

NEWSLETTER

Importance of Sensory Integration

Understanding Sensory Issue In Young Children



A Mridangam Player's Unique Capability



What is Sensory Integration (SI)?

We experience the world through our senses where our brain receives inputs from the environment through the sense organs. It processes the information and sends signals to our body, which in turn reacts accordingly. The manner of reception of these sensory inputs affects behaviour. Sounds simple! But it's a highly complex process. If there is any 'hindrance' in the process it shows up as problems in behaviour and in learning. This issue of our newsletter focuses on Sensory Integration. Experts who have contributed articles are Paediatricians and Occupational Therapists who write in detail about Sensory Integration and what happens when there is a Sensory Processing Disorder.

The Editors



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#Dyslexic Advantage makes me...



Karthik,
B.Com Hons.,

A Cash Management Analyst with Royal Dutch Shell

I completed Class 10, State Board, from Ananya and Class 12, State Board from Ramakrishna Mission High School. I graduated with a B.Com Hons., in 2015. I have completed the first level from Chartered Institute of Management Accounting and am now doing the next level.



P S Dharshana Vadivelan,
B.E (Mech)

A Business Development Associate with Byjus (Think and Learn Private Limited)

I passed Class 10 and Class 12 from State Board. I have a BE (Mech) from Panimalar Engineering College and an MBA from Amity University, dual specialization in Marketing and Finance.



Vilasini Diwakar

In Memoriam

We deeply regret to announce the demise of Vilasini Diwakar, who has contributed significantly to the cause of special education. She began her career as a trainee in the year 1998, and moved to Ananya, our full-time learning centre where she taught children in primary and secondary classes. Counselling was her forte. For about 15 years, she counselled children at Madras Dyslexia Association, as she simultaneously took up administration responsibility and set up MDA's office structure. She played a pivotal role in bringing Madras Dyslexia Association to the current vibrant position.

In later years, she took up the cause of Resource Rooms and established the first one at Vanavani School, IIT Madras. Today we have over 75 resource rooms. She then took up the joint responsibility for Training and Resource Rooms as Head, Academic Operations. During this period, she organised large-scale training programmes and expanded the Resource Rooms to Hyderabad also. She played a key role in putting together our digital training content that is now available on NPTEL platform. Already, over 5,500 persons have been trained under this scheme.

Last year, Vilasini decided to slow down due to failing health but continued her association with MDA as Honorary Assistant Secretary.

Vilasini was known for her meticulous planning and execution skills. She remained a reference point for anyone, when in doubt.

We will miss her.

