (sound, vibration, or light) to prompt the child to complete the tasks previously entered into the device. Below is a detailed overview of the program and its method of operation.

2.1. *Device components and working mechanism:*

- A microphone, an audio recording system, and/or an electronic keyboard, enabling the input of task data either through audio or written format.
- Integrated software that determines the task order based on their level of importance. Parents or the child individually input each task, associating a specific color within the software to signify the task's priority on the child's agenda (red for the first task, green for the second task, yellow for the third task).

- An audio alert bell, a small task display screen, and a built-in speaker within the device.
- A strap incorporated into the device for securing it around the child's arm or wrist.
- The device issues audio, vibration, or light alerts, reminding the child to continue with the ongoing task, depending on the specified alert level in the software (frequent reminders every 5 minutes, moderate reminders every 10 minutes, gentle reminders every 15 minutes). Audio alerts can be activated if the child is in an environment allowing sound, such as at home or on the street, while vibration or light alerts can be used in noise-restricted settings like school, the library, or sound-prohibited areas.
- The device restricts task entries to three to prevent distractions. Should the child wish to add a fourth or fifth task, they can complete one of the three recorded tasks and replace it with the new one.
- The integrated software allows customization of alert levels (frequent reminders every 5 minutes, moderate reminders every 10 minutes, gentle reminders every 15 minutes) based on the child's preferences and needs.

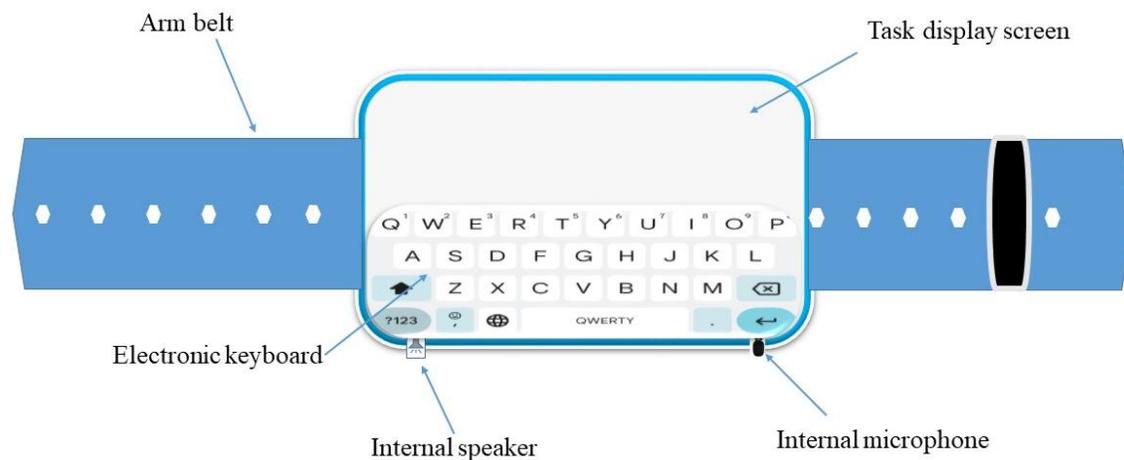


Figure 1: Device for Task Management in Students with ADHD

2.2. Phase One of the Program's Operation: Task Entry (Inputs) - The components required for the program to execute the first step are:

- A touch-enabled input screen.
- An audio input device (microphone).

Task Entry via Typing:

- **Writing Interface:** A visual interface is displayed containing fields for entering tasks, along with a digital keyboard for task input.
- **Task Input:** Tasks are entered through the touch screen by the child, parent, or teacher. The number of tasks is limited to three at a time (multiple tasks may confuse children with ADHD, so the program allows the entry of new tasks only after at least one of the three tasks has been completed).
- **Examples of Tasks:**
 - Return the borrowed book to the library.
 - Complete homework.
 - Organize the bag.
 - Clean the room.
 - Go for exercise.
 - Prepare the essay topic.
 - Make a phone call.
 - Take a shower.
 - Organize my bookshelf.
 - Dentist appointment.

Task Entry via Voice Recording:

- **Voice Recording Interface:** Contains an icon of a microphone to start recording. The voice is converted to text using speech-to-text technology and displayed on the screen.

