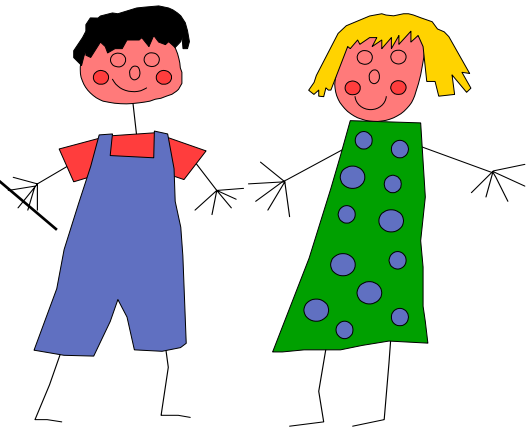




An OAASIS Publication  
for Parents and Professionals

Dyspraxia



# *Dyspraxia*

*(Developmental Coordination Disorder)*

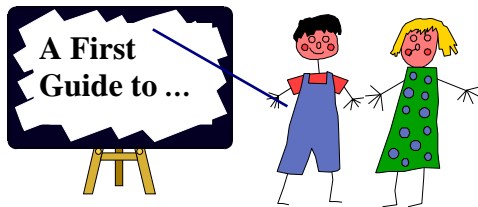
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**OAASIS**

*Office for Advice, Assistance,  
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## *Dyspraxia*

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*A First Guide to Dyspraxia:*      Price: £4.00

by Caroline Lacey, 1997

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*OTHER TITLES IN THE SERIES:*

- *ADHD*
- *Asperger Syndrome (2<sup>nd</sup> edition)*
- *Attachment Disorder*
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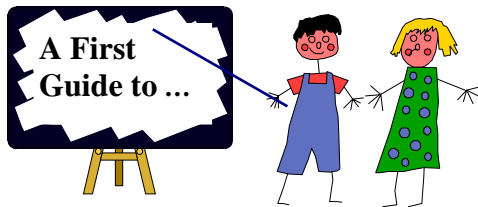
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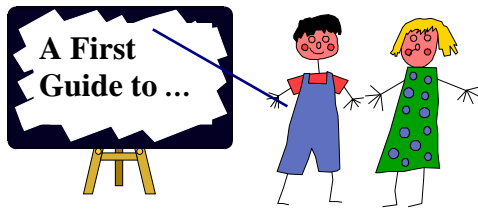
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## *Dyspraxia* About First Guides

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- **This First Guide** was developed at Grateley House School as part of a range of guides being prepared for and distributed by OAASIS (Office for Advice, Assistance, Support and Information on Special Needs). They are designed to provide a quick and easy reference pack of information on various learning difficulties.
  - **OAASIS** offers:
    - a **telephone Helpline** for advice on matters to do with special education. Ring **01590 622880** usually manned between 10 and 4.30p.m., Monday – Friday.
    - various **publications** including
      - Free Information Sheets on various learning difficulties and other aspects of special education.
      - The *First Guide to ...* series. Other titles are listed on the opposite page.
      - *What is ....?* cards. Small cards describing briefly a disability. Useful for informing others. Cards are available on: ADHD, Asperger Syndrome, Attachment Disorder, Autism, Dyspraxia, Epilepsy, Obsessive Compulsive Disorder, Semantic Pragmatic Disorder and Tourette's Syndrome.
      - *Do You Know Someone with Autism?* booklet. Written by a former teacher at The Forum School for the brothers, sisters and classmates of a child with autism.
  - **OAASIS** can be contacted by writing to OAASIS at Brock House, Grigg Lane, Brockenhurst, Hampshire SO42 7RE; sending a fax to 01590 622687; emailing [oaasis@cambiangroup.com](mailto:oaasis@cambiangroup.com) or ringing the Helpline.
  - **Grateley House School** offers residential education (with a waking day curriculum) for young people aged 9-19 years with Asperger Syndrome or other associated syndromes requiring similar care, education and therapeutic interventions. The school is sited in a large country house near Andover, in Hampshire, within its own grounds of several acres.
  - Grateley House School and OAASIS are a part of Cambian Education Services. For further information on the Cambian Education schools and colleges please phone 0800 288 9779.
  - OAASIS welcomes contributions from families, professionals, and individuals who would like to contribute ideas for inclusion in the pack.
  - There may be a small charge for the Guides to cover OAASIS printing and packing costs. See the OAASIS Publications List for a full range of literature available.
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# *Dyspraxia* Contents

