



Dyspraxia Foundation Professional Journal

A Three Year Study on the Progress of Children Following Physiotherapy Treatment for Dyspraxia

By

**Michele Lee MCSP SRP
Graham Smith MCSP SRP**

Reprinted from the Dyspraxia Foundation Professional Journal, July 2002
Issue 1, pages 9 -23

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By

Mrs. Michele G.Lee GradDipPhys MCSP SRP

Prof. Graham N. Smith GradDipPhys MCSP DipTP CertEd SRP

Correspondence address:

The Lee Medical Practice, Blaire House, Denham Green Lane, Denham, Bucks.

Michele Lee is in private practice based in Denham and lectures in Dyspraxia

Graham Smith is a private practitioner and lecturer based in Glasgow

Abstract

Following a study of 60 children with Dyspraxia by Lee & Smith in 1998, the original authors were keen to ascertain whether the improvement that had been reported at that time had been maintained up to 3 years post physiotherapy. Results from this new study showed that 33 out of the 60 children had continued to attend for reviews. Twelve (12) out of the total of 60 had required further courses of treatment and had shown that after this, they and all of the children who had continued to be reviewed, had maintained and in many cases improved upon the scores with their gross motor skills. The scores that had been taken in the original study and at their review, were compared to the results taken at a further assessment for this new study. In addition, a questionnaire was sent to all of the parents of the 60 children who had been included in the original study and 53 (88%) of these were returned. Findings from the questionnaire revealed that parents were very positive about their children's progress, especially in relation to the gross motor abilities, self confidence and social skills. However, some concerns remained with the school work especially, mathematics, writing and short term memory.

This subject group will continue to be monitored and it is hoped that more long term data will be obtained and published. The aim being to confirm that, in the long term, physiotherapy is and remains an extremely effective form of treatment for Dyspraxia.

Introduction

In 1998 Lee & Smith indicated that physiotherapy was effective in the treatment of Dyspraxia. In a study of 60 patients, each one receiving an 8 week course of physiotherapy treatment, comparative results at the end of the programme and again 3 months later revealed mean improvements of 69% and 73% per child respectively. The study also confirmed that the parents considered that their children had achieved a mean improvement of 72% per child in their associated daily living activities.

The authors suggested that the study should be followed up in order to monitor the long term effects and benefits of the treatment. This was also considered to be particularly important as there had been no reported long term studies of children following treatment. The areas to be specifically monitored were considered to be:

- how many children had required further courses of treatment.
- how the children were presently coping in school, both academically and with sports.
- whether the improved self confidence and self esteem reported after the initial treatment had been maintained.
- how successful the parents and their children had considered the long term management programme to be
- the reasons why some children had not returned for annual reviews.

Methodology

Subjects

All children from the original study (60 in total) were recommended to be reviewed annually. Thirty three (33) parents elected to have their child reviewed but 27 did not. Initially the consent for taking part in the study had been given by the parents. At that time parents had also given consent for their children to be included in further studies up to 10 years following the initial study.

Tests and Measurements

The 33 children who returned for annual review were assessed using exactly the same assessment procedures as described in the original paper.(Lee & Smith, 1998). This had included using the objective tests used in the outcome measures. The skills tested were:

* active trunk extension	* pelvic control
* active trunk flexion	* shoulder control
* bilateral integration	* proximal stability
* eye hand co-ordination	* eye foot co-ordination
* motor planning and self organisational skills	* short term visual and verbal memory
* symmetrical integration	* spatial awareness

In addition, the assessment included the following tests but these areas did not form part of the outcome measures:

* muscle tone	* full range of passive movement of all joints
* directional awareness	* right and left side discrimination
* body perception and proprioception	* ability to cross midline
* kinaesthetic awareness	

Procedure

All of the children who returned for annual reviews were assessed and the test scores from the outcome measures were compared to those from their previous review. In addition, a simple questionnaire (Appendix A) was used for the parents to complete to determine opinions on their childrens' improvement.

For the 33 patients who continued to be reviewed annually, each parent and child were asked to complete the questionnaire at the time of their annual review. Questions 4 and 5 (see Appendix A), which related to the reasons for not returning for annual reviews, were not completed by this group.

The questionnaires were also sent to the 27 families whose children had not returned for annual reviews. A stamped addressed envelope was enclosed to encourage return. Of the 27 sent out, 20 families returned this questionnaire.