D Chandrasekhar

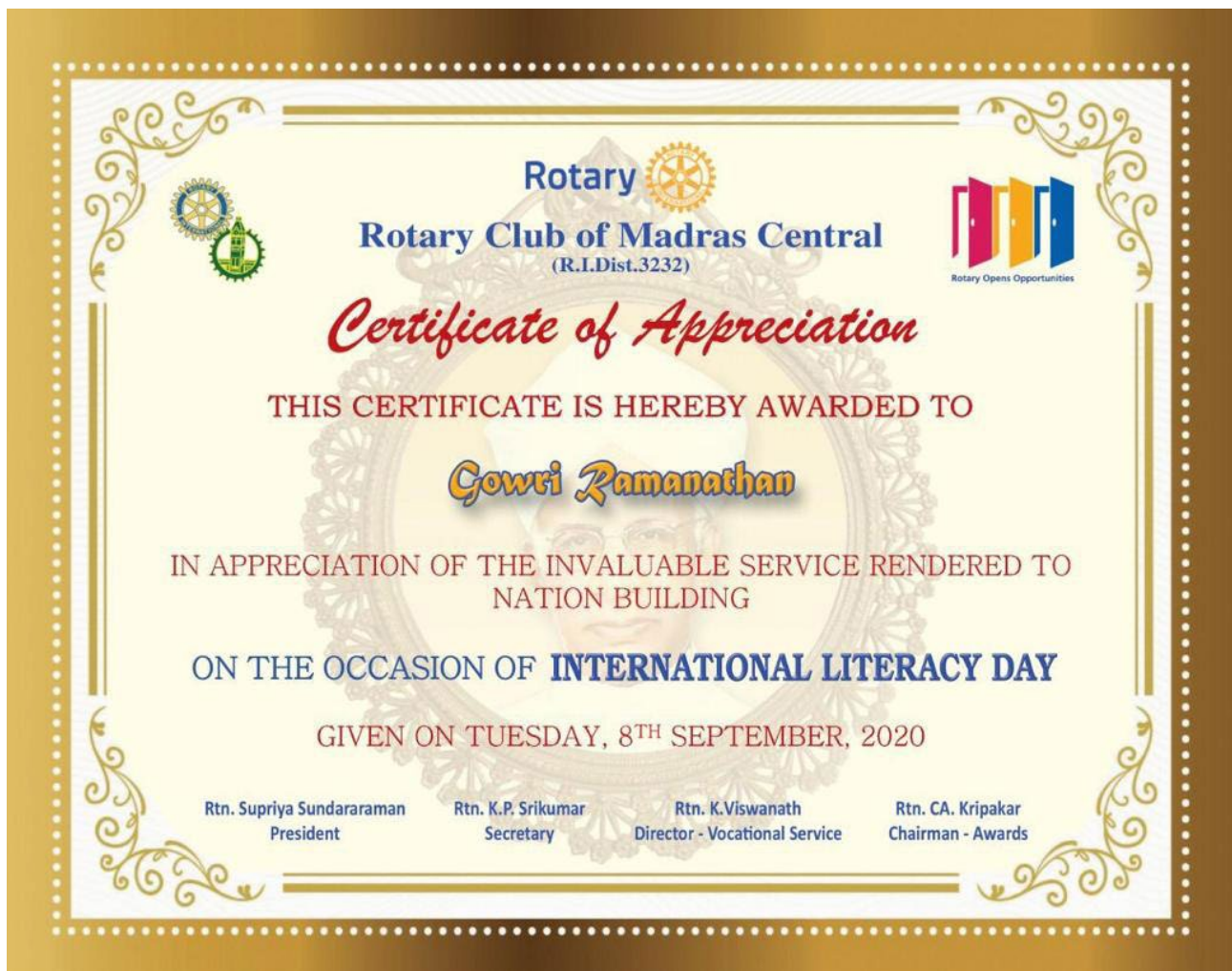
President, Madras Dyslexia Association



Gowri Ramanathan,
Principal, Ananya Learning &
Research Centre

MDA Special Educator Honoured by Rotary

The Rotary Club of Madras Central honoured Gowri Ramanathan, Principal, Ananya Learning & Research Centre, on 8th September, in recognition for her services to children with dyslexia. She was awarded a memento and a certificate of appreciation.





Dr Sai Sucheethra

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Sensory Integration Dysfunction- A Neurological Insight

Sensory processing is a function of the brain and the connections between the brain and the sense organs (visual, auditory, touch, smell and taste). It is the process by which sensory messages from different parts of the body are conveyed to the brain through neuronal circuits. The brain interprets these messages and brings about purposeful responses.

Sensory experience is happening constantly to each of us as we move through our daily activities. We receive all inputs through our sense organs such as vision for seeing - called visual perception functions, hearing - called auditory processing function, smelling, tasting, and touching - called tactile functions, movement and gravity called vestibular functions and body position-called proprioceptive function.

Each sense organ acts individually and also in association with other sense organs to bring about synchronized purposeful movements. For example, the child sees an apple with its eyes and this is conveyed to the brain as an image and the brain interprets the shape, colour and size of the apple as a "big red apple." The child reaches out, and picks the apple in its hands and this information of how far the child needed to stretch its hands to touch the apple is a proprioceptive function and the texture of the apple which is smooth are all interpreted by the brain as a "big red apple which is smooth in texture."

