dreaded lessons of the week. Their inability to change clothes, tie and untie shoelaces and organise their belongings means that they are frequently the last child to join the lesson.

Their inability to plan an action can be very dangerous. A child will climb up the wall bars naturally hands and head first - a dyspraxic child may climb straight over the top and attempt to descend hand and head first instead of feet first. During the games lessons, due to an inability to n~me body parts, recognise left and right and cross the body midline, these children become confused and disorientated. They are not sure which way the game is going, which goal to shoot in and are even more confused when teams "change ends".

The negative social and emotional implications of this mean that these children are unable to join in playground games successfully. They are often the last to be chosen for a team and in some instances are ridiculed. The child's inter-personal relationships will suffer and their self-esteem will be diminished.

Remediation of these dyspraxic difficulties needs to take place in a holistic manner. This would include assisting the child's parents, teachers and carers in handling techniques and the general approach to the child.

The type of rernediation may often be as simple as teaching a child to use a knife and fork by practice and repetition. However, most children affected will be unable to extend any new skill into an unknown area. For example a child taught to bounce and catch a ball in the standing position will be unable to transfer this knowledge to bouncing and catching the ball while walking forwards.

A sympathetic approach at home and at school is essential. Progress will be more marked where the child has access to occupational therapy or physiotherapy. It is beneficial in the school setting if the child can be given opportunities in a private, safe area to experiment with physical activities such as a forward roll or balancing on a beam. They will then build the confidence to attempt more complex tasks within a group.

The progress that some children make is often remarkable, making dyspraxic children very rewarding to teach.

Reproduced, with permission, from:
"The Dyslexia Handbook 1996"

The Dyspraxic Child

by Maggie Percival and Sally Sinclair, Fairlcy House School, London

William is usually late for school. He can be heard before he appears in the classroom. He will be struggling along, carrying his schoolbag, P.E. kit and lunch box, dropping most of it along the way. William will manage to find his place only to realise his homework folder is in the cloakroom. He reverses - complete with burden and causes chaos in his wake. He is frustrated and angry when he is reprimanded by teachers and laughed at by his peers.

Sadly, this frustration affects many more areas of William's school life. It has serious implications for his level of performance and the establishment of social skills and friendships. This problem is much deeper than being 'a little clumsy'. \V'illiam is dyspraxic.

Dyspraxia implies motor and coordination difficulties. Spatial awareness is often poor and muscle tone may be relatively weak.

As dyspraxic children cannot plan motor tasks efficiently they cannot execute them. Often they appear impulsive but this is because they do not relate cause to effect.

Children who have a combination of learning problems are more likely to be diagnosed because of their dyslexic difficulties than their dyspraxic symptoms. This is because the dyslexic problems relate more specifically to school work and the dyspraxic symptoms will have been apparent from birth but may have been treated as clumsiness or lack of maturity. The accurate diagnosis of the dyspraxic child is extremely important to ensure the correct planning of a treatment programme.

Praxis involves three definite processes which need to be carried out logically, in order to achieve an accurate end result.

These arc:

l. Conceptualisation which involves forming an idea and thinking up a certain action.

2. Planning the scheme and order of action

3. The motor performance of the action.

The dyspraxic child will have difficulties at any point through this process, but it is more recognisable at the final stage of the task. For example the dyspraxic child is unable to maintain a straight path when heel-toe walking along a marked line.

Children may demonstrate different types of dyspraxia which manifest in certain ways. Constructional dyspraxia means the child has difficulty relating the elements of a motor task to a complete and whole structure or concept. The child will struggle to manipulate and assemble Lego bricks into a recognisable model but will not understand how individual parts relate to the whole.

Postural dyspraxia is more easily recognised as motor clumsiness. This child will have difficulty in learning to dress, eat using correct cutlery and master more complex milestones such as learning to skip or ride a bicycle.

Assessment of these children is usually carried out by a skilled occupational therapist using specific standardised tests and clinical observation.

How do you recognise a dyspraxic child in the classroom? Dyspraxic children have poor organisational skills. They will be in the wrong place at the wrong time without the necessary equipment. These children find practical skills difficult and become easily frustrated. Their inability to sequence activities is apparent.

For example in Maths, a dyspraxic child making a three dimensional model of a cube will use a ruler to draw the plan. After struggling to complete this stage, when he comes to cut it out he cuts along an incorrect line and destroys his or her hard work.

Dyspraxic children have poor and often laboured handwriting. In order to control the writing implement they will use excessive pressure. Their workspace is usually in disarray. They are unable to plan work on paper appropriately and particularly in Maths, mistakes are made due to incorrect layout. Presentation is so poor that the teacher's initial reaction to their work is negative.

Physical Education and Games are, for such children, often the most