



Worcestershire Dyspraxia/DCD Pathway

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The Policy

Introduction

All too many children and young people with unrecognised movement and coordination difficulties are experiencing failure and frustration, particularly at school. They may have difficulties accessing the curriculum in the same way as their peers and may even be perceived as lazy and unmotivated, leading to a school career full of frustration, exhaustion, low self-esteem and sometimes even withdrawal or aggression.

Aims:

This document sets out a pathway for individual pupils showing a graduated response to the child/young person's movement and coordination needs over time. It aims to:

- Clarify the terminology to be used.
- Support schools in their identification of children with movement and coordination difficulties which are not in line with usual development milestones and which impact on the everyday life of the child.
- Promote and support the ongoing review of classroom practice and pupil progress based on the graduated response developed through the cycle of assess, plan, do, review.
- Clarify the roles and responsibilities of those concerned in this process and to ensure consistency of response.
- Support inclusive practice by promoting adaptations to the learning environment to cater for the needs of children/young people.
- Support schools in addressing other areas of need affecting children and young people with movement and coordination difficulties, including planning and organisation, processing skills and sequencing.
- Signpost sources of information and support.

Who is this pathway for?

All children/young people with motor and coordination difficulties. This will include a small number who do not respond to well-founded intervention and support, and who may go on to receive a diagnosis of development coordination disorder (DCD), also known as dyspraxia.

What is DCD/Dyspraxia?

According to the NHS:

*Developmental coordination disorder (DCD), also known as dyspraxia, is a condition affecting physical co-ordination. It causes a child to perform **less well than expected in daily activities for their age** (see pages 6-9) and to appear to move clumsily.*

In line with the NHS definition, the terms Developmental Disorder Coordination, DCD, and Dyspraxia, shall be used interchangeably throughout this Pathway document.

According to the ICD-11 (2018)

*Developmental motor coordination disorder is characterised by a significant delay in the acquisition of gross and fine motor skills and impairment in the execution of coordinated motor skills that manifest in clumsiness, slowness or inaccuracy of motor performance. **Coordinated motor skills are substantially below that expected given the individual's chronological age and intellectual functioning** (see pages 6-9).*

In "The Dyspraxic Learner – Strategies for Success" (2015) by Alison Patrick, it states that:

The word 'dyspraxia' comes from two Greek words, 'dys' and 'praxis'. Praxis is the Greek word for action or practice: 'The ability to interact successfully with the physical environment; to ideate, plan, organise, and carry out a sequence of unfamiliar actions; and to do what one needs and wants to do' (Stock Kranowitz 2005, p.316). 'Dys' is the Greek prefix for 'bad'. When translated literally, dyspraxia means 'bad practice'.

- DCD is a recognised medical diagnosis. It is important that other possible causes of coordination difficulties are ruled out by medical professionals.
- Like other specific learning difficulties, there is a continuum of difficulty from mild to severe.

Worcestershire Children First's Vision

We have a vision of inclusion in Worcestershire where:

- Children and young people's needs are met in schools that can be recognised for excellent practice in delivering Quality First Teaching (inclusive quality first teaching (QFT) and reasonable adjustments from the funding and resources that are 'ordinarily' available in their mainstream school or setting) and through the implementation of the Assess, Plan, Do, Review process as detailed in the Graduated Response [The SEND Graduated Response | Worcestershire County Council](#)
- There is an expectation of success for all pupils
- Children and young people learn skills and strategies that enable them to enjoy and achieve throughout their lives
- Children and young people with movement and coordination difficulties/dyspraxia are fully included in all aspects of learning
- All school staff have the knowledge and expertise to help pupils with movement and coordination difficulties overcome and/or reduce the associated barriers to accessing the curriculum/environment
- Schools and families are supported to fulfil these aims.

Key Principles

- A positive emotional climate is essential for children to make progress
- Learning environments need to be 'dyspraxia friendly' across the whole school
- Assessment and intervention should initially be holistic/systemic rather than focused on a perceived problem within a child/young person

- The learning environment and teaching approaches should take account of the needs and strengths of each individual
- Early intervention: schools should be able to take action without feeling the need to wait for the involvement of outside agencies
- Assessment should be done through teaching and observation over time, with monitoring of progress and provision
- The active involvement of the children/young people and the support of their parents/carers is vital

The Graduated Response Process

Assess Highlight presentations from Dyspraxia/DCD Pathway (page 6). Use pages 7 to 10 from the Pathway to identify if development is in line with chronological age	⇒	Plan Plan appropriate QFT classroom / environment strategies (page 11)	⇒	Do Implement and monitor impact of QFT classroom / environment strategies	⇒	Review Measure impact and continue or remove from Pathway	⇒
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⇒	Assess Identify main area of need – fine and/or gross motor skills	⇒	Plan Establish baselines and set SMART targets	⇒	Do Implement and monitor targeted support (page 12)	⇒	Review Review progress against SMART targets	⇒
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⇒	Assess If progress made, remove from Pathway but continue with support. If insufficient progress made, continue with support, gather views of child and parents (Appendices 1 & 2) and refer to LST for a movement and coordination assessment	⇒	Plan Work with LST Specialist to set further SMART targets	⇒	Do Implement and monitor interventions, recommendations and strategies from LST assessment and report	⇒	Review With LST Specialist Teacher, review progress against SMART targets	⇒
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⇒	Assess If progress made... If progress not made, and targets not met...	⇒	Plan ... set new SMART targets if required ... make a referral to Paediatric Occupational Therapy (with support of LST)	⇒	Do Continue with targeted support / intervention if required Continue with targeted support / intervention and monitor progress	⇒	Possible Outcome A referral to OT may result in an assessment. If an assessment is carried out and OT suspect DCD/Dyspraxia, they will make a referral to a paediatrician who may then diagnose DCD/Dyspraxia
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What might be seen in school if a child has weak motor/coordination skills?