In simple terms, the ability of the brain to perceive and interpret objects through the sense organs is called sensory function. The steps that were involved in this process are as follows: the child saw the apple and the retina (neuro-sensitive membrane in the eyes) acted as the sense organ receptor

that registered the information about the apple. The child then took the apple in its hands, here the touch receptors in the skin acted as the sense organ receptor that registered information about the texture of the apple. Each of these sensations travelled from these receptors where the first contact happened through specialized nerve bundles in the spinal cord to the brain or directly through other pathways to the brain. The brain processes the information by integrating (sensory integration) other higher functions such as memory, logical reasoning, motor planning, etc. to accomplish the end result of either the child acquiring the apple or asking the mother if they can have the apple or deciding to eat the apple.

This process of sensory perception at the receptor level to the decision of how to respond with a purposeful act is called sensory processing and integration. In each step, various sense organs are called into play and this is necessary for successful completion of any activity. In everything we do, messages are constantly being sent and interpreted by our system in order to allow us to proceed successfully.

Children, especially those with sensory processing disorder, experience an inability to respond appropriately to ordinary experiences. This means

that while information is sensed normally, it may be perceived excessively (called hypersensitivity) or very little (hyposensitivity).

The best medical practice recommends that early intervention with Occupational Therapy/Sensory Integration Therapy should be initiated from the onset of symptoms i.e. as early as 18-20 months as this is the period of neuro-plasticity where maximum positive treatment outcomes can be achieved.

In the Pre-primary level the way children cope with these differences depends on how well they have learnt to adapt to the learning environment. The key to successful classroom behaviour is teaching the child to cope with sensory differences- the sound of a bell, the noise during recess time, the food aroma

during lunch hour, the need to sit through a table-time task. These children may not do well in a school or in families where relationships are fast-paced, or where parents or teachers are too busy to give them more time.

When we provide equal and adequate opportunities, these children can cope well in inclusive mainstream schooling. It may also help to have shadow teachers for these children, to help them get individualized attention. An inclusive learning environment and additional supports in the form of special teaching techniques, modified learning spaces and extra staff can help children overcome sensory challenges and gain more skills to achieve their full potential.



Dr Lal DV Nair

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Sensory Motor Integration in Primary School Children

Sensory motor development has a significant impact on performance of children in primary school. This makes a school teacher aim to use their principles to enhance skills in math, reading, and writing. But, for students to acquire these academic skills, their foundational abilities of appropriate attention, behaviour, engagement, comprehension and memory have to be adequate. Changes in modern educational policy and multiple curricular standards have made our primary school learning expectations change considerably. Amidst this changing system, teachers are called upon to differentiate their instruction to support learning for each student, coupled with many students with learning, behavioural or attention deficits enrolled in routine classrooms but requiring appropriate application of differentiated instructions. Thus each classroom has a diverse population of students based on their background, learning abilities, and social skills. The academic diversity ranges from those identified as having special needs to those who are gifted. 2.8-6.5% of the typically developing children are also reported to have difficulties in sensory processing.

Expression of Parental Concerns

It is in this context, primary teachers are also bombarded with parental concerns like: "He's clumsy and frequently bumps into things," "She's a very picky eater," "He has emotional meltdowns when plans change," "She insists on wearing the same clothes every day," "He is very rough when playing with other children," "She can't organise her school bag and bring home all the things from school." All these descriptions parents give when talking about their children are mostly expressing difficulties in sensory integration. Often teachers and therapists try to educate them about the issue. But parents aren't always very interested in our terminology. They want to understand what is happening with their child and what to do about it.

