Supplementary Material

Table S1.

Intraclass Correlation Coefficients (ICCs) of Outcome Measures at each Time Point.

	ICC		
	Baseline	Post	Follow-up
Attention			
Selective Attention	0.00	0.00	0.16
Sustained Attention	0.16	0.25	0.17
Hyperactivity			
Teacher Rated	0.15	0.05	0.13
Parent Rated	0.02	0.00	0.00
Inattention			
Teacher Rated	0.07	0.15	0.16
Parent Rated	0.05	0.00	0.00
Working Memory			
Verbal	0.14	0.04	0.00
Visuospatial	0.15	0.29	0.06
Numeracy	0.37	0.35	0.27

Table S2.
CONSORT 2010 checklist – Extension for cluster randomised trial

Section/Topic	Item No	Checklist item	Page No
Title and abstract			
	1a	Identification as a cluster randomised trial in the title	1
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	2
Introduction			
Background and objectives	2a	Rationale for using a cluster design	6
	2b	Whether objectives pertain to the cluster level, the individual participant level or both	6
Methods			
Trial design	3a	Definition of cluster and description of how the design features apply to the clusters	7
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	n/a
Participants	4a	Eligibility criteria for clusters	7
	4b	Settings and locations where the data were collected	7
Interventions	5	Whether interventions pertain to the cluster level, the individual participant level or both	6
Outcomes	6a	Whether outcome measures pertain to the cluster level, the individual participant level or both	10-12
	6b	Any changes to trial outcomes after the trial commenced, with reasons	n/a
Sample size	7a	Method of calculation, number of clusters(s) (and whether equal or unequal cluster sizes are assumed), cluster size, a coefficient of intracluster correlation (ICC or *k*), and an indication of its uncertainty	Figure 1. Table S1.
	7b	When applicable, explanation of any interim analyses and stopping guidelines	n/a
Randomisation			
Sequence generation	8a	Method used to generate the random allocation sequence	6
	8b	Details of stratification or matching if used	6
Allocation concealment mechanism	9	Specification that allocation was based on clusters rather than individuals and whether allocation concealment (if any) was at the cluster level, the individual participant level or both	6
Implementation	10a	Who generated the random allocation sequence, who enrolled clusters, and who assigned clusters to interventions?	12
	10b	Mechanism by which individual participants were included in clusters for the purposes of the trial (such as complete enumeration, random sampling)	12
	10c	From whom consent was sought (representatives of the cluster, or individual cluster members, or both), and whether consent was sought before or after randomisation	13
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	7
	11b	If relevant, description of the similarity of interventions	8-10
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes. How clustering was taken into account	13-14
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	n/a
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of clusters that were randomly assigned, received intended treatment, and were analysed for the primary outcome	Figure 1

	13b	For each group, losses and exclusions for both clusters and individual cluster members	Figure 1
Recruitment	14a	Dates defining the periods of recruitment and follow-up	7
	14b	Why the trial ended or was stopped	-
Baseline data	15	Baseline characteristics for the individual and cluster levels as applicable for each group	Table 1
Numbers analysed	16	For each group, number of clusters included in each analysis	Figure 1
Outcomes and estimation	17a	Results at the individual or cluster level as applicable and a coefficient of intracluster correlation (ICC or k) for each primary outcome	Tables 2, 3, 4 & S1.
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	17-18
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	19
Harms	19	All-important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	n/a
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	22-23
Generalisability	21	Generalisability to clusters and/or individual participants (as relevant)	24
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	24-25
Other information			
Registration	23	Registration number and name of trial registry	7
Protocol	24	Where the full trial protocol can be accessed, if available	n/a
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	1