<p>Gross motor Poor balance and coordination Frequently falls over May bump into things/people in the classroom or on the playground Difficulties with PE / games, dance, swimming, poor ball skills Difficulties maintaining good sitting posture – may slump or support head with hand / arm May wrap their legs around the legs of the chair, or tuck them up May drop / break things easily May not be able to ride a bike May tire easily Hesitant when using stairs May find swimming difficult</p>	<p>Fine motor Poor handwriting – poor letter formation and/or illegible script Messy eating Slow to dress / undress for PE – difficulties with zips, buttons, etc. Difficulties cutting / sticking Difficulties with recording ideas on paper – slow Difficulties with sizing / spacing Poor manipulative skills affecting art, craft or DT Pencil grip too tight / loose May experience pain in their hand when writing May struggle to turn pages in a book</p>
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What other difficulties might be seen in school if a child has dyspraxia/DCD?

<p>Visual perception Poor copying skills Reversals/orientation difficulties Poor spatial awareness Poor at sequencing Discrimination difficulties Difficulties tracking Difficulties with jigsaws/sorting games</p>	<p>Social skills Often isolated Difficulties judging how to behave in company (sharing/talking etc.) Not included in games Poor understanding of rules – e.g., personal space Can be volatile, erratic, hard to get on with Feeling and possibly being different</p>
<p>Attention and concentration Fidgety Poor concentration Distractibility Inability to complete tasks Poor listening skills Difficulties keeping track of thoughts Requires activities to be broken down May be affected by background noise Difficulties think of words to write</p>	<p>* Speech, Language and Communication Disordered speech sound development Impaired expressive language skills Difficulties remembering and following sequences of instructions Words may be muddled Difficulties understanding positional language (on, in, behind, etc.) Difficulties following directions and remembering way around new environment</p>
<p>Organisation Very muddled and disorganised Difficulties following sequence and rules Requires visual reminders Difficulties laying out work and planning Poor sense of time</p>	

* Pupils with suspected verbal dyspraxia should be referred to a Speech and Language Therapist.

According to [Speech and language therapy - Worcestershire Acute Hospitals NHS Trust \(worcsacute.nhs.uk\)](https://www.worcsacute.nhs.uk),

Verbal Dyspraxia or Apraxia is a condition which affects the ability to sequence and coordinate the muscles used for speech. There is often no weakness in the muscles themselves, but it is more difficult to move them when and how you want to.

Worcestershire Dyspraxia/DCD Pathway 2023







Gross Motor Skills Developmental Milestones

Age in Years	Gross Motor Development
 <p data-bbox="225 589 316 618">Age 1</p>	<ul style="list-style-type: none"> - Able to assume a seated position unaided - Able to crawl on hands and knees - Able to transition into different positions: sitting, all fours, lying on tummy - Able to pull self to stand - Able to walk while holding onto furniture - Able to take 2-3 steps without support - Able to roll a ball in imitation of an adult
 <p data-bbox="225 913 316 943">Age 2</p>	<ul style="list-style-type: none"> - Able to walk smoothly and turns corners - Begins running - Able to pull or carry a toy whilst walking - Able to climb onto / down from furniture without assistance - Able to walk up and down stairs with support - Able to pick up toys from the floor without falling over
 <p data-bbox="225 1256 316 1285">Age 3</p>	<ul style="list-style-type: none"> - Imitates standing on one foot - Imitates simple bilateral movements of limbs (e.g., arms up together) - Able to climb nursery equipment with agility - Able to pedal a tricycle - Able to jump in place with two feet together - Able to walk on tip toes - Able to gallop
 <p data-bbox="225 1597 316 1626">Age 4</p>	<ul style="list-style-type: none"> - Able to climb ladders and trees - Able to dress self without help (except tying shoelaces) - Able to use whole body to kick ball forcibly - Able to catch a large ball between extended arms - Able to jump vertically with both feet leaving the floor - Able to go downstairs one foot per step - Able to stand on preferred foot for 3-5 seconds
 <p data-bbox="225 1973 316 2002">Age 5</p>	<ul style="list-style-type: none"> - Able to ride a bike with stabilisers - Able to walk along a narrow line heel to toe - Able to jump to a height of about 30cm - Able to go up and down stairs alternating feet - Able to maintain balance while moving quickly e.g., in a game of 'Tag' - Able to catch a large ball with their hands - Able to attend to toilet needs without much help - Able to stand on one foot for 8-10 seconds, right or left foot - Able to skip on alternate feet for some distance