Understanding sensory processing:

To get a perspective of what this is, we have to understand that at any given moment, our child's central nervous system is focusing, screening and interpreting information with many senses, all at the same time. E.g.: when our child is eating lunch at school, they use their sense of sight (also attention) to focus on getting the food into their mouth. Simultaneously, they use their sense of hearing to filter out the background noise to facilitate communication with a peer sitting next to them. Our child must incorporate their sense of proprioception to gauge where their mouth is in relation to the position of food and sense that their body is sitting on the chair. The sense of touch will process the texture of food while chewed. Our child's senses of smell and taste also play an important role in this process as the child smells the aroma of the food they are eating and connect that information with the task they receive while eating. If any of these senses gets over-stimulated or under-stimulated in the process of the meal, the food could end up on the floor. In a study, parents of children with versus without elevated Sensory Over Reactiveness (SOR) in school-age reported increased number of early and co-occurring internalizing, externalizing, and dysregulation

problems and lower concurrent adaptive social behaviours.

Sensory integration is the neurological process by which the brain organises sensory information from the body to produce an adaptive movement or behaviour. Sensory integration dysfunction is a common developmental problem, for which "sensory integration therapy" approach is most commonly employed in schools. Sensory integration disorders fall into three basic subtypes: Sensory based motor disorder (SBMD), Sensory modulation disorders (SMD) and Sensory discrimination disorder (SDD).

SBMD children struggle with postural movements causing problems like difficulty to engage in anti-gravitational activities, poor proximal joint stability, low postural tone, poor balance and endurance. Deficits in bilateral integration and in sequence activity requiring bilateral integration may cause inadequate coordination in the hands and feet resulting in poor performance in such sequencing actions in school, E.g.: playing ball and athletic activities that require speed.

SMD refers to over-responsive reactions or under-responsive reactions. Under-responsive means having too little response to sensory input, with awareness of a need for strong stimulus before the child can perceive sensory input. Sensory seeking leads to a severe craving for sensory stimuli in children. SDD primarily refers to difficulty in interpreting sensory inputs. Sensory integration dysfunction may lead to other issues, such as lack of attention, excessive activity, or emotional behaviour problems. The aforementioned problems may affect a child's performance in school and daily life. Collectively an issue with any of the above may technically be called as Sensory processing disorder (SPD).

Evidences so far for Sensory Processing Disorder in Primary Children

SPD "affects the way the brain interprets the information that comes in and the response that follows, causing emotional, motor, and other

reactions that are inappropriate and extreme". Though not formally included in DSM-5, research in SPD in the last decade had given some insight into the process involved. A study done in 8-11 year old children having SPD with Diffusion Tensor Imaging (DTI), which provided the index of integrity of connectivity of brain, showed minute structural differences in white matter tracts of the posterior part of the brain when compared with their normal counterparts. This shows that pathways involved in connecting the two sides of brain as well as different parts of the same side are involved. Many studies have found that performance of bilateral integration sequences tended to improve as age increased. When children in primary school were grouped age wise and assessed for postural movements there was no significant difference in postural movements among the children aged 5-6 and 7-8. Children aged 9-10 years had significantly better performance than the younger groups. Studies also showed that, as children grow from age 3-4 years to 5-6 years or from 7-8 years to 9-10 years, they develop better ability at sensory discrimination. However further development of this ability becomes a flat trend for children in the in-between age group- i.e, from 5-6 years old to 7-8 years. Our research done in CDC also point to the fact that it significantly affects the quality of life in children.

Research studies in the past have shown that inhibition will be attained fully by the age of 6 years and activity level decreases with age with sustained attention increasing with age with children between 8-10 years showing a rapid increase in attention. It was also found that primary school children had more positive emotion reaction than preschool children.

The "affect" and Senses

The representation that children with these problems do not perform well in class is an oversimplification and distortion of the actual facts without considering how the "affect" is connected to the sensory modulation. "Affect" means an instinctual reaction to stimulation that occurs before the typical thought

processes considered necessary for the formation of a more complex emotion. Every motor action is correlated with an affect. The prerequisite for the development of emotion is the way in which we perceive the "affect" internally. Likewise, every affective experience requires a sensory-motor perceptual process. Thus, affect and sensory processing are structurally coupled and it both influences, and is influenced by, sensory processing.