Phase Two: Setting Alerts After Task Entry

Color Interface:

After entering the task(s), the program allows setting the priority of each task based on the child's, parent's, or teacher's choice (e.g., an urgent task may be red, a later task green, and so on). Each time a task is entered, a sub-interface appears to define the colors that the user associates with the task.

Alert Time and Repetition Settings Interface:

- The program allows setting the time interval between alerts (every 5, 10, or 15 minutes).

- The type of alert (sound, vibration, or light) can be chosen based on the child's environment.

Audio Alert Settings:

- Customize the sound type (bell or specific tone).
- Control the volume level to suit the environment.

Vibration and Light Alert Settings:

- Adjust the intensity of vibration.
- Control the brightness of the light and activate or deactivate the feature as needed.

Phase Three: Task Saving and Management

Save Interface:

After completing the task entry, setting the color, alert time, and alert type, the task is saved (the device provides confirmation of the save).

Task Management and Replacement:

- To replace a task, the child must complete one of the recorded tasks.
- The tasks and priorities are automatically updated after replacement, ensuring the most important task retains its designated color.

Below is the flow chart of the program:

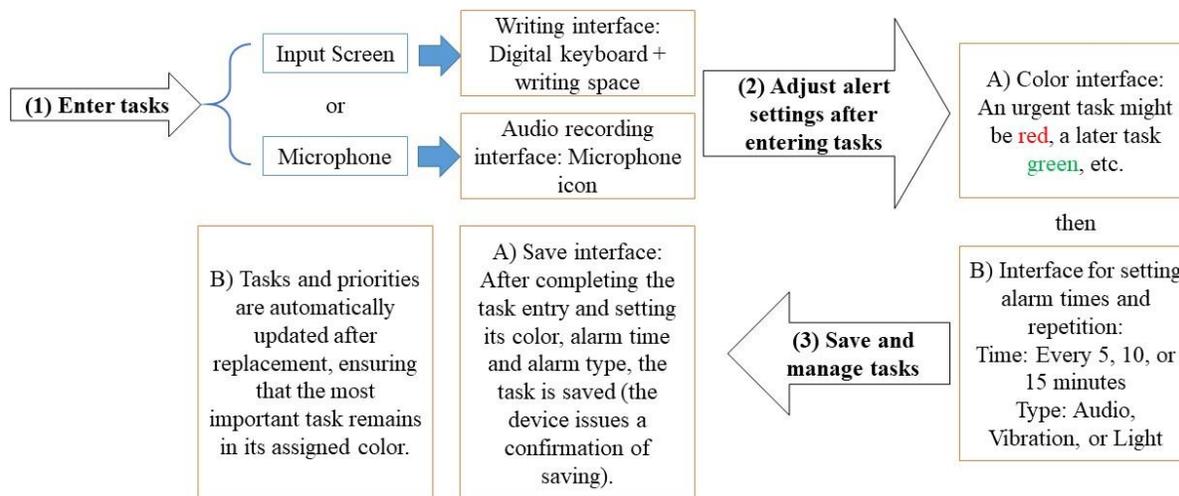


Figure 2: Electronic Alert Device for Supporting Children with Attention Deficit Hyperactivity Disorder (ADHD) - Steps to run the program

Priority Determination Method:

- **Tasks are manually entered** via a keyboard or voice input (speech-to-text conversion).
- **Priorities are assigned based on color coding:**
 - **Red** = Highest priority task.
 - **Green** = Second priority task.
 - **Yellow** = Lowest priority task.
- **Priorities are determined by the user or guardian**, not automatically based on data analysis.
- The device **limits task entries to a maximum of three** to prevent distractions. A new task can only be added after completing one of the three recorded tasks.
- Alerts are set based on **fixed time intervals** (5, 10, or 15 minutes) according to the child's needs.

3. Control Framework

The control framework of the proposed Electronic Reminder Device is structured around a closed-loop feedback control system designed to deliver context-aware alerts based on task-related parameters and user state. The primary objective of the control system is to maintain task engagement and minimize distraction by delivering timely, adaptive prompts that guide students with ADHD through their predefined task schedules.