	<ul style="list-style-type: none"> - Able to control speed when running and avoid collisions - Able to jump down several steps - Able to kick a football up to 6m away - Able to throw a ball with accuracy - Able to stand and balance on one foot for at least 3 seconds - Able to walk heel to toe in a straight line - Able to dress and undress without help - Able to catch and bounce a small ball - Able to play on apparatus with skill - Able to skip in time to music
	<ul style="list-style-type: none"> - Able to ride a bike without stabilisers - Able to walk along a thin line with arms outstretched for balance - Able to do a forward roll - Able to catch and throw skilfully using one hand - Able to plan movements - Has an awareness of direction and distance - Able to hopscotch up to 2 successful hops
	<ul style="list-style-type: none"> - Able to pour a drink without spilling - Able to hopscotch for some distance - Able to be physically active everyday (for about 30 minutes) - Able to wash, shower and bathe oneself
	<ul style="list-style-type: none"> - Able to help make a snack - Able to help make a drink
	<ul style="list-style-type: none"> - Has awareness of and interest in own strength - Has both skill and stamina for gross motor activities such as: riding a bike, riding a scooter, skating, team sports
	<ul style="list-style-type: none"> - Able to make a snack without help - Able to help with tasks such as sweeping, mopping and dusting.

Fine Motor Skills Developmental Milestones

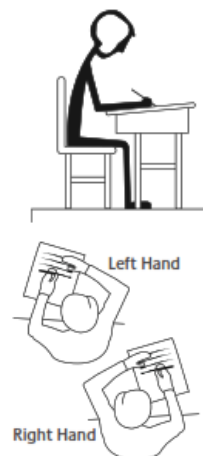
Age in Years	Fine Motor Development
 <p data-bbox="220 539 309 573">Age 1</p>	<ul data-bbox="448 255 1230 562" style="list-style-type: none"> - Able to reach, grasp and put objects in mouth - Able to release objects with control - Able to hold a spoon but not yet able to feed themselves - Able to pick things up with a pincer grasp - Able to transfer an objects from one hand to the other - Able to drop and pick up a toy - Able to throw things deliberately
 <p data-bbox="220 909 309 943">Age 2</p>	<ul data-bbox="448 584 1222 920" style="list-style-type: none"> - Able to build a tower of three small blocks - Able to turn two or three pages at a time - Able to scribble, holding pencil in preferred hand (usually) using three fingers - Able to turn knobs - Able to paint with whole arm movement, shifts hands, makes strokes - Able to bring spoon to mouth and self-feed with minimal assistance - Able to hold and drink from a cup independently
 <p data-bbox="220 1317 309 1350">Age 3</p>	<ul data-bbox="448 949 1278 1350" style="list-style-type: none"> - Able to string four large beads - Able to turn single pages - Able to cut with scissors - Able to hold a crayon with thumb and fingers (not fist) - Able to use one hand consistently in most activities - Able to imitate circular, vertical and horizontal strokes - Able to paint with some wrist action, making dots, lines and circular strokes - Able to roll, pound, squeeze and pull Play-Doh - Able to eat without assistance
 <p data-bbox="220 1641 309 1675">Age 4</p>	<ul data-bbox="448 1364 1278 1664" style="list-style-type: none"> - Able to thread small beads to make a necklace - Able to hold a pencil with good control - Able to copy the letters VHTO - Able to build a tower of nine small blocks - Starts to be able to copy shapes such as a square and a triangle - Able to manipulate clay material (roll balls, make snakes, cookies) - Able to use non dominant hand to assist and stabilise the use of objects
 <p data-bbox="220 1995 309 2029">Age 5</p>	<ul data-bbox="448 1677 1278 2036" style="list-style-type: none"> - Hand preference is well established - Able to copy own name - Able to colour within lines - Able to hold a pen or pencil with a tripod or equivalent grasp - Able to cut out a variety of shapes usually staying on the line - Able to copy basic 2D shapes - Able to draw recognisable pictures e.g., a house, a tree, a person - Able to use a knife to spread butter/jam, etc. - Able to fasten buttons

	<ul style="list-style-type: none"> - Able to tie shoelaces - Able to use a knife and fork correctly - Able to copy a diamond shape - Able to draw a person with facial features and legs connected to a distinct trunk - Able to use scissors to cut out shapes well - Able to open and close a zip - Able to write first and last name
<p style="text-align: center;">Age 6</p> 	<ul style="list-style-type: none"> - Able to cut using a knife - Able to draw a diagonal line
<p style="text-align: center;">Age 7</p> 	<ul style="list-style-type: none"> - Able to use a ruler with ease
<p style="text-align: center;">Age 8</p> 	<ul style="list-style-type: none"> - Able to use a computer keyboard easily
<p style="text-align: center;">Age 9</p> 	<ul style="list-style-type: none"> - Able to draw with great detail - Able to use tools such as a hammer, or small garden tools, quite easily
<p style="text-align: center;">Age 10</p> 	<ul style="list-style-type: none"> - Able to draw. Paint and engage in making intricate models and construction - Can use a hole punch and a stapler
<p style="text-align: center;">Age 11</p>	