There are nine basic affects hard wired into our brain when we are born and all these affects have specific facial expressions at birth. By 3 years of age, using cognitive (thinking) capacity, a child develops the capacity to override these facial expressions. As their cognitive competence increases, by 3-5 years, children learn to separate affective responses from sensory responses. This makes it possible for the child to suppress expression of some affective responses. But if children are having any delayed motor/ disordered sensory system development, this process of development of mastery over affective projections in the brain is interrupted. Hence a young child cannot automatically process sensory information. They will have to consciously (NOT automatically) interpret these sensations resulting in the halting of emotional development. Children are then scolded for not "acting for their age".

Learning to read the child's affective signals correctly is a primary task to be taught to the parents. This communication can reduce frustration, fear, and other negative affective states. When dealing with children who have atypical responses to sensory inputs, the task can become difficult. What seems like enjoyment can quickly become overwhelming. What appears to be craving will suddenly become disorganized. What appears to be under-responsive, when stimulated, can quickly shoot into the over-responsive range. The ability to read the child is the basis of supporting the child to achieve consistent affective emotion regulation, and is a major developmental task to be largely accomplished by school age.

Possible Solutions

Sensory integration therapy (SIT) is a face-to-face therapy or treatment provided by trained occupational therapists using play-based sensory-motor activities and the just-right challenge to influence the way the child responds to sensation, reducing distress, improving motor skills, adaptive responses, concentration and interaction with others.

The therapist should screen for the problem of sensory integration dysfunction based on different criteria at different ages and in different categories. For an effective strategy, the therapist could design treatment according to different levels of difficulty for different ages coupled with how affect could also be taken into consideration, along with a psychologist, as needed. Sensory-based movement activities as done in many schools may be a good alternative for those with manageable issues, but SIT is to be opted for those who require face-to-face activity. Teachers can use one of the checklists, which are freely available, for children between 5-11 years.

General Classroom Organizational Strategies in Primary Schools

1. Sitting: Adjust chairs and tables to the proper height for each child. (Feet -touch the floor. Table height - just below the child's elbow and the fist rests under the chin.)
2. Math problem- Use graph paper to help organize math problems.
3. Writing:
 - Provide lined paper for writing assignments.
 - Pencil grippers for children if they have trouble using a mature pencil grasp.
 - Remind children to use their non-dominant hand to hold the paper.
 - If a child presses too hard on the pencil, give him a mechanical pencil.
4. Visual and auditory distractions to be kept at a minimum.
5. Present information in the child's best modality. Visual, auditory, or multi-sensory learning activities can facilitate understanding and memory.

Oversensitivity to Light Touch

They often prefer firm touch/pressure, which helps organize their behaviour. Hence do the following:

- Approach the child from the front to give a visual cue that light touch is coming.
- Use firm pressure to the shoulder or back, rather than a gentle hand placement or a rubbing to the sleeve, arm, or face.
- Place the child's desk out of traffic, towards the periphery of the room, so that the child has a good view of who is moving and where they are going.
- Place older children to the side or in back of the group. Crowded places and situations can cause unexpected bumps and brushes and cause discomfort.
- Put children "in charge" of the back of the line. The back of the line should not be viewed as a punishment, but as a place of worth.
- Children Who Need Sensory Input to Stay on Task
- Some children are "sensory seekers". They become more organized and attend better to a task upon receiving periodic movement input:
- Get the child to sit on a baffled camping pillow filled with a small amount of air/ on a tense therapy ball/ inclined seat support. This allows for movement without leaving the desk.
- Suggest five minutes of swinging or climbing during recess, prior to coming back to class.
- Provide some rhythmical, sustained movement (e.g., marching, washing desks, or bouncing), which can be organizing to the central nervous system.
- Ask the child to erase the blackboard or run notes to other children, to allow them to get some extra movement.
- Never discipline a "sensory seeker" by taking away recess privileges or physical education - you will intensify the random movements, fidgeting, and outbursts.
- Some children also need extra sensory input to their mouths and hands in order to organize their

behaviour, such as:

- Drinking from water bottles kept at desk.
- Chewing on a straw, a coffee stir stick, or rubber tubing placed on the end of a pencil.
- Fiddling with something in their hands (keep pack of “squeezies” handy; a “squeezie” is a small object that is soft and can fit in the hand, such as a soft ball, a koosh ball).
- Hanging by the arms on the monkey bars for 20-30 seconds at a time.
- Pushing/carrying heavy objects (e.g., carrying books, moving desks, or “pushing” against walls).
- Carrying a school bag on back weighted with books or bags of dried beans (this should be worn for only 15-20 minutes at a time, with an hour or two between wearing).
- A reading corner with a bean bag chair makes a wonderful place to escape from too much stimulation and get ready for more focused desk work. Children might enjoy reading or sitting under the bean bag chair more than sitting on it.



Dr Amrapali Lahiri

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Sensory Processing in Adolescents

In my 23 years of working experience, I have seen the approach to sensory processing difficulties undergo a sea of change, from a difficult to understand perspective to an established frame of reference for treatment. I speak from an Indian perspective, having started my career in pre-Google days, when the only way of learning was the National Library and the experience of learning from the children I worked with. I wholeheartedly give a huge chunk of credit of my learning to all the children that I have worked with.

Sometimes one is bound by the teachings of books and doesn't explore beyond that. It is often said that Sensory Integration Therapy does not work beyond a certain age. I agree that, from a brain development and neuroplasticity perspective, the development is very rapid in the early years. However, it can even impact teenagers and young adults. It is the medium of intervention that needs to be modified. Sensory processing difficulties are explained simply as when the brain is unable to organise all the inputs coming from the body's different sense organs (sight, smell, hearing, touch, taste), along with the three hidden senses (vestibular, proprioceptive and interception). This leads to poor execution of poor motor acts or poor motor response.

Poor sensory processing often leads to anxiety. In younger children it may manifest as tantrums or meltdowns. However, in young adults we often find the fixation for sameness or withdrawal from environments which are sensorially challenging.

I once worked with a young man who was diagnosed as having learning difficulties in childhood. Fortunately he had a nurturing family and school environment which helped him complete his college education and was given an opportunity to apprentice in his chosen field. While his work remained up to date, his social engagements were very limited. On regular interactions over a period of time, he revealed that he felt inadequately groomed, this led to a feeling of poor confidence in his peer group. On further exploration, the reason found was his inability to

tolerate the textures of clothing, socks and tags. While there was no pressure in the peer group to conform, he himself wanted to get past his discomfort. A major contribution in this journey was his ability to identify and name his emotions and talk about it. Thus, we began the journey of sensory integration which had a happy ending for all of us.

Sensory challenges in young adults often manifest as poor life skills or poor motor planning skills. The sensory systems not working efficiently lead to poor filtration of sensory inputs, self-regulation, poor body awareness and anxiety to name a few.

I would like to talk a little about self-regulation here. There is difference between self-control and self-regulation. While the former is primarily a social skill, the latter is related to emotions, behaviour and body movements when faced with a situation which is too tough to handle. The source of the problem lies in the body's nervous system. Some of the ways to enhance self-regulation are:

1. Awareness: for a person with sensory issues, this means being aware that "going to a wedding will mean lights, sounds and crowd". Talking about these things in advance will help the person to prepare and adjust in the given situation.
2. Developing coping skills: The first and foremost in this category would be to give a name to this emotion. (to give words to feeling)

Be observant about situations to zero down on triggers of sensory overload. In such a situation, there are two factors that need management:

first is the sensory and second, understanding how to change the caregiver's behaviour to positively impact the situation

3. Finding the comfort zone: Stick to things (strings, beads, fidgets) which gives adequate sensory feedback.
4. Being there for your child: Seek professional help when you want guidance for self too.