Results

A total of 33 children were reviewed.

Table 1 - Results of the reviews

33 children were reviewed annually

Progress recorded in first year:

- 4 children were required to receive further courses of treatment. At the review 3 months following the additional treatment all had improved their scores
- 23 children had maintained their scores from the previous year
- 6 children had improved upon their scores. These improvements were noted in proximal stability and ball skills

Progress recorded in second year:

- the 4 children who had received treatment the year before were noted to have maintained their improved scores from their previous review
- 4 children were noted to have dropped their scores in the following areas:
 - 2 with shoulder control, pelvic control and eye hand co-ordination. One of these received a further course of treatment by the first author and the second patient was given a few exercises and activities to complete at home
 - 1 had difficulty with writing skills. This patient was referred to their local occupational therapy department
 - 1 had problems with short term memory. A few activities were given to the parents
- 14 children had maintained their scores from the previous year
- 11 children were noted to have improved their scores in all areas, but in particular with short term memory, self organisational skills and ball skills.

Progress recorded in third year:

- the 4 children who had reported difficulties the previous year, were noted to have improved their scores and eliminated (most of or all of) their difficulties.
- 15 children were noted to have maintained their scores from the previous year
- 14 children were noted to have improved their skills in the following areas:
 - short term memory
 - proximal stability (shoulder and pelvic control)
 - ball skills
 - self organisational skills

A total of 53 questionnaires were completed

Table 2 Results from the Questionnaires

60 questionnaires distributed. 53 returned (88%)

Question	yes (out of 53)	no (out of 53)
Are you happy with your child's progress?	50	3
Do you have any concerns about your child's progress?	19	34
If yes, is this related to: school work?	19	0
Physical abilities?	3	16
Is your child happy with their progress?	51	2
Has the self confidence and self esteem remained good?	51	2
Have you continued to come for annual reviews?	33	20
If "no" is this due to: contentment with your child's progress	14	0
other reasons	6	0

Has your child required a further course of treatment after the initial programme?	12 <i>(includes 4 who were discussed in the original programme)</i>	41
Was this additional treatment helpful?	9	3
Do you carry out the monthly checklist given to you at your last review?	27 (+ 8 reported occasionally)	18
Does your child participate in additional sports/activities/hobbies as recommended?	51	2

1. The following is a list of the main concerns raised by parents about their child's progress extrapolated from the responses:

- Poor at mathematics
- Resistance to carrying out homework
- Very emotional with the child having difficulty in controlling it
- Concern that the child would not be able to keep up in examination situations
- slow writing
- Poor organisational skills e.g. getting materials ready for lessons, writing essays
- Poor short term memory
- Poor spelling and reading

2. Of the 33 children who had continued to return for annual reviews.

- Ten (10) had returned each year for 3 years
- Twelve (12) had returned each year for 2 years
- Eleven (11) had returned for 1 year. However, these had only completed the programme up to 1 year ago

3. The 20 parents who had not brought their children for reviews gave the following reasons:

- *"We were happy with our child's progress and did not consider it necessary"* - 9 parents
- *"Physiotherapy is now provided our local physiotherapy department"* - 3 parents
- *"Our fault, despite being reminded, we never seemed to have the time"* - 5 parents
- *"I forgot"* - 1 parent
- *No reasons* - 2 parents

4. In total, 12 children from the whole study had received additional treatments following the initial programme. This included the 4 children discussed in the original paper who had all received a further 6 week course of treatment by the first author. The remaining 8 children had received treatment by the following:

- Four (4) by the first author
- One (1) by a physiotherapist local to the child. His mother had reported that the journey to the author's practice had been too far for her to drive.
- One (1) by Occupational Therapists local to the child. In their local Health Authority treatments for Dyspraxia are carried out through the occupational therapy department .
- Two (2) had been referred by their school to the special needs teachers to assist with writing, reading and spelling

Three of the parents reported that the additional treatment had not been helpful as their concerns had been related to school work and their children still continued to have difficulty with spelling, reading and copying from the board.