Graduated Response - Quality First Teaching

Classroom strategies – environment

- Appropriate seating position within the classroom according to individual needs (e.g., closer to the board, teacher and/or a supportive peer)
- Allow the child to lean against something for support when sitting on the floor
- Accept that fidgety behaviour is not always something that the child can control or stop
- Give breaks so that the child can move around a few times a day
- Provide responsibilities within the class to help maintain self-esteem e.g., giving out books
- Provide appropriately sized furniture or adapt existing furniture to promote good writing/sitting posture
- Encourage correct paper positioning
- Left handers will require specific support- left handed scissors, rulers, grips, paper positioners
- Encourage correct pen / pencil grip (seek advice if child is older than 7 years old)
- Trial a variety of pens and pencils (triangular, chunky, Stabilo, etc.)
- Trial a variety of pencil grips
- Trial a variety of papers (wide lined, narrow lined, squared paper, graph paper, smooth, textured, raised lines, etc)
- Trial enlarging text and using coloured paper / reading overlay
- Trial using a writing slope
- Finger warm up activities before writing
- Allow additional time for tasks
- Give instructions in small 'bite-sized' chunks and in the order in which they need to be performed
- Practise scissor skills (trianling different scissor types, e.g., self-opening, easy grip, loop, etc)
- Use a coloured background on the computer screen and interactive whiteboard
- Adapt tasks – decrease motor output without changing cognitive expectation
- Multi-sensory approach to promote and value kinaesthetic / auditory / visual skills
- Develop clear routines supported by visual timetables / task management boards
- Give advanced notice of changes
- Build in extra time to get changed for PE, pack or unpack school bag, move from one area of school to another, etc.
- Praise effort and try to understand the nature of the difficulty
- Use ICT (e.g., Clicker 8) to reduce writing load



Advice and information can be found at;

- [Paediatric Therapy - Information, advice and resources | Herefordshire and Worcestershire Health and Care NHS Trust \(hacw.nhs.uk\)](http://hacw.nhs.uk)

Graduated Response – Targeted Support and Intervention

ASSESS:

Identify main area of need:

- ❖ **Gross Motor** – e.g., balance, ball skills, body awareness
- ❖ **Fine Motor** – e.g., pencil control, letter formation

PLAN:

Establish baselines and set SMART targets

What is a SMART target?

- A SMART target is an objective which allows monitoring of goals – it needs to be:
 - Specific – what do you want the child to be able to achieve?
 - Measurable – how will you know if they have achieved the target? What measure will you use? What is your baseline?
 - Achievable – is the target realistically achievable? Are there factors which may impact on their ability to achieve the target?
 - Relevant – is the target appropriate for the child's level? Why are you setting the target?
 - Time-Bound – what are the start and end dates of the targeted support? When will progress be reviewed? When is the child expected to be able to achieve the target?

DO:

Gross Motor - Implement interventions such as *Smart Moves Motor Skills Development Programme, Jungle Journey, Fizzy Programme*

Fine Motor - Implement interventions such as *Speed Up, Write from the Start, Jimbo Fun, Pegs to Paper or Take Ten*

REVIEW:

If interventions are having an impact and progress is being made, remove the child from Pathway but continue with targeted support as required.

If progress has not been made, check whether or not the interventions have been correctly implemented. If not (due to staff absence, pupil absence, unforeseen circumstances, etc.), ensure that the interventions can be successfully implemented and continue to monitor progress against targets.

If progress has not been made despite the interventions being implemented correctly, continue with support and make a referral to the Learning Support Team for a Movement & Coordination Assessment. **Ensure that information about the impact of interventions which have already been implemented, is included in the referral.** Both the views/concerns of the child (Appendix 1) and of the parents/carers (Appendix 2) must be sought in order to gain a more holistic view of the child's strengths and difficulties. These must be included with the referral to LST.

Graduated Response – Specialist Support and Intervention recommended by LST

ASSESS:

The Specialist Teacher will conduct a number of assessments to establish the extent of the child's movement and coordination difficulties.

PLAN:

Working in collaboration with the appropriate member of school staff, the LST Specialist Teacher will develop one, two or three SMART targets, for the child to work towards. The adults will also agree a time period after which the child's progress towards the targets will be reviewed together. The Specialist Teacher will suggest recommendations, strategies and/or interventions which will support/facilitate progress towards and/or achievement of the set targets.

DO:

School will implement and monitor the recommendations, strategies and/or interventions suggested by LST.

REVIEW:

After the agreed time period, the Specialist Teacher will review progress towards targets, along with the appropriate member of staff and possibly the SENCO. The Specialist Teacher will support the school in setting further targets and making a referral to Paediatric Occupational Therapy if deemed appropriate.