From a sensory perspective some of the things that help are:

1. Proprioceptive inputs: Deep touches, deep pressures are calming. Use of weighted blanket or jackets can be helpful.
2. Vestibular inputs: Slow rhythmic movement motions soothe the nervous system. Slow rocking on a rocking chair or hammock can be organizing.
3. Music: For people who do not have auditory sensitivity, the listening program helps in calming and organizing.

I would like to end here by saying that there is nothing like 100% sensory integration. We all have sensory challenges, as long as they do not affect our functional skills, one does not need therapy.

சிறப்பு தமிழ் பதிப்பு

பயிற்சி

ஆர்.சி.எம்.சி - எம்.டி.ஏ ஆசிரியர்களின் முதலாவது டிஸ்லெக்ஸியா குறித்த மெய்நிகர் (Virtual) பயிற்சி இந்த மாதம் நடத்தப்பட்டது. இந்த விழிப்புணர்விற்கான பயிற்சியில், அசோக் நகரில் உள்ள பெண்கள் மேல்நிலைப்பள்ளியைச் சேர்ந்த 22 ஆசிரியர்கள் கலந்து கொண்டார்கள். ஆர்.சி.எம்.சி எம்.டி.ஏ.வை இந்த திட்டத்தை மிகவும் எளிமையாகவும், சிறந்த முறையிலும் வழங்கியதை பாராட்டினார்கள்.

கேந்திரியா வித்யாலயாவின் ஆசிரியர்களுக்காக நடத்தப்பட்ட திட்டத்தில், டிஸ்லெக்ஸியாவினால் பாதிக்கப்பட்ட குழந்தைகளுக்கு, வகுப்பறைக்குள்ளேயே எவ்வாறு வாசித்தல், எழுத்துக்கோர்வை, எழுதுதல் மற்றும் தேர்வுகளில் உள்ள சிக்கல்களை, அவர்கள் சமாளிக்க உதவும் வகையில் குறிப்புக்கள் கொடுக்கப்பட்டன. இதில் எம்.டி.ஏ அவாஸ் ரீடரை எவ்வாறெல்லாம் பயன் படுத்தலாம் என்பதைப் பற்றி செயல் விளக்கம் அளிக்கப்பட்டது.

சுவயம்பிரபா

சுவயம்பிரபா என்பது கல்வி அமைச்சகம் ஒளிப்பரப்பும்(MoE) அரசு திட்டமாகும். NPTEL, IIT கள், UGC, CEC, IGNOU, NCERT மற்றும் NIOS அளிக்கும் உள்ளடக்கத்தினைக் (content) கொண்ட கல்வித் திட்டங்களை 32 சேனல்களில் கல்வி அமைச்சகம் ஒளிப்பரப்பியது. மெட்ராஸ் டிஸ்லெக்ஸியா அசோசியேஷன் உருவாக்கிய கற்றல் குறைப்பாடுள்ள தொடக்கப்பள்ளி குழந்தைகளுக்கான தீர்வு வழிமுறைகள் பற்றி 2020 ஆம் ஆண்டு, ஆகஸ்டு மாதம் ஒளிப்பரப்பப்பட்டது.