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## Contents

**Introduction to Developmental Coordination Disorder, or Dyspraxia**

**Recognising Dyspraxia**

**Helping the Dyspraxic Child**

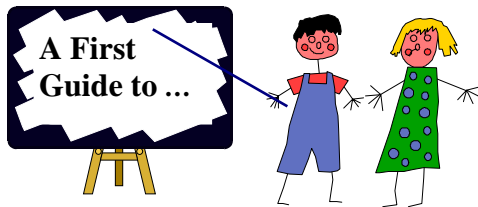
**Summary of Sources of Support for Dyspraxic Young People**

**Practical Advice for Teachers and Carers**

**Acknowledgements**

**Recommended Reading**

**Other useful OAASIS publications**



# *Dyspraxia*

## **Introduction**

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**Dyspraxia / Developmental Coordination Disorder / Developmental Movement Problems** - these are all terms used to describe children who lack the motor competence to cope with the demands within the classroom and with those of everyday life.

Dyspraxia is a specific learning difficulty.

In the past, children who were affected with movement difficulties were labelled 'clumsy'.

The terms dyspraxia and developmental coordination disorder are interchangeable.

Dyspraxia / Developmental Coordination Disorder is, as the latter name implies, a developmental problem which becomes more apparent as the child grows up. It is not acquired through accident, nor by the child having an illness.

It affects how a child manages and coordinates his or her movements. It affects about 1 in 20 children, and boys are four times more likely than girls to have the disorder.

Children who have dyspraxia usually look physically normal. They do not have an identifiable disease or medical condition, and their intellect is not affected.

At school they have difficulties in drawing, painting, physical education and they find the normal range of manual skills difficult to learn.

In the playground, they are often left out of games that others find easy to play, and they do not.

Many of these children have difficulties with handwriting, note-taking, recording and essay writing.

In examinations, they do not cope, as they are required to write both at speed and legibly.

Being 'different', being physically less competent than one's peers, has other indirect consequences:

sometimes children with dyspraxia become depressed and withdrawn

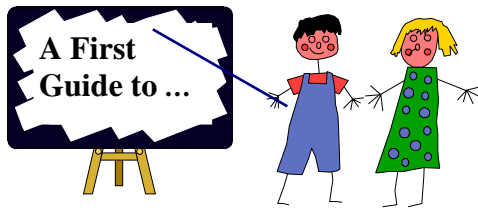
sometimes they become disruptive and attention-seeking

most underestimate themselves, and thus their self-esteem suffers.

Support is needed to help them overcome the tendency to do less well than their better coordinated peers.

A word of caution is necessary: not every child who may be a little forgetful, disorganised and clumsy should be diagnosed as having dyspraxia. Careful assessment by a psychologist is required. It is not wise to alarm parents and children by diagnosing a condition which may not exist.

It is known that the condition improves with puberty, providing a child receives the help and support which is required.



# *Dyspraxia*

## Recognising the Condition

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### **EARLY YEARS**

As with many children with specific learning difficulties, the parents are usually aware of the symptoms long before the child starts school.

Children affected by dyspraxia are often late in learning to sit, walk and run. They have difficulty with tasks such as hopping and skipping. They will usually have inordinate difficulty in learning to fasten buttons, tie shoe laces, ride a bike.

In some children coordination of mouth movements may be affected, such as the tongue, lips and larynx. This will lead to early speech and pronunciation difficulties. There may be delayed speech.

A left / right confusion may be apparent.

### **THE CHILD AT SCHOOL**

Most individuals have some learning problems and 15-30% of the population will have difficulty in acquiring reading, writing and spelling skills.

These symptoms are often found in a normal child population. If they continue and begin to inhibit a child's progress, he / she may have a degree of dyspraxia.

A diagnosis of dyspraxia can be made using a full psychological assessment. If a child is dyspraxic, this assessment will usually show that performance IQ is reduced in comparison to verbal IQ. These children will also show deficits in gross as well as fine motor skills.