5. A total of 16 patients from the whole study reported that they did not continue with the monthly checklist. The reasons given for this were:

- “ *We keep forgetting*”
- “*I have lost my copy and have forgotten to ask for a new one*”
- “*Constraints of time*”
- “*My child is physically active and now participates in many sports so there does not seem any point*”
- “*My child is away at boarding school and it is not always possible to complete the checklist apart from when she returns for weekend breaks*”
- “*He does not give us concerns about his co-ordination skills or balance any longer and he is achieving good results at school*”
- “*Difficulty due to family illness*”

6. A total of 51 parents reported that their children now carried out additional sports/activities and hobbies outside school. The variety of these are shown in table 3

Table 3: To show the additional activities/sports carried out by parents

Information from 53 completed questionnaires - some children participated in more than one activity

Sports/activities	No. of children carrying out activity
Swimming	35
Football	12
judo/karate	10
Cycling	6
horse riding	5
Golf	5
Cricket	4
Dance	4
Tennis	4
Netball	4
youth clubs/Beavers/Brownies	4
Gymnastics	3
Chess	2
ten pin bowling	1
Skiing	1
drum playing	1
Rugby	1
Rowing	1
Trampoline	1

Discussion

The authors were very pleased that the 33 children who returned for annual reviews had generally not only maintained their scores with the gross motor skills but in many cases had improved upon them. It appeared that by the third year of reviews none of these children had required further input in any areas. In addition, all of the children, apart from two, had shown improvement in all of their skills. The two children who had not shown further improvement had maintained their scores following the treatment and at the initial review. This review had taken place 3 months following treatment.

In the first year of reviews, 6 of the children had shown an improvement with their proximal stability and ball skills. By the second year a further 11 children had shown an improvement especially with short term memory, proximal stability, ball skills and motor planning and self organisational skills. Similarly, by the third year a further 14 children had shown an improvement in these skills.

Many of the parents who had returned to reviews verbally commented they considered that the improvement and maintenance of their children's scores was due to the fact that their children now carried out more activities both at home and at school. The children had more confidence and were also more willing to attempt new sports.

It was very encouraging that 96% of the returned questionnaires stated that self confidence and self esteem had remained improved. The importance of self confidence and self esteem has been discussed by several authors - Portwood (1999), Lee (1998), Addy (1996), Portwood (1996), Lee & French (1994) and Laszlo & Bairstow (1987). Previous reports have also noted an improvement in self confidence and self esteem following treatment, (Lee & Smith (1998), Addy (1996)). However, there have not been any reported to date, commenting on the improvement in self confidence and self esteem having been maintained over a period of time.

Discussions with those parents whose children returned for annual reviews revealed a willingness by their child to attempt and to participate in new activities. This, in turn, had appeared to improve the child's self confidence and self esteem. Many of the children were also reported to have won a number of awards and certificates, as well as being chosen to play for teams both at school and at sports clubs. This had not only further boosted their self confidence and self esteem, but had also, reportedly, won them respect amongst their peers. The children stated that following the treatment programme they were finding it easier to be accepted by their peers and to make friends.

Parents also reported that they now more readily accepted the fact that their child "would never be a wonderful athlete or fantastic at sports". The parents reported that they felt their children had other qualities which could be built upon, such as a very good imagination or being good at art. Their expectations had altered. Some parents believed that this had decreased the stress placed upon both their child and themselves. There had also been a greater understanding of their child's abilities and inabilities both from themselves and teachers. This, in turn, had made the child feel less threatened by failure and more willing to attempt new tasks. This had further improved the self confidence and self esteem of their child in that they could now attempt activities without feeling threatened by failure.

Interesting results were revealed concerning whether the parents were happy with their child's progress. It had been expected that those who had not returned for review would report that they were happy with their child's progress. However, over half of those who had not returned (13 out of 20) reported that they were not happy. These parents reported that the main reason they had not returned for a review were that they did not relate the current difficulties as being physical in nature. They did not consider that physiotherapy would be beneficial, despite continuing to have concerns.

The remaining parents (7 out of 20) who had not returned for annual review stated that they were happy with their child's physical progress and therefore had not considered it necessary to continue with them. The authors were disappointed that the parents had not been in contact with their physiotherapist to either inform them of the progress, or to obtain an updated checklist in order that they could continue to monitor their child. Only a couple of parents reported that they never appeared to have the time or that they forgot to make appointments for the annual reviews. This would, therefore, indicate that parents do not perceive annual reviews as always necessary. However, a proposal which may allow the physiotherapist to keep in contact with the child would be to have a supplementary questionnaire. This could then be used to gain information on the progress of any child who did not return for reviews.