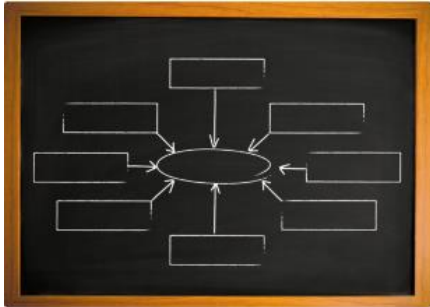

Secondary School


Sometimes dyspraxia may not be identified until the pupil reaches secondary education. Children/young people may have managed to use strategies such as using peer support and copying to cope in their previous schools. However, the structure within secondary education is very different and problems may only now become more apparent, particularly in terms of the organisation skills that are required.

What difficulties might be seen in secondary school if a child has dyspraxia/DCD?

- May find PE difficult - especially during team games when the environment is constantly changing. Movements may appear awkward and effortful
- May tire quickly and easily
- May be slow to change for PE, often lose kit
- Written output may not reflect abilities – may write less than peers, work may be poorly organised, and legibility may deteriorate over time
- May struggle to copy accurately from the board – may miss out key information
- May struggle with time management and organisation. May be late for lessons and forget to hand in homework
- May have difficulty handling tools and equipment in technology, maths, and science
- May struggle to use cutlery proficiently, have difficulty spreading butter/jam and cutting food and pouring a drink
- May forget to eat/drink leading to headaches, fatigue, and mood swings
- May avoid eating with others unless there is an option for finger food
- May struggle to dress self properly – can't tie laces tightly or tuck self in
- May need help with personal hygiene e.g., reminders to shower and brush teeth, and help to wash and brush hair
- May have difficulty following instructions and be slow to process information
- May have poor navigation skills. May get lost easily
- May struggle to make and maintain friendships. May have a small social circle. May be at risk of being bullied
- Impact on confidence, mood, and self-esteem.
- Risk of disengagement from school if support is not provided

Secondary Strategies

<u>Concern</u>	<u>Strategies</u>
<p data-bbox="108 248 319 286">Organisation</p> 	<p data-bbox="587 248 1485 436">Teach the pupil strategies in order to help them remember and to organise themselves e.g., use of planners and lists, use of visual information presented throughout the school, use of post-it notes, making notes about routine changes.</p> <p data-bbox="587 436 1485 624">Differentiate the work expected so that at least the essential information is recorded e.g., the labelling of a map rather than the time having been spent actually drawing the map, use of templates, part-prepared hand-outs, diagrams.</p> <p data-bbox="587 624 1485 736">Provide lists of key concepts, vocabulary and spelling. Teach mind-mapping, spider diagrams and discuss with pupil if they find these useful.</p> <p data-bbox="587 736 1485 848">Encourage them to keep a clear pencil case in their school bag at all times so that everything can be seen – and to have another identical one for use at home.</p> <p data-bbox="587 848 1485 965">Always provide small copies of their lesson timetable and homework timetable to be kept on their person and easily accessible at all times.</p>
<p data-bbox="108 965 231 1003">Writing</p> 	<p data-bbox="587 965 1485 1189">All staff need to be aware of the pupil's difficulties and employ strategies to reduce the frustration they experience, particularly when required to complete written work. Allow the pupil to finish a task before moving on; they may not experience a feeling of success when work is consistently left incomplete.</p> <p data-bbox="587 1189 1485 1346">Encourage the use of IT if this removes a barrier to the pupil producing written work, e.g., laptop, tablet, voice recording device, speech to text software, mind mapping software, etc.</p> <p data-bbox="587 1346 1485 1603">Trial a sloping desk to lean on, anchoring the paper with Blu-Tak; a variety of writing implements of different sizes, weights, chunkiness, shapes, and with different grips; and a variety of surface textures to write on, with differently spaced lines, raised lines, or even squares. Ensure the pupil's voice is heard about which of these they prefer.</p> <p data-bbox="587 1603 1485 1794">Ensure that the seating position of the pupil is considered in relation to their needs, e.g., they may benefit from facing the board and not being at the back of the classroom. Again, ensure that the pupil's voice is heard in this decision-making process.</p>
<p data-bbox="108 1939 284 1977">Homework</p>	<p data-bbox="587 1939 1485 2056">Give homework at the start of lessons, write the homework requirement on a slip of paper for the pupil to stick in their planner.</p>

	<p>Encourage form tutors to prompt pupils to hand in homework as part of a regular routine.</p> <p>Work with parents to set up a system at home so the pupil can plan ahead, particularly for project/course work. Liaise regularly with parents.</p>
<p>Physical Education</p> 	<p>Allow the pupil to start changing before the other students if possible and leave a little early at the end of the lesson to change back so that they are not late for the next lesson</p> <p>Don't ask the pupil to go first as they may need to pick up cues from others about what to do.</p> <p>Provide a locker or safe place for them to store their PE kit in the PE area.</p> <p>Offer graded motor activities that gradually increase stamina over time and acknowledge that performance may deteriorate during the course of the lesson.</p> <p>Look for alternative physical activities when required, as taking part in team games can often be difficult.</p>
<p>Social Skills</p> 	<p>Provide a 'safe place' during less structured times in school such as break and lunch times.</p> <p>Encourage them to take part in lunch time activities that match their interests.</p> <p>Offer social skills support.</p> <p>When new situations arise, allow the pupil time to get used to them – clarify rules and expectations using unambiguous language.</p> <p>Allow time out if necessary.</p>
<p>Practical Activities</p> 	<p>Make reasonable adjustments in science and practical lessons as are deemed necessary or beneficial e.g., allow standing instead of remaining seated on a stool whilst carrying out an experiment, use of looped scissors, ridged rulers, etc.</p> <p>Be aware that the pupil may not have a awareness of potential dangers.</p> <p>Be aware that the pupil may struggle with cutting vegetables, filling test tubes, etc. due to weak fine motor skills and visual perception difficulties.</p> <p>Pair with a 'buddy' who would be able to pour, measure or move if required.</p> <p>Secure equipment to the desk if it reduces risk.</p> <p>Watch for possible stress due to sensory overload, and allow for time out</p>