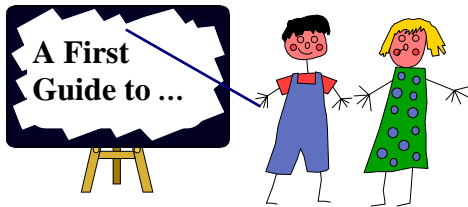
If by the time a child reaches the age of 7/8 and is still having problems in the following areas, it is possible that there is a degree of dyspraxia:

**Gross Motor Problems:** A child may present as -

- poorly coordinated
- poorly disorganised
- untidy in him / herself
- disoriented, ie gets lost easily, both geographically and task-wise
- clumsy.

**Fine Motor Skills:** There will be problems with -

- putting ideas and thoughts down on paper
- getting on with a task. The child will spend time looking for personal things, often disturbing the class and the teacher.
- sequencing of work. The child will have no concept of beginning, middle and end.
- with syntax. The child will mix tenses and confuse punctuation.
- copying from a blackboard
- with the formation of letters
- keeping to margins in their workbooks
- concepts of above / below the line work.



# Dyspraxia

## Recognising the Condition

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All in all, their written work will not reflect their true potential as far as creative writing or their comprehension is concerned.

### **Reading Skills:**

Where verbal IQ is satisfactory, few dyspraxic children find any difficulty in reading, unless there is reading delay within the family.

What may cause the child to have delayed reading skills is poor spatial discrimination, eg analysis of letter shape and sound. Some children may find tracking a line of print with both eyes a problem.

### **Memory Impairments:**

Many dyslexic children have difficulty in remembering where they have left possessions and have problems absorbing and recalling information. They have poor visual and auditory memory function. They often forget what they have heard or read.

Many may have difficulty in amusing themselves, having little ability to be creative in play.

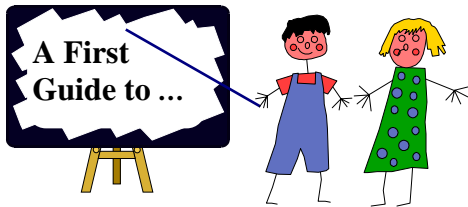
If some or all of the above conditions are obvious, it is at this stage that a full psychological assessment can be requested, if this has not already happened.

## **COMMON PROBLEMS**

Dyspraxia can be diagnosed and the physical signs can be clearly seen in situations where *balance* and *coordination* are needed, such as in physical education lessons.

The child may exhibit one or more of the following:

- Movements which are too fast
- Movements which are too slow
- Movements which are lacking in control
- Very slow reaction times as a result of not being alert to environmental signals
- Constant fiddling with an object, and / or
- Constant fidgiting - moving arms and legs, tapping feet, touching face. These last two may be the result of the effort involved in controlling the body: the pressures required to do this will result in more nervous energy, released by fiddling and fidgiting. These movements are particularly noticeable during formal occasions where the child is required to sit still, eg during assembly, while watching TV.
- The lack of *automatic* movement and speech can become a source of worry, depression and frustration, resulting in behavioural problems caused by stress from constantly having to monitor the body's position and concentrate on communication techniques.
- Difficulty in responding to and carrying out instructions. They may appear to be absorbed in other activities and thus ignoring instructions.
- Difficulty in filtering out unimportant noise, leading to confusion. One instruction quickly following another will cause problems, as the child cannot respond fast enough. Instructions need to be repeated many times.