At its core, the device's control system is governed by three key layers:

Input Layer (Sensing and Task Entry):

This layer captures both static inputs, such as pre-programmed tasks, priority levels, and alert intervals, and dynamic behavioral indicators, such as elapsed time without user interaction or inactivity. Task inputs can be provided manually (via touchscreen typing) or vocally (via speech-to-text). The system allows a maximum of three active tasks to minimize cognitive overload.

Processing Layer (Decision-Making and Timing Logic):

The processing unit continuously monitors time elapsed since the last alert and compares it against each task's assigned frequency. It uses a real-time clock to regulate alert cycles and applies a simple scheduling algorithm that ranks tasks based on assigned color-coded priority:

Red: High priority (frequent alerts, every 5 minutes)

Green: Medium priority (moderate alerts, every 10 minutes)

Yellow: Low priority (light alerts, every 15 minutes)

The decision logic dynamically selects the appropriate alert type and timing, suppressing redundant signals in noise-sensitive environments (e.g., switching from sound to vibration or light).

Output Layer (Multimodal Alert Delivery):

Once a task meets its scheduled alert threshold, the system triggers one or more alert modalities:

Audio (for home settings): configurable tones and volume levels

Vibration (for classroom settings): adjustable intensity

Visual cues (on display): flashing or steady light linked to task priority

The multimodal nature of output ensures compatibility with different environmental constraints and sensory preferences.

Feedback Loop Mechanism

Each alert instance initiates a feedback check: the system waits for task progress acknowledgment (e.g., user taps “done” or updates task). If no acknowledgment is received, the control loop resets the timer and continues prompting based on frequency until the task is marked complete. The loop supports both fixed-time control and optional adaptive escalation logic (e.g., intensifying alerts if multiple cycles go unacknowledged).

Table 1: Control Model Summary

Component	Function
Task Input	Touchscreen or voice interface
Priority Encoding	User-defined color scheme
Timing Control	Clock-based scheduler (5/10/15 min)
Alert Output	Audio / Vibration / Visual
Feedback Trigger	Acknowledgment-based alert repetition

4. Discussion

The proposed Electronic Reminder Device presents a novel approach to task management and self-regulation support for students with ADHD through the integration of real-time feedback control in a wearable format. By incorporating a structured prioritization mechanism, customizable alert frequencies, and multimodal feedback, the system addresses several limitations found in traditional and digital ADHD interventions.

A key strength of this device lies in its simplicity and cognitive accessibility. Unlike complex digital health platforms, the user interface is tailored to accommodate the executive functioning challenges faced by children with ADHD. The restriction to three active tasks, the use of color-coded priorities, and the flexibility in alert modality selection collectively reduce cognitive overload while maintaining engagement.

The inclusion of a real-time feedback loop differentiates the device from static reminder systems. Rather than delivering fixed, scheduled notifications, the control logic continuously adapts based on the passage of time and user response, increasing the likelihood of re-engaging the student when focus lapses. This aligns with research emphasizing the importance of adaptive, context-sensitive interventions in neurodevelopmental support tools.

However, several challenges remain to be addressed. First, the current design depends on manual input of tasks and priorities by the student or caregiver, which may not be feasible in all settings or for all users. Second, while the alert mechanism is customizable, the system does not yet incorporate biometric or behavioral sensors to automate detection of disengagement. Incorporating such data in future iterations may enhance the system's responsiveness and intelligence.

Moreover, while the control model has been conceptually validated, empirical testing in classroom or home settings is required to assess its effectiveness in real-life scenarios. User acceptance, comfort, distraction potential, and long-term adherence are additional dimensions that must be explored.

5. Conclusion

This study introduced the design and functional framework of a real-time, feedback-controlled Electronic Reminder Device aimed at supporting students with ADHD in managing educational tasks. Through a simplified user interface, color-coded priority mapping, and multi-sensory alerting, the device offers a low-complexity yet high-impact tool for improving task initiation, attention maintenance, and self-regulation.

By bridging control engineering principles with educational and behavioral needs, the proposed device contributes to the growing field of intelligent assistive technologies. It addresses the limitations of traditional interventions by providing immediate, personalized support that can be tailored to the user's context and preferences. Future work will focus on developing an integrated prototype, conducting pilot testing with student populations, and exploring the integration of sensor-based feedback to create a fully autonomous task management system. The promising potential of this approach underscores the importance of interdisciplinary solutions in enhancing learning outcomes and quality of life for students with ADHD.

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