அன்னியா கற்றல் மற்றும் ஆராய்ச்சி மையம்

அன்னியாவில் ஆசிரியர்கள், தொழில்நுட்பத்தை பயன்படுத்தி பல உத்திகளை குழந்தைகளுக்கு தனிப்பட்ட முறையில் திறம்பட பயன்படுத்தி வருகிறார்கள். ஹைட்ரா குழுவின் உதவியுடன், பல புலனாய்வு (Multiple Intelligences) அணுகுமுறைகளை தினசரி பாட திட்டத்தில் மிகவும் திறம்பட ஒருங்கிணைக்கப்பட்டுள்ளது. “சோரோப்டோமிஸ்ட்” ஆன்லைனில் ஆண்டுதோறும் நடத்தும் போட்டிகளில் இந்தக் குழந்தைகள் பங்கேற்று பரிசு பெற்றார்கள். இது குழந்தைகள் எவ்வாறு சூழ்நிலைக்கேற்ப தங்களை மாற்றிக் கொள்கிறார்கள் என்பதைக் காட்டுகிறது. நிகழ்ச்சியில் அவர்கள் பங்கேற்கும் சமயம் அவர்கள் காட்டும் உற்சாகம் இதனை மிகவும் தெளிவாக உணர்த்துகிறது.

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எம்.டி.ஏ இ-ஷிக்ஷனம்

இ-ஷிக்ஷனத்திற்கான பதிவு

5000 ஐ தாண்டியது!

Happenings in MDA

Training

The first batch of RCMC - MDA Teachers Virtual Training on dyslexia was conducted this month. It was an awareness programme that was attended by 22 teachers from the Ashok Nagar Govt. Girls Higher Secondary School. RCMC appreciated the ease and effectiveness with which the facilitators conducted this programme.

In the Awareness Programme conducted for the teachers of Kendriya Vidyalaya, teachers were given tips on how children with dyslexia can be accommodated within the classroom to help them cope with difficulties in reading, spelling, writing and examinations. It included a short demonstration on the use of MDA Avaz Reader App.

SwayamPrabha

A Ministry of Education (MoE) project, it is a set of 32 channels that telecast educational programmes based on content provided by NPTEL, IITs, UGC, CEC, IGNOU, NCERT and NIOS.

Remedial Instructions For Primary School Children With Specific Learning Difficulty developed by Madras Dyslexia Association was telecast in August, 2020

Ananya Learning & Research Center

Teachers have been using technology effectively to deliver individualised remedial strategies to the children. Under the guidance of the Hydra team, Multiple Intelligences approach has been integrated into the daily lesson plan very effectively.

Children from Ananya Learning & Research Center participated in the annual inter-school talent contest "Soroptomist". This year it was held online.

In the Junior category art competition, L. Ayush was awarded the 1st prize for his art entry on the topic "My travel Experience".

Congratulations to all the participants.

Know Our Donors

Published below is a letter from the President,

Guru Krupa Foundation

<http://www.guru-krupa.org/>

It gives us much pleasure to partner with MDA in developing solutions to provide support to dyslexic children. GKF (www.guru-krupa.org) is a grant making foundation based in the US that partners with local organisations in India and the US to financially support projects that align with their goals.

One of our important goals is to do what we can to contribute to the well-being of children everywhere. We support orphanages, and low-income schools all over India, and have recently extended our focus to help differently abled children as well. Consequently, our partnership with MDA fits in well with our extended focus.

MDA has been working in the area of providing support to dyslexic children for a number of years, and has come to be seen as a very valuable resource by the associated stakeholders like parents, teachers and the school management. While MDA's programs

have had a great deal of impact on the lives of dyslexic children and their stakeholders, there is more that can be done.

One of the problems with dyslexia is that it is generally identified only by the time a child turns 8 years or so. If it could be identified earlier, early intervention methods could be used to greatly diminish the child's handicap.

The partnership between MDA and GKF is a means to address exactly

this need. MDA will contribute the expertise needed to develop such an early intervention program, and GKF will contribute the funds needed to develop it. By this means, we hope to be able to positively affect the lives of many more children who suffer from this condition.

E-shikshanam -
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MDA e-Shikshanam

Registrations for
E-shikshanam crosses
5000!

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