## *Dyspraxia*

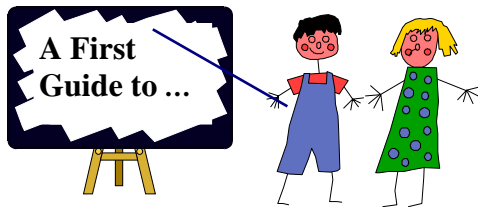
### Recognising the Condition

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- Difficulty in organising: getting books out, taking messages, getting changed for PE etc, deciding on the correct behaviour in a particular situation.
- Confusion with time - past, present and future. Recall of events will cause major problems. The child will find the recalling of the correct word a problem, and may go off at a tangent, talking about something totally unrelated.
- Disruptive behaviour. Within a class or family group, the child may have the attention of a butterfly, darting from one thing to another. The child may play with anything s/he can find, and his / her actions may seem to have no regard for the consequences. On other occasions the child may be totally absorbed to the exclusion of all else, verbal instructions included.
- Difficulty in thinking through a plan of action. The child will not be capable of processing information sequentially. Reasoning ability may be delayed and it will not develop automatically with maturity.
- Inconsequential spontaneous behaviour: these children are not generally devious, but behave on the spur of the moment. This can have repercussions within a peer or sibling group, and the child might find him or herself set up as a victim of teasing or bullying in order to provoke an instant (and, for the others, very rewarding!) reaction.
- Difficulties with handwriting: to write neatly will demand tremendous muscle control.
- Difficulties with copying from the blackboard: the child may find this stressful if literacy skills are not fully developed. The child might be able to copy the *words*, but not associate them with the sounds and therefore the meaning.

The child with dyspraxia may also exhibit some of the following:

- a lack of strength and tone in the muscles, which may result in poor posture and fatigue
- hesitation when any unfamiliar motor tasks are required. These may be viewed as threatening: necessitating thought and several attempts before completion
- trouble learning complicated activities such as getting dressing
- a poorly developed sense of touch; some discomfort may be visible when the child is being touched
- poor body awareness, including identification of body parts, for example, when drawing people's bodies or facial features
- either overactive and restless, or slow at finishing tasks
- signs of stress in new or unpredictable situations
- they may be motivated by things which may not affect others, such as being bumped, held by the hand, having a shower, brushing teeth
- a need for immediate satisfaction, finding it very difficult to put off having what he or she wants to a later time.



## *Dyspraxia* Helping the Child ...

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### ... WITH HANDWRITING

All children profit from a structured teaching system, which deals with the essentials of handwriting. The thorough teaching of essential rules of a writing system is helpful, and especially for those children with dyspraxia and dyslexia.

A basic handwriting model would be:

- writing goes from left to right, and top to bottom
- each letter has a conventional point of entry and direction of stroke
- letters have different heights
- letters and words need appropriate spacing
- capital letters and small letters are different and have different rules.

A structured system of exercises based on these rules can be drawn up for difficult pupils. This system must be kept simple and tasks short in order to allow the child to obtain full benefit.

Don't forget - exercise and practice should be light-hearted and enjoyable for both pupil *and* teacher!

The following aids could be used:

- cardboard cut-outs
- sandpaper or felt shapes
- bricks
- biscuit dough
- Plasticene, etc.

### **Practical Measures**

Posture is very important. Children with dyspraxia need assistance in helping to control their bodies and make the best use of their skills.

Appropriate furniture for an individual's size with a sloping surface for writing will help posture.

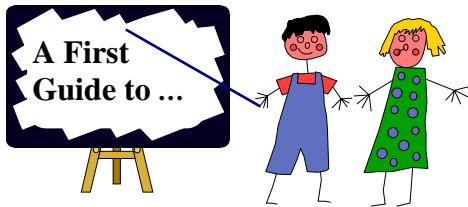
Appropriate paper position ensures the writer can see what he or she is doing. The paper is usually best placed to the side of the hand that writes.

A wide variety of pens and pencils should be available to enable a child to find what suits best. Even a choice of colours of pens and pencils may motivate a reluctant writer!

Penhold may be an individual thing. Children with poor control may have found a position which gives them maximum control although this position may look totally unconventional.

Typewriters, word processors and computers can help supplement the handwriting, but not, however, to take its place.

These machines can take the pressure off children and give them a chance to present their ideas in a clear, neat, legible format. They begin to realise that there are other ways of graphic communication, and that they too can use these methods, as do their peers, thus self-esteem rises and confidence increases.



## *Dyspraxia* Helping the Child ...

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### **... WITH VERBAL PROBLEMS**

The child with verbal dyspraxia will have difficulty in making and coordinating the precise movements of the speech apparatus necessary for clear speech.

The speech apparatus includes:

- the lips
- the tongue
- the soft palate (the fleshy continuation of the hard palate roof of the mouth) which closes off the nasal passages for blowing, sucking, swallowing and speaking
- the muscles which control breathing for speech.

In all, the speech apparatus involves using more than 100 muscles to coordinate the necessary movements.

