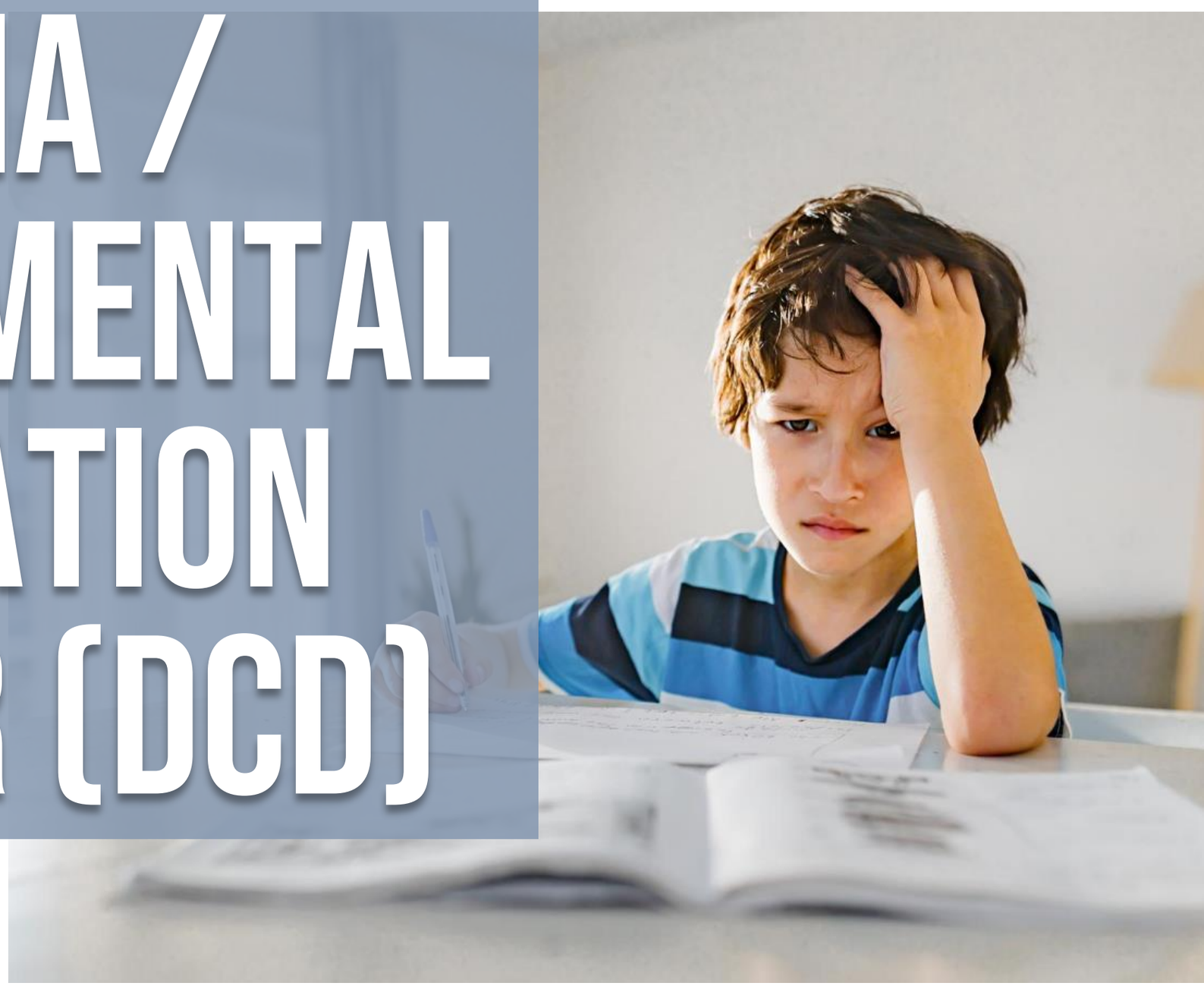
DYSPRAXIA / DEVELOPMENTAL COORDINATION DISORDER (DCD)



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What to look for

- Challenges with physical activities such as in P.E., especially activities that involve eye-hand and eye-foot co-ordination (i.e., ball skills), running, hopping, jumping, climbing, skipping, learning to ride a bicycle, using equipment and working as a team.
- Poor posture, body awareness and awkward, effortful movements, hypermobility.
- Poor short term visual and verbal memory - copying from the board, dictation, following instructions.
- Handwriting challenges both with style and speed - frequently children have an awkward pen grip.
- Challenges organising themselves and equipment.
- Difficulty with activities which involve well developed sequencing ability.
- Problems with awareness of time, pupils need constant reminders.
- Sensory issues e.g., light, sound and heat intensity.
- Takes longer to process information.
- Extremes of emotions.
- Lack of awareness of potential danger, particularly relevant to practical and science subjects.
- Problems with forming friendships (later in primary and in secondary school).
- Immature behaviour.
- Poor personal hygiene/self-awareness.

Strengths:

- Tenacious;
- Creative;
- Empathetic;
- Kind;
- Polite;
- Keen to please;
- Sensitive;
- Often good at drama/singing/creative activities

Prevalence

At least 5% of the population in varying degrees. It is probable that there is at least one child with Dyspraxia/DCD in every classroom who will reauire access to a specific treatment programme. Dyspraxia/DCD can present as a unique condition but often co-exists with other SpLD.

Routes to identification

Medical diagnosis via a GP with referral to a Paediatrician & Occupational Therapist (OT) and/or Physiotherapist (PT). A cognitive assessment by an educational psychologist or specialist teacher may highlight working memory and speed of processing weaknesses.

Dyspraxia can also affect speech and language (Developmental verbal dyspraxia).