Frequently Asked Questions

Q: Is there a cure or treatment for dyspraxia/DCD?

A: There is no 'cure' for dyspraxia as it isn't an illness. There are many ways that the symptoms of dyspraxia can be treated or helped, and this is usually with the help of occupational therapists, physiotherapists, etc. depending on what your child's needs are.

Q: Who can give a dyspraxia/DCD diagnosis?

A: In the UK, a Community Paediatrician can diagnose dyspraxia/DCD. They may rely on evidence from an Occupational Therapist. An Occupational Therapist cannot diagnose dyspraxia/DCD.

Q: Does dyspraxia/DCD run in families?

A: Dyspraxia/DCD can run in families in some cases, but to date, no specific gene has been identified. It is likely that there are many different causes of dyspraxia/DCD, and genetics may be one.

Q: Can a person have dyspraxia/DCD and autism?

A: Dyspraxia/DCD and autism are separate conditions but do share some similar characteristics. People can have both autism and dyspraxia/DCD and it is important that both diagnoses are given where appropriate, to enable a full understanding of a person's needs.

Q: Does dyspraxia/DCD affect intelligence?

A: Although DCD does not affect intelligence, it can make it more difficult for a child to learn and they may require extra support and intervention at school.

Q: What can I do to help and support my dyspraxic child?

A: Make adjustments at home to encourage greater independence and participation (e.g., elasticated/Velcro shoes, elasticated trousers, easier fastenings on clothes, strategies for organisation and time management).

Provide opportunities for regular practice of activities and exercises by involving your child in everyday activities such as cooking (mixing, spreading), household tasks (folding clothes, putting away cutlery, mopping the floor) and simple games (catching a ball, hop scotch).

As your child practices and improves, gradually increase the demands of the task e.g. catching a smaller ball, cutting around more complex shapes.

Let your child choose activities that they particularly enjoy or wish to try.

Praise your child for effort, as well as achievement.

Celebrate successes and attribute them to your child's hard work and effort.

Try to make sure your child practises meaningful, 'functional' tasks that s/he will come across in everyday life e.g., decorating biscuits with icing.

Use your child's interests as a focus for motivation e.g., cutting out newspaper pictures of their favourite sport.

Encourage practice at every opportunity. 'Little and often' is best for learning – ten minutes every day rather than one long session each week.

Try to ensure that your child practices movement skills in a variety of different ways so that they can transfer skills to new situations e.g., different activities for ball skills: throwing and catching with different size balls of different weights, with the child in different positions.

Break down tasks into smaller units to be learned; make sure that your child knows what they are working towards and what the end goal looks like e.g., the different components in learning to tie a shoelace.

Support your child when they are learning a task e.g., hold their coat as they do up the zip but gradually reduce this support as they become more confident and start to succeed on their own.

Advice and information can be found at;

[Paediatric Therapy - Information, advice and resources | Herefordshire and Worcestershire Health and Care NHS Trust \(hacw.nhs.uk\)](https://www.hacw.nhs.uk)

Useful Resources

Assistive Technology:

[Inspiration 10 | Mind Mapping and Concept Mapping \(inspiration-at.com\)](https://www.inspiration-at.com) – a visual thinking tool

[Accessibility matters | Nuance UK](https://www.nuance.com) – speech to text software

[Clicker - Literacy Software | Crick Software](https://www.cricksoftware.com) – Clicker Documents is a child friendly word processor, Clicker Sets supports with literacy

[DocsPlus - Educational Software | Crick Software](https://www.cricksoftware.com) – a writing tool for KS3/4

Keyboard Skills Programmes:

[Dyspraxia Touch Typing - Touch Typing Software | EnglishType](https://www.english-type.com) – online version available for schools – can choose how many licences to purchase

[Touch Typing Course For Dyslexia | Touchtyping.org](https://www.touchtyping.org) – discounted fees for schools

[Dance Mat Typing for 7 - 11 year olds - BBC Bitesize](https://www.bbc.com) – free online

[Typing Tutor Software – The Dyslexia Shop](https://www.dyslexia-shop.com) – programmes to buy – *English Type Junior* and *English Type Senior*

[Nessy Fingers Touch Typing | Nessy](https://www.nessy.com) – a typing and spelling programme for age 7+

[Typewiz – New Kids Touch Typing Tutor Free Trial available – Touch Typing Specially Designed For Kids to learn in a fun and interactive way! Touch typing online lessons free trial available.](#)

[Typequick for Students: Kewala Learn to Type Software](#)

Resources / websites:

[Resources | NHS GGC](#)

[Home - Dyspraxia Ed \(dyspraxia-ed.co.uk\)](#) – information and support for parents and teachers

[Handwriting Training | Jimbo Fun | Fun Filled Motor Skills Programme](#) – motor skills programme to develop handwriting plus additional resources and advice for parents, teachers, etc.