The child with verbal dyspraxia may exhibit one or more of the following characteristics:

1. difficulty in making speech sounds
2. difficulty in sequencing sounds to make a word
3. difficulty in keeping speech clear in sentences (single words may be pronounced correctly but long sentences may be difficult to understand)
4. difficulty in controlling the speed, rhythm and loudness of speech
5. in keeping the correct balance for nasal resonance and achieving good voice quality
6. difficulty in feeding, either as a baby or continuing feeding difficulties.

Speech therapy and the daily practice of speech exercises will be necessary.

The speech therapist will be able to help the teacher to assess just what the child is able to understand so that commands and requests can be made appropriately.

The child with verbal communication skills problems at primary and secondary school may find himself teased or bullied, causing great distress.

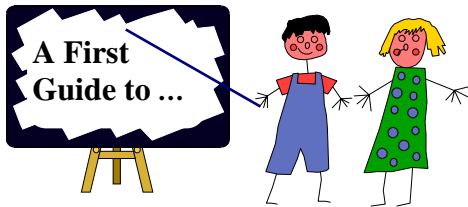
Because they cannot communicate intelligibly, they may become physical in their attempts to let people know what they want to say. This could be seen as aggressive behaviour. The child faces constant failure. It is important to praise small steps with the exercises whilst at the same time acknowledging communication difficulties honestly.

Correction or comment especially in front of the whole class is inappropriate as a child with this communication problem is often unable to achieve better speech.

Speech therapists recommend that only parents should correct speech (in consultation with the therapist).

A teacher may be asked to remind or help the child with particular sounds or words during reading.

Children with verbal dyspraxia learn to read most easily using a phonic approach.



## *Dyspraxia* Helping the Child ...

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### **THE SPEECH THERAPIST'S ROLE**

Regular speech therapy is essential. Speech will only improve when correct patterns of movement have been achieved and become automatic. This process will not happen quickly so therapy will be necessary for a long time (on average at least 2-3 years).

Speech therapy will consist of:

- sessions with the speech therapist working on basic articulatory movements, building up correct sound patterns and practising these in words and sentences
- sessions with the speech therapist working on the development of language skills
- daily speech exercises, either at home or with a welfare assistant, when work set by the speech therapist is practised.

Liaison between the speech therapist and the teacher will be important to help resolve any problems which arise. The speech therapist will need to inform the teacher about the child's speech and language ability and the teacher will need to discuss the child's communication and social skills with the speech therapist. Joint meetings with parents may also be useful to ensure a positive and cohesive approach to help solve the child's difficulties.

### **HELP FROM THE OCCUPATIONAL THERAPIST**

Have the child near to you to observe. See how much effort he or she puts into his or her work. Keep them on task and change the activity before frustration boils over.

Tasks should be broken down into small steps. Work copied from boards or cards should be avoided as these children tend to lose their place very easily. It is better for the work to be written in the child's book.

Keep tasks short - it is easier to finish when you can see an end. Give praise for the effort put in, not the end product.

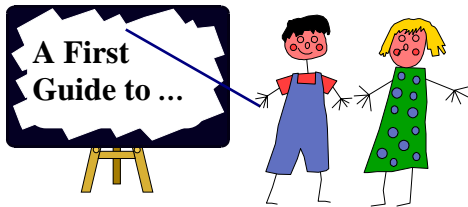
Give the child some responsibility within the class / house to improve self-esteem. Make certain that any tasks you give are able to be carried out, however.

Avoid situations which will highlight clumsiness. For example, class members choosing team sides: the child who has dyspraxia might often end up as a 'last choice'.

Explain exactly what you expect a child to achieve. Time and routines have little meaning. Concrete terms should be used rather than abstracts. Tell them what tasks are expected of them.

Occupational Therapy has four main areas of responsibility when helping these children: it provides

1. a programme to develop the individual child's fine coordination;
2. assessment for the specific perceptual deficit the child may have, and a programme to overcome this;



## *Dyspraxia* Helping the Child ...

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3. advice and remediation where daily living problems arise. For example dressing skills, handling cutlery, developing life interests and daily routines;
4. a focus for the child to develop improved self-awareness and self-esteem.