In the section of the questionnaire relating to the concerns that they had, all parents who completed this section, revealed that their worries were related to school work. The difficulties encountered with school work included:

- poor spelling,
- poor reading,
- poor short term memory
- difficulty with mathematics .

This reinforces the importance of continued assistance in the school classroom. It also suggests that, whilst physical abilities had generally remained improved, difficulties with school work had become more apparent and consequently more important. Many children (33 out of 53) were being seen regularly by a special needs teacher, either at school or privately. This further highlights the importance of continued close liaison between the physiotherapist, class teacher and the special needs tutor to ensure that children with Dyspraxia are supported and monitored throughout their school years.

Three (3) of the non returning parents, had also commented that they additionally had concerns about their child's physical abilities. These three parents indicated that they had not returned for a physiotherapy review because they had either not found the time or had felt that they could carry out at home the activities which had been shown to them during the treatment. Two parents had reported the latter reason and also stated that with the input they had given, their child was making progress with the physical difficulties. These parents also commented that had difficulties continued, they felt confident that they could contact the first author for further assistance. This could, therefore, suggest that one of the vital roles of the physiotherapist is in educating the parent so that they are able to identify difficulties and have some knowledge on how to assist their child with these as they arise.

The 12 children who required further courses of treatment represented 20% of the original study. The parents of 8 of these children, reported that difficulties had become apparent again during a sudden growth spurt between the ages of 7 to 8 years. Significantly, the fact that difficulties can manifest themselves again during growth spurts has been previously reported by Lee & French (1994) and the comments made by the parents would confirm this.

Eight (8) of the children from the whole study had been reviewed by the first author. However, four (4) of the children who had required further courses of treatment had not returned for reviews and had been seen locally as the first author's practice was considered to be too far away.

One of the main areas that the authors wished to ascertain was the usefulness of the long term management programme. The programme consists of the following:

- An annual assessment of the child
- A checklist for parents to complete on a monthly basis. This is to ensure that the newly acquired abilities remained at an age appropriate level. Parents were asked to complete a list of activities and to ensure that the scores fell between a range previously set by the physiotherapist. The scores used have been documented by Lee (2000) and (1996). An example is given in Appendix B.
- Advice on activities for the child to carry out ranging from additional sports, recreational activities and hobbies. The purpose being to provide an interest, maintain newly acquired skills and muscle strength, promote confidence and encourage social interaction.
- The first author's contact number for the parents, if they became concerned about their child during the year or the scores taken from the checklist fell.

The purpose of the monthly checklist was for parents to monitor their child's progress so that if scores and abilities fell then early intervention could be initiated. It was found that 16 parents of the whole study did not complete the checklist. It had been hoped that the parents would be keen to continue monitoring their children's progress. Ten (10) parents from the whole study reported that the checklist was particularly hard to complete as the additional tasks were not part of a daily or weekly routine. There was also no requirement or arrangements to give regular feedback.

The following questions therefore, still remain as to:

- (i) the necessity of completing the checklist monthly or whether a different form of regular monitoring is required?
- (ii) whether parents should return the completed checklist at predetermined periods of time (e.g. quarterly or half yearly)?

Moreover, with so many parents (52 out of 53), commenting that they were happy with their child's physical development any increased regular monitoring from the physiotherapist would not seem necessary. However, the periodic returning of a completed checklist **would** be useful in order to maintain updated information on each child's general progress.

One positive feedback concerning the checklist was that some parents reported that it had been used when concerns about their child's progress had been raised. It identified whether the scores had fallen and indicated that a physiotherapy assessment was required in order to ascertain if further treatment might be needed. These parents also reported that they had sought help quickly.

The above comments would also suggest that even though the checklist was not completed regularly it had guided parents to act promptly to arrange for additional input if the child began to experience difficulties. As such, one of the main purposes of the checklist would, appear to be as a prompt for further management of the child rather than being used as a means of regular monitoring.