[SEN Teaching Resources & Special Educational Supplies | TTS \(tts-group.co.uk\)](#)

- Lots of resources to support students in the classroom (such as wobble cushions, pencil grips, writing slopes, scissors) as well as:
- Pegs to Paper – an alternative way to develop handwriting skills using large pegs and a pegboard for primary pupils
- Motor Skills United – programme to develop all areas of motor and perceptual development
- Start Write, Stay Right – handwriting guidance, activities and resources

[Fizzy Programme | NHS GGC](#) – programme for the development of movement skills

[National Handwriting Association – Charity promoting good practice in handwriting \(nha-handwriting.org.uk\)](#) – lots of information for all ages

[Write from the start: Unique Programme to Develop the Fine Motor and Perceptual Skills Necessary for Effective Handwriting book 1 : Teodorescu, Ion, Addy, Lois, Alexander, James: Amazon.co.uk: Books](#)

[Speed Up!: a Kinaesthetic Programme to Develop Fluent Handwriting : Addy, Lois, Lawrie, Robin: Amazon.co.uk: Books](#)

[Morrells Handwriting: Workbooks for primary and secondary schools](#)

[Take Ten: Amazon.co.uk: Drew, Sharon: 9781855034389: Books](#) – advice, games and activities to develop fine motor skills

[The Jungle Journey: A Whole-class Programme to Develop Fine and Gross Motor Skills : Burrows, Helen, Christie, Sara, Orr, Sara, Ostermeyer, Yvette: Amazon.co.uk: Books](#)

[The Dyslexia Shop](#) – excellent resources including raised line paper, adapted scissors, sloped writing desks, etc.

[Eye Can Learn | Eye Exercises for Visual Health and School Success](#) – visual perception information and activities

[GP00050505 - Dino Ruler from Hope Education - Pack of 1 | GLS Educational Supplies](#) – ruler with a dinosaur handle

Appendices

Appendix 1

Child's Voice

Name of child	
Date completed:	
With the help of:	

Please place a tick in the appropriate box.

How easy or hard do you find it to.....

	Very easy	Easy	Hard	Very hard		Very easy	Easy	Hard	Very hard
....fasten buttons?					.....do zips up and down?				
....wash and dry your hands?					.....use a knife and fork?				
....pour liquid from one container to another?					.....tie shoelaces?				
....use scissors to cut paper?					....carry a drink/tray around a room without spilling anything?				
....get dressed?					....move yourself backwards and forwards on a swing?				
.....hop?					.....stand on one leg?				
....jump, keeping both feet together on take-off and landing?					.....ride a bike without stabilisers?				
.....skip (not with a rope)?					....climb on apparatus or a climbing frame?				
...hit a moving ball with a bat/racquet?					...throw and catch a ball?				
....do star jumps?					....swim?				
...form letters and numbers correctly?					....make sure your writing 'sits' on the line?				

....use a knife to spread butter/jam on bread?					....use a ruler?				
....read your own writing?					....get your ideas down on paper?				

Is there anything else you would like to tell us?

Appendix 2

Parent/Carers' Voice

Name of child	
Name of parent(s):	
Date completed:	

Please place a tick in the appropriate box.

How easy or hard does your child find it to.....

	Very easy	Easy	Hard	Very hard		Very easy	Easy	Hard	Very hard
...fasten buttons?					.....do zips up and down?				
....wash and dry your hands?					.....use a knife and fork?				
....pour liquid from one container to another?					.....use a knife to spread butter/jam on bread?				
....use scissors to cut paper?					.....tie shoelaces?				
.... maintain balance while standing to put on items of clothing (e.g., trousers, shorts)?					...use playground equipment?				
.....put on items of clothing over the head (e.g., sweatshirt, t-shirt)?					.....ride a bike without stabilisers?				
...carry a drink around a room without spilling anything?					...throw and catch a ball?				
...get themselves organised?					....swim?				

Do you observe any of these traits?

	Y	N		Y	N
Difficulties with organisation (putting shoes and socks on in the wrong order; dressing/undressing slowly; scattered clothes)			Distractibility (reacting to irrelevant noises; looking around room)		
Forgetfulness/hesitancy (forgetting what to do in the middle of a sequence of actions; slow to start complex actions)			Overactivity (fidgety/squirmy behaviours; fiddling with clothes; constantly moving when listening to instructions)		
Passivity (requires a lot of encouragement to participate; hard to engage/interest)			Overestimation of own ability (doing tasks too quickly; making tasks more difficult)		
Timidity/shyness (appears scared/nervous of activities such as climbing, jumping, etc.; frequently asks for help)			Underestimation of own ability (anticipating failure before starting; complaining about difficulty of tasks)		
Anxiety (appears agitated in stressful/difficult situations)			Lack of persistence (getting frustrated easily; giving up quickly)		
Impulsivity (not paying attention to details; beginning tasks before instructions are finished)			Easily upset by failure (appearing distressed/unsettled; unwilling to attempt task again)		
Inability to get pleasure from success (not responding to praise)			Other (please specify):		