### **PRACTICAL STEPS TO HELP**

#### **Dressing for school**

- Velcro on shoes rather than laces or buckles
- clothes that are not too tight
- avoid ties - they are very difficult
- shirt buttons: larger holes and buttons are better
- socks: short ones if possible, as long nylon socks are difficult to handle
- clothes with a distinctive front and back, for example, a V-neck sweater.

#### **Social integration:**

Offer lots of public praise at the appropriate time, but ensure that other children in the class or group do not begin to feel this is unfair treatment. Always pick good points from the child's work. Make certain other children are praised for their efforts at the same time.

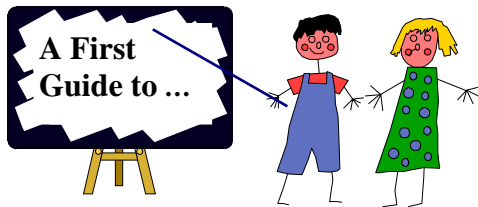
Give the child some responsibilities / tasks which should involve others; encourage team-work.

Encourage other children to help the child to join in, to improve skills; dissuade them from isolating this child.

Insist that all the social rules of the classroom / home are observed. Although this may seem painful at times, the child needs to be the same as his / her peers and observe the same rules. This helps the children to heighten their own awareness of behaviour.

Encourage the child to 'join in' with other pupils, by helping find and develop common interests such as pop music, fashion, etc.

**Pupils with dyspraxia need considerable support from significant adults with regard to their social interactions.**



# *Dyspraxia*

## Summary of Support

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### **SUMMARY:**

### **SOURCES OF SUPPORT FOR CHILDREN WITH DYSPRAXIA**

#### **Psychological Assessment:**

If a child's difficulties are severe enough to require considerable in and out of school support, a full psychological assessment should be requested. When completed, this may lead to a Statement of Special Educational Needs.

#### **Orthoptists:**

Orthoptists are not only interested in general eyesight, but in how the eyes are able to work together at close proximity as they do when a child needs to read and write. The orthoptist will help give a reliable assessment of eye function to help the child's teacher should that child's letter and numeral reversals be more frequent than is expected.

#### **Occupational Therapists:**

OTs are usually able to assist with visual-perceptual skills, fine motor performance, pencil hold and letter formation.

#### **Physiotherapists:**

Physiotherapists are more likely to help with gross motor skills, posture and general body image and management.

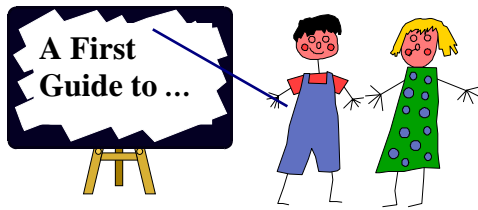
#### **Speech Therapists:**

These can help young people who have speech and articulation difficulties.

### **DANGERS:**

There is a danger that the child may receive treatment from too many therapists and miss too much school, thus creating more problems.

It is essential that the school's special educational needs coordinator avoids this difficulty through good general management of the child's individual programme, and by liaison with teachers, carers, parents and outside agencies who may be dealing with the child.

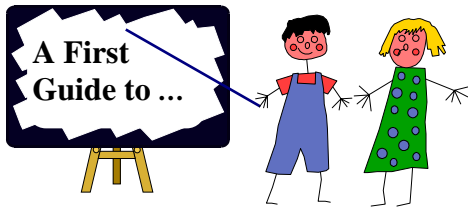


## *Dyspraxia* Practical Advice for Teachers, etc

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### **DOs**

1. Explain to the child what his / her problems are. Let the child know that you are interested in his / her difficulties.
2. Praise whenever possible. Help the child to have moments of success. Emphasise what they CAN do, not what they cannot.
3. Attempt to restore the child's confidence in him/herself.
4. Find a particular area that the child is interested in and good at.
5. Give less homework (eg shorter essays, or underline main points to learn) if necessary.
6. Mark written work on content.
7. Give individual attention when you can and encourage them to ask when stuck.
8. Grade on the child's own progress rather than in comparison with the rest of the class.
9. Try to include positive comments on the child's work: he / she may not get many.
10. Mark on oral responses when possible.
11. Be flexible regarding the content of the lesson.
12. Be constructively critical.
13. Permit various aids to help the child, eg tapes, calculators, etc.
14. Encourage the pupil to write on alternate lines if necessary.
15. If reading long words, divide syllables with a pencil line.
16. Read material out loud to the pupil: if necessary check that the level of material to be read is appropriate.
17. Help them pronounce words correctly.
18. Put them at the front of the class so you can help.
19. Let them work with the text book open.
20. Put important words on the blackboard clearly.
21. Give plenty of time to copy from the blackboard.
22. Check whether the child knows the alphabet, and can say the days of the week or months of the year in the right sequence, and whether he / she can tell the time.
23. Set standards for the student in concrete terms. Error-free learning is unlikely to be possible: it may be helpful for the child to work on one area of improvement at a time.
24. Give new information more than once.
25. Give more practice than would be normal.
26. Give the child time to organise his / her thoughts and complete the work. He / she may need extra time for various activities and time pressure is not helpful.



