Classroom strategies used to support pupils with Dyspraxia

- Reduced background noise.
- Reduced visual input e.g. sit child at front facing the board, have plain background to board.
- Information and instructions given in chunks.
- Talk then demonstration (avoiding doing both at the same time).
- Gross motor skills established before tackling fine motor e.g. in PE diagonal movements e.g. cross over elbow to opposite knee, marching with arms down (they may need to hold a beanbag to help with this).
- Writing lessons started with warm ups e.g. windmills and finger exercises.
- Wedge cushions (to improve core stability)
- Chunky, triangular pencils or pencil grips, weighted pens (e.g. stabilos), angled pens and pencils (yoropen) or wrist bands (Sportwriter).
- Rulers with grips.
- Writing slopes or anti-slip mats (Dycem)
- Privacy boards (to reduce visual input).

What to do if you have concerns:

- Speak to the class teacher
- Speak to the SENDCo

Danielle Duignan:

Email: dduignan@suttonpark.worcs.sch.uk

- Speak to the Executive Principal

Angela Crawley:

Email: acrawley@suttonpark.worcs.sch.uk

- Speak to the Head of School

Lorna Weatherby: Email: lweatherby@suttonpark.worcs.sch.uk

Contact the school office if you need to make an appointment: 01562 67742

Please remember we are always here to listen and answer any questions you may have.

Links to help you;

Our school website has more information to guide you with your child's education, including our SEND Information Report and our school offer (Graduated Response) .

Visit us at:

www.suttonparkrsa.co.uk

Special Educational Needs and Disabilities (SEND)

Sutton Park Primary School

Dyspraxia and Developmental Co-ordination Disorder (DCD)

Developmental Co-ordination Disorder (DCD)/ Dyspraxia

Dyspraxia is a disorder affecting fine and gross motor co-ordination. Poor co-ordination can have a significant impact on daily living and learning. It is diagnosed through motor skills screening (Movement Assessment Battery for Children). From this screening the child could be referred to a paediatrician or Occupational Therapist. The condition rarely comes alone. There is a 50% co-occurrence with dyslexia and 7% of children with ASD also have dyspraxia. It is more common in boys (1:4 /girls: boys). There are 2 forms; motor dyspraxia and verbal dyspraxia. These 2 forms co-occur. There are also hidden aspects to do with senses and perception.

Key facts about Dyspraxia

- Many sufferers don't crawl (often bottom shufflers) or have poor bilateral co-ordination e.g. only using 1 hand such as not holding the paper when writing.
- They can also fidget and fall off chairs or fall over nothing and can appear awkward physically e.g. in PE, especially in playing team games including ball skills.
- They can experience difficulty with self-care e.g. tying shoe laces, putting clothes on the right way around and using equipment like scissors and rulers.
- It can affect one side only. If the right hand side is affected (left hemisphere of brain) this can lead to difficulties with speech and language and phonics and therefore problems with reading and writing.

People with dyspraxia may find it difficult to:

- Organise themselves and their belongings e.g. losing pens and papers, forgetting books or equipment they need.
- Plan tasks e.g. Writing tasks.
- Interact socially e.g. Have difficulty in groups, emotional difficulties and low self-esteem.
- Remember rules and instructions.
- Understand language that is not literal.
- Sleep.

Taken from: Developmental Dyspraxia by Madeleine Portwood

Further information:

http://www.movementmattersuk.org/

Free helpline:

01905 676118 or 07736000979

cathy@dyspraxia-ed.co.uk

Ways to support a child with dyspraxia

Intervention needs to be little and often.

Dance Mat

Smart Moves programme,

Jimbo Fun (mostly handwriting).

weighted products such as mats and cushions (should be advised by OT)

Darts (board angled diagonally)

Support in school may need to include playtimes and lunchtimes.

Before the age of 7 particularly, lots can be done to improve difficulties.