



## Dyspraxia in Primary Schools

Dyspraxia is an impairment or immaturity of the organisation of movement. Associated with this there may be problems of language, perception and thought. Dyspraxia is an immaturity in the way the brain processes information and this results in messages not being properly or fully transmitted. It is thought to affect up to six per cent of the population and up to two per cent severely. Males are three times more likely to be affected than females – and the condition may run in families. The condition often overlaps with related conditions such as ADHD, Dyslexia and Asperger's Syndrome.

Anecdotal evidence suggests that it is likely that there is one child affected in every class of 30.

When youngsters enter the education system whether it is at the age of three in nursery class or at the age of four into reception class parents may for the first time be able to discuss concerns relating to their child's development. The teacher or support assistant will be able to confirm that in relation to other youngsters of the same age, a particular child is finding certain tasks very difficult. Parents know their children better than any one else and will have seen evidence in the home environment of the problems the child is facing in school. If, as a teacher, you are concerned about a child's development, speak to the parent as soon as possible and obtain relevant information about the child's achievements of early milestones.

The child with dyspraxia may have displayed many of the symptoms listed below and some will have been evident before the age of 3.

- Irritability at birth
- Poor feeding
- Poor sleeping
- Engages in high levels of motor activity, constantly waving arms and legs
- Slow to achieve milestones such as sitting (often after the age of 8 months), crawling (some never crawl), walking, hopping, jumping, walking up and down stairs
- Constantly tripping and falling over
- Limited ability to concentrate on specific tasks and is easily distracted
- Unaware of external dangers e.g. jumping from a high wall or from the top of a climbing frame, walking towards a busy road
- Often frightened and will not climb on apparatus
- Delayed acquisition of language

A classroom observation will enable the teacher to determine whether there are certain activities which the child finds difficult or avoids. Areas which present particular difficulties to the child are:

- Development of perceptual skills (finds form boards, shape sorters and constructional toys difficult to assemble)
- Laterality remains unestablished so the child will use the right hand to complete tasks on the right side of the body and the left hand to complete tasks on the left side
- Games lessons/music and movement classes are often difficult. The child has difficulty with ball skills and other eye-hand and eye-foot co-ordination activities
- Listening skills may be poor and the child may not respond to sequential commands
- Immature social skills

In addition to the above the following behaviours can be observed by the age of seven:

- Problems adapting to a structured school routine
- Difficulties evident in P.E., poor un co-ordinated movements
- Slow at dressing (often look messy) - unable to tie shoe laces
- Handwriting barely legible - immature drawings and poor copying skills
- Literal use of language
- Only able to remember two or three instructions either visually or verbally or both
- Class work is completed slowly and is rarely finished
- Continuing high levels of motor activity
- Motor stereo types - hand flapping or clapping when excited
- Easily distressed, very emotional
- Messy eaters and problems using a knife and fork
- Often loners - have problems forming a relationship with other youngsters and appear isolated in the class group
- The child may report physical symptoms - migraines, headaches, feeling sick
- Difficulties with maths

If there is a child in your class who may be dyspraxic it is important that the social and educational environment is adapted to meet his/her needs

### **REMEMBER**

- The child may need supervision and encouragement to stay on a task
- Seating should allow the child to rest both feet flat on the floor and the child be encouraged to sit with upright posture
- The desk should be at elbow height with a facility to use a sloping surface for reading and additional activities
- The child should be placed so he/she is able to view the teacher directly without turning the body and be close enough to hear and see instructions. In addition, he/she should sit where there are minimal distractions e.g. away from windows or doors
- Make prepared recording sheets available to reduce the quantity of handwriting required
- Use lined paper with spaces sufficiently wide to accommodate the child's handwriting
- Attach the paper to the desk to avoid the unnecessary distress of having to hold it in a position with one hand while trying to draw or write with the other
- Break down activities/tasks into small components
- Reinforce verbal instructions by repeating them several times and give no more than 3 - 4 instructions at one time
- Assist with copying from the board by using different colour pens/chalks for every line or leave larger gaps after every 3 - 4 words
- Allow extra time for the completion of a task
- Ensure that the child is given a great deal of encouragement and positive feedback
- Be aware that during sudden growth spurts difficulties may become more apparent
- Liaise with the relevant medical professionals for further advice in the classroom and P.E. setting

If the condition is identified early and provision made within the classroom then subsequent disaffection and reduction in self esteem will be minimised

#### **Further information available from:**

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