# *Dyspraxia*

## Practical Advice for Teachers, etc

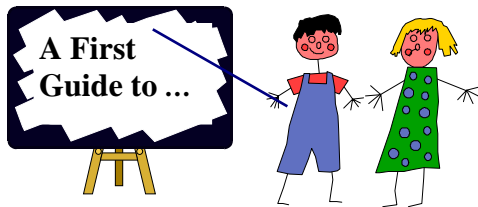
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### **DON'Ts**

1. Never force the child to conform to the day's lesson.
2. Avoid putting them under pressure of time or competition.
3. Don't make a dyspraxic (and dyslexic) student read aloud in public if reluctant.
4. Never ridicule.
5. Don't correct all mistakes in written work: it is too discouraging.
6. Don't give lists of spelling words to learn: two or three are as much as he / she will manage.
7. Don't make them write out work again: it is too difficult.
8. Don't compare him / her with others.
9. Don't make the pupil change the style of writing, eg put loops, if he / she cannot manage it.

### **REMEMBER:**

1. Be aware of the possibility of the child using avoidance techniques.
2. Make sure that the allotted homework instructions are properly understood
3. Ask parents to read the homework instructions.
4. Someone with dyspraxia tires more quickly than a normal person: far greater concentration is required.
5. A child with dyspraxia may read a passage correctly yet not get the sense of it.
6. A dyspraxic (and dyslexic) child may have great difficulty with figures (eg learning tables), reading music or anything which entails interpreting symbols.
7. A dyspraxic child is inconsistent in performance.
8. A dyspraxic child may omit a word or words, or write one twice.
9. A dyspraxic student may not be able to take good notes because he / she may not be able to listen and write at the same time.
10. When a pupil with dyspraxia looks away from a book he / she is reading, or a blackboard he / she is copying from, he / she may have great difficulty in finding the correct place again.
11. A dyspraxic child works slowly because of his / her difficulties, so is always under pressure of time.
12. He / she may need help in relating concepts to past experience.
13. Often the child's concentration span is limited so it is important to gauge how long he / she can work easily. End the task before concentration is lost, so preventing further frustration.



## *Dyspraxia* Acknowledgements

---

### **The following articles were used when compiling this First Guide:**

*The Child with Verbal Dyspraxia*

Author: Veronica Conrery, Speech Therapist.

*Occupational Therapy and the Dyspraxic Child*

Author: Wendy Clarke.

*Occupational Therapy, Occupational Therapist and Sensory Integration*

Author: Occupational Therapist Sidney Chu.

*Social Integration in the Classroom*

Author: Mrs S Varley, Primary Teacher.

*Making More Moves*

Article from *SEN Today*, Summer 1996.

*To Understand Dyspraxia*

Author: Bella Shapiro, Perceptual Therapist.

*Development Dyspraxia - A Teacher's View*

Author: R Butler, Cert Ed BA.

*Dealing with Handwriting Problems*

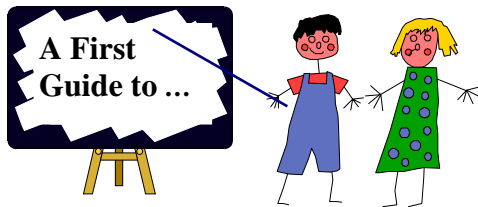
Author: Dr Rosemary Sassoon.