Please add any further information/comments here:

Appendix 3

Request for Movement and Coordination Assessment

Pupil Surname		Pupil UPN	
Pupil Forename		Gender	
Date of Birth		Year Group	
Parents/Carers			
Home Address			
Home Postcode		Tel No	
Parental e-mail (if available)			

School			
School Postcode		School Tel No	
School e-mail			
SENCo		Class Teacher	
Date entered this school		Previous Term's Attendance	%
Who has parental responsibility?			
Is pupil in receipt of free school meals?	Yes / No	Is pupil in CLA system?	Yes / No
Does the pupil attract Pupil Premium	Yes / No	Is pupil EAL?	Yes / No
Are there any medical conditions that staff working with this pupil needs to be aware of?	Yes / No	Please state or inform staff:	

<p>Areas of Concern: (please highlight)</p> <p>A. Gross Motor Skills – e.g., balance, ball skills, body awareness</p> <p>B. Fine Motor Skills – e.g., pencil control, letter formation</p> <p>C. Attention and Concentration</p> <p>D. Social Skills</p> <p>E. Organisation</p> <p>F. Visual Perception Skills</p> <p>G. Speech, Language and Communication</p>	<p>Describe difficulties:</p>
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Do you observe any of these traits?

	Y	N		Y	N
Difficulties with organisation (putting shoes and socks on in the wrong order; dressing/undressing slowly; scattered clothes)			Distractibility (reacting to irrelevant noises; looking around room)		
Forgetfulness/hesitancy (forgetting what to do in the middle of a sequence of actions; slow to start complex actions)			Overactivity (fidgety/squirmy behaviours; fiddling with clothes; constantly moving when listening to instructions)		
Passivity (requires a lot of encouragement to participate; hard to engage/interest)			Overestimation of own ability (doing tasks too quickly; making tasks more difficult)		
Timidity/shyness (appears scared/nervous of activities such as climbing, jumping, etc.; frequently asks for help)			Underestimation of own ability (anticipating failure before starting; complaining about difficulty of tasks)		
Anxiety (appears agitated in stressful/difficult situations)			Lack of persistence (getting frustrated easily; giving up quickly)		
Impulsivity (not paying attention to details; beginning tasks before instructions are finished)			Easily upset by failure (appearing distressed/unsettled; unwilling to attempt task again)		
Inability to get pleasure from success (not responding to praise)			Other (please specify):		

Please indicate the pupil's status regarding the SEN Code of Practice (tick box):

No SEN		SEN Support		EHCP	
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Please indicate services which are or have been involved with the pupil (tick box):

CCD/Autism		VI		OT		School Health	
SALT		HI		Early Intervention		Physiotherapist	
EP		MET		Stronger Families		Paediatrician	
CAMHS		GRT		Social Care		Probation Service	
PRU		Other (please state)					

In order to process your request please attach copies of the following reports *(where relevant)*

- Pupil's current IEP / Provision Map / Passport
- Most recent reports from other agencies
- Most recent SAT results and Teacher Assessment Levels
- Any recent observations by class teacher / SENCo / Head of Year/ EWS
- Any other reports which may be relevant to support the Referral

Current Attainment:

EYFS

EYFS Learning Goals	EYFS Profile/Achievement
Personal, Social and Emotional development	
Physical Development	
Communication and Language	
Literacy	
Mathematics	
Understanding of the World	
Expressive Arts and Design	

Key Stage 1 or 2

Progress & Attainment in learning (please tick)	Reading	Writing	Maths
Significantly below ARE			
Slightly below ARE			
In line with ARE			
Slightly Above ARE			
Significantly above ARE			

Key stage 3 or 4

Progress & Attainment in learning	English	Maths	Science
Level at which student is currently working			

Child or young person's strengths /interests

Actions already taken to support child/young person

Please give details of the graduated response to this child's needs used by school/setting, i.e. details of targeted intervention and its impact

This request has been agreed with _____ of the Learning Support Team

NB: In all cases, parental consent must be obtained prior to LST involvement. It is the school's responsibility to obtain this. Please ensure that this has been done before returning this form. All paperwork and written reports are confidential and will be kept safely and securely in line with the General Data Protection Regulations (GDPR) 2018. These will be stored until the pupil reaches 25 years of age and they will then be destroyed.

- I confirm that the parents/carers have given permission for LST involvement (please tick) Yes
No
- Parent/carers have also consented to share appropriate information with other professionals within Worcestershire Children First and Child Health Services (please tick) Yes No

Parent/carer signature: _____

Name of person requesting involvement :

Position :

Signature :

Date:

This form should be returned to the Learning Support Team, either through Children's Services Portal, or by post to:

Learning Support Team
Worcestershire Children First
County Hall, Spetchley Road, Worcester, WR5 2NP
lst@worcschildrenfirst.org.uk