The study also showed that apart from 2 children from whole study, the others were all carrying out additional activities or sports outside school. Most children had reported during their initial assessment that they participated one or two games lessons at school every week but that they did not participate in regular sports clubs or teams. During the physiotherapy programme the children had been encouraged to attempt additional activities but of no more frequency than once or twice a week. In this subsequent study it appeared that the children who carried out additional activities (51) confirmed that they had not carried out more than 2 activities a week. However, the 2 children who did not carry out additional activities reported that they participated in daily sports and activities at school and this was considered to be more than sufficient. The most popular activity reported was swimming followed by football. Parents reported that whilst their children may not have actually been in teams or representing clubs, they felt that the children enjoyed the activities and the social interaction.

The study also identified that the children were participating in other several interesting hobbies such as ten pin bowling, archery, chess, dance and drum playing. Eighteen (18) parents from the study, reported that these additional interests had stopped their children from constantly watching T.V. and that they had encouraged them to pursue them further. Forty three (43) children also commented on badges, certificates and shields being won following the treatment programme.

Ten of the children had even become “sportsman of the year” at their school. This achievement had improved their self confidence and self esteem tremendously. It also made the children even more willing to attempt new activities and be readily accepted by their peers. These are important factors. One of the dangers of poor self confidence and self esteem is that children will stop trying to achieve. Consequently at school this *could* lead to failure, truancy and in some cases juvenile delinquency (Portwood, 1996 and Laszlo & Bairstow, 1985). Something it is hoped will be avoided in these children because of the positive characteristics reported and described above.

Conclusion

The study revealed a number of encouraging aspects. Firstly, for those reviewed, nearly all the children had continued to improve upon the scores for their gross motor activities, ball skills and short term memory. Also the motor planning and self organisational skills.

The fact that the children’s self confidence and self esteem had improved and even continued to grow was very reassuring, especially for the parents. Furthermore, the children, in general, reported being happy with their own progress and achievements. They reported having become more readily accepted by their peers. Many also reported that they now found it easier to make friends. This showed that the children were not the loners that they had appeared to be at the outset. This alone is an important factor, as recent studies have revealed that adults who did not receive treatment now complain of poor esteem and loneliness (Portwood, 2000 & 1999). It is therefore necessary that these children not only receive the initial treatment programmes they so desperately need but also the post physiotherapy monitoring which ensures that any difficulties manifesting are quickly resolved. This, it is hoped, will then prevent a fall in self esteem and self confidence which could, in turn, prevent the consequences mentioned above from developing.

The study also showed that parents were happy with the physical development of their children. Moreover, that they themselves had gained confidence in knowing how to deal with their child if difficulties did return and what activities were useful to assist them. However, several parents also reported that difficulties and concerns with regards to school work remained. \thus, it is vital that these children have the support of their class teacher and the special needs department, both in the short and long term.

The use of the long term management programme showed encouraging results. The children that had continued to carry out additional activities and hobbies demonstrated a number of positive outcomes. Furthermore, although the monthly checklist had not been completed by every parent it would appear that it does have a role to play. Especially in enabling parents to monitor their child’s scores when concerns are raised.

Thirty three (33) children of the whole study had continued to come for annual reviews but 27 had not. The parents of the latter had, apparently, either been happy with their child’s progress or not considered that physiotherapy could assist with any current difficulties. However, a comment made by some parents was that it was a comfort to know that, if they had concerns, they could contact the physiotherapist. It would therefore, appear from these findings that not all children require constant annual reviews or monthly checks by their parents. Perhaps it is sufficient that, if the parents do become concerned with their child’s physical abilities, they can easily arrange to return to the physiotherapy department.

The subject group in this study will **continue** to be **monitored**. It is further hoped that more long term data will be obtained and published. There is definitely an on going need to confirm that, in the long term, physiotherapy is and remains an extremely effective form of treatment for Dyspraxia.

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Acknowledgements

The following people are thanked for their assistance:

Dr. Madeleine Portwood

Lizzy Walsh

Ivor Ganley

Appendix A

Questionnaire completed by all parents

Please complete the questions below. In most cases only a Yes or No answer is required.

1. Are you happy with your child's progress?

2. Do you have any concerns about your child's progress?

If yes: Is this related to school work? Please explain:

Is this with physical ability or with sports?

any other concerns?