*Signposts to Special Needs: Pupils with Motor Impairment*

Publisher: National Children's Bureau

*Handy Tips*

Publisher: The Dyspraxia Trust 1995 (now known as Dyspraxia Foundation)



### FURTHER READING

*Alphabet Letter Cards* Author: J Alston (1995).

Dextral Books, PO Box 52, South D O, Manchester M20 2PJ Contains specific instructions and individual letter cards for teaching letters and letter information.

*Developmental Dyspraxia - A Practical Manual for Parents and Professionals* Author Madeleine Portwood (Second edition 1999) ISBN 1-85346-573-9. Educational Psychology Service, Durham County Council. Available from David Fulton Publishers.

*Dyspraxia: A Guide for Teachers and Parents* Authors: Kate Ripley, Bob Daines, Jenny Barrett (1997). ISBN 1 85346 444 9. Available from David Fulton Publishers.

*Dyspraxia - A Guide for Teachers and Parents.* Authors K Ripley, B Daines, J Barrett. ISBN 1-85346-444-9 1997. From David Fulton Publishers.

*Handwriting Helpline* Authors: J Alson & J Taylor (1995).

Dextral Books (see above). A booklet containing many suggestions for helping teachers and therapists identify and correct handwriting difficulties.

*Helping Clumsy Children* Authors: M Gordon & I McKinlay (1980). Churchill Livingstone, London.

*Understanding Developmental Dyspraxia - A Textbook for Students and Professionals.* Author Madeleine Portwood. ISBN 1-85346-574-7 2000. From David Fulton Publishers.

**David Fulton Publishers:** website [www.fultonbooks.co.uk](http://www.fultonbooks.co.uk) email [orders@fultonbooks.co.uk](mailto:orders@fultonbooks.co.uk) Tel 0207 405 5606.

### WRITING RESOURCES

Dycem: from Nottingham Rehab Ltd, Ludlow Hill Road, West Bridgford N2 6HD.

Handhugger Pencils, Crayons and Pens: from Dextral Books (see above).

Handwriting practice books: W H Smith, High Street stores - most towns.

Lined paper: Philip & Tacey, North Way, Andover, Hants SP10 5BA.

Sloping boards: Dextral Books (see above).

### HELPFUL ORGANISATIONS

British Dyslexia Association 98 London Road, Reading, RGH1 5AU

Tel: 01734 668271

Website: [www.bdadyslexia.org.uk](http://www.bdadyslexia.org.uk)

Dyslexia Action (formerly Dyslexia Institute) Park House, Wick Road, Egham, TW20 0HH

Tel: 01784 222300

Website: [www.dyslexiaaction.org.uk](http://www.dyslexiaaction.org.uk)

Dyspraxia Foundation, 8 West Alley, Hitchin, Herts SG5 1EG.

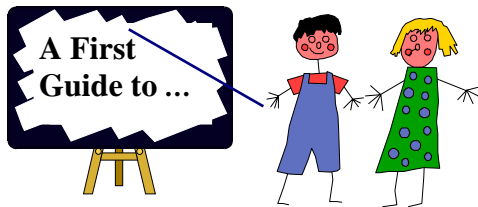
Helpline: 01462 454986

Website: [dyspraxia@dyspraxiafoundation.org.uk](mailto:dyspraxia@dyspraxiafoundation.org.uk)

Formed in 1987, the Foundation has a membership of over 1,500 parents, teachers, and other professionals. Its journal *Midline* is published three times a year. Members receive lists of members in their area and may have access to a local coordinator. There are annual conferences at which professionals learn about research and educational development.

National Handwriting Association 12 Isis Avenue, Bicester, Oxon. OX26 2GS.

National body which aims to raise standards of handwriting in schools. It has published a booklet specially designed for parents and teachers. Website: [www.nha-handwriting.org.uk](http://www.nha-handwriting.org.uk).



## *Dyspraxia* And check out ...

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... the OAASIS Information Sheets –

- Dyspraxia
- Exams and Access Arrangements for Students with Special Needs
- Finding a Special Needs School
- Independent Special Schools – what to look for
- Books – where to find them
- Forthcoming Conferences and Seminars from other organisations
- Useful Contacts and Websites

Visit the OAASIS website for the full list of free downloadable information sheets and other publications: [www.oaasis.co.uk](http://www.oaasis.co.uk).