3. Is your child happy with their own progress? Yes

Please explain and give details on their current self confidence and self esteem:

4. Have you managed to continue to come for physiotherapy annual reviews?

if "no" is this due to:

- (a) You are happy with your child's progress and do not consider it necessary?
- (b) it has been recommended that annual reviews are no longer required?
- (C) other - please elaborate

5. Has your child required further courses of treatment from the initial programme?

If “yes” was this:

- at the Lee Medical Practice
- by another physiotherapist
- by another professional - please state

6. Do you manage to carry out the monthly physiotherapy checklist given to you at your last review?

If “no” please why this has not been possible:

7. Does your child carry out regular additional sports/activities/hobbies which had been recommended to you at your review?

If “yes” please state which ones:

Please move to question 8

If “no” why has this not been possible

Do you alternatively, carry out any exercises or activities from the home programme?

If “no” please explain

8. Do you have any further comments concerning the physiotherapy long term management programme, your child’s progress or any achievements your child has made since your last review?

APPENDIX B

An example of a checklist given to a 5 year old child

CHECK LIST

Name:

Date of Review:

Instructions:

It is recommended that this checklist is carried out once a month to ensure that your child has maintained the level of progress as from his last review. Your child should be able to carry out the following tasks as are described and achieve the stated number. If your child's scores fall below the recommended scores please call the practice.

Shoulder control:

Wheelbarrows:

Ask your child to place their hands on the floor with the arms straight and lift the legs. You should hold your child at his/her ankles. Their hands should be pointing directly in front of them and the pelvis not sway side to side or with a flexed posture. The hands should also not land heavily on the ground. Your child should be able to achieve between 60 - 80 steps.

Pelvic control:

Standing on one leg:

Ask your child to stand in the middle of a room on one leg. He/she should be able to keep the lifted leg away from the weight bearing one. Your child should be able to hold the position for between 8 - 10 seconds on either leg.

Walking backwards on the knees:

Ensure that your child can walk backwards on his knees with 15 steps without wiggling his/her bottom

Eye hand co-ordination

Ball activities:

Ask your child to throw and catch a football to you 5 times. He/she should be able to throw the ball with good direction and catch the ball away from their body. Also ask your child to throw and catch the ball to themselves with two hands and bounce and catch the ball to themselves 5 times. With all the ball activities your child should be able to achieve the tasks 5 out of 5 times

Eye foot co-ordination

Kicking a ball:

Kick the ball to your child and ask your child to trap the ball and kick it back to you 5 times. Your child should be able to stop the ball 5 out of 5 times and kick a ball with good direction and force.

Active trunk extension

Aeroplane

Ask your child to hold the following position: lying on their stomach with the arms kept beside their body and keeping their legs straight, lift the legs, shoulders and the head. Your child should be able to hold the position between 10 - 15 seconds.

Active trunk flexion:

rolled up ball:

Ask your child to lie on his/her back and lift his/her knees onto their chest. Your child should then hold the knees and lift their head. Time your child. Your child should be able to hold the position for 10 -15 seconds without rolling to either side.

Memory

Ask your child to complete the following (you may change the order, activity and number each month)

Verbal: 3 claps, 3 hops and 3 jumps

Visual: show your child taking 2 steps forwards, go around in a circle and jump once in the air.

Your child should be able to complete the tasks 3 out of 3

Planning and organisational skills

Ask your child to explain and then demonstrate one of the following. Please ensure that with making a cup of tea or coffee that “play apparatus” is used. Alternatively you may ask your child to make a milk shake or a sandwich.

Your child should be able to complete the task with 6+ correct sequences for making the tea/coffee or 4+ for the squash or milk drink.

For making a cup of tea the sequences should include:

- filling the kettle with water and boiling the water
- getting a cup and placing a tea bag or coffee in the cup
- pouring the water into the cup once the water has boiled
- taking out the tea bag
- adding milk and sugar (if required), stirring
- giving it to the parent or drinking it themselves

For making a milk shake or squash drink your child should include the following sequences:

- getting a glass
- pouring a small amount of squash or milk shake mixture into the glass
- adding the water or milk
- drinking it

For making a sandwich your child should demonstrate the following sequences:

- getting out a plate and knife
- getting the spread/butter, slices of bread and filling
- spreading the butter onto the bread
- placing the filling on top of one of the slices of bread
- Are there any problems placing the other slice of bread on top
- eating it

Spatial awareness

does your child knock into objects or furniture or other people?