

NEWSLETTER

Seminar – Day 1



Keynote Address

Geetha Shanta Ram

Director, SpLD Assessment Services, English Language and Literacy Division & Staff Professional Development Division, Dyslexia Association of Singapore (DAS)



Assessment & Early Intervention

Massarath Khan

CEO, Maharashtra Dyslexia Association

Role of Cognitive Play in the Cognitive-Social-Emotional Development of School Going Children - A Complete Perspective
A Panel Discussion



Maya Gaitonde



Geetha Raghavan



Vinita Sidhartha



Priya Gopalen



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Dr Anuradha Srinivasan

MD (Paediatrics) PG Diploma in Developmental Neurology

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Dr Giridhar

Educationist, Teacher Trainer, School Psychologist, Special Educator, Consultant



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SK Anandalakshmi

Clinical Psychologist, Lecturer, Dept. of Clinical Psychology, National Institute for Empowerment of Persons with Multiple Disabilities, Chennai



Understanding Impact of SLD on Behaviour

Dr Venkateswaran

MD Psychiatry, Fellowship in Child and Adolescence Psychiatry, Consultant, Child and Adolescence Psychiatrist



Relevance of Occupational Therapy in SLD Intervention

Dr RS Bagga

M.O.T Neurology, Certified S.I Therapist, Director, Therapy for Ability, New Delhi



Insights from this Symposium

Harini Mohan

Chief Operating Officer, Academics, Madras Dyslexia Association

The much-awaited National Symposium on Dyslexia, organised by the Madras Dyslexia Association (MDA) was held on 21 and 22 of January. This year was particularly significant as it marked the thirtieth anniversary of the founding of the MDA.

The chief guest, Ramji Raghavan, founder of Agastya International Foundation, the world's largest mobile and hands-on science programme, made the inaugural speech. His insights, beginning with the 'Aha' moment, were thought-provoking. The audience appreciated that he was going to lend his rich experience to work with the MDA.

This was followed by a brilliant and very comprehensive talk given by the keynote speaker, Geetha Shantha Ram, Director of SpLD Assessment Services, Dyslexia Association of Singapore, who shared her vast and deep knowledge with the audience, comprising teachers and professionals working in the field.

The third speaker of the morning Mr Karthikeyan, Head, Department of Clinical Psychology, NIEPMD, Chennai, spoke very positively about the ground-breaking service MDA has been doing in the field of SLD.

It was a very inspirational and momentous morning for everyone and will be long-remembered.

The Editors



Geetha Shanta Ram

*Director, SpLD Assessment Services,
English Language and Literacy Division,
Staff Professional Division, Dyslexia
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The Promise of an Education

Education is opening future doors for present-day learners. Educational theorists have guidelines to determine how it is done. Awareness of the abilities, needs, interests and strengths of students has to be matched by the availability of an intervention that is flexible and student-centric. No one size fits all with education, especially when working with learners with Specific Learning Disability (SLD).

SLD is a broad term used to cover a spectrum of learning challenges, which impact language, literacy and numeracy acquisition in an individual who, although has been exposed to adequate educational opportunities, continues to face unexpected learning delays. SLD influences the way information is processed and acquired. Delayed identification of SLD impacts the timely provision of support, may lead to emotional distress, poor self-esteem and frustrations leading the individual to become withdrawn or develop further behavioural issues.

The challenge therefore, for parents, educators, schools and policymakers alike, is in moulding learners with dyslexia for the rapidly evolving future, in a world with changing intellectual and cultural mindsets and rapid technological advancements. This involves recommendations - keeping in mind the emerging themes - in and the aptness in intervention, the cascading impact of dyslexia on other academic subjects, continuation of support, grooming of talent and the undeniable impact of early identification.

While educators are always mindful of inherent strengths that augment the individual's development, they may be utilised to circumvent weaknesses also. This devises a balance between addressing deficits and supplementing strengths.

Individuals with dyslexia have significant abilities and strengths that need to be harnessed fully. Studies recommend that the unique strengths of dyslexics need to be nurtured. These traits are necessary for human evolution and a key advantage for the future of the human race.

Each child is unique and every individual with dyslexia has strengths, which must be identified and groomed into a life-serving talent. While endeavouring to assist them to overcome their challenges, the full learning profile, must be uncovered so that together, we can ensure inclusivity and assist learners by providing an equal and positive opportunity to achieve.

By better defining the diverse needs and expanding our views on the support that is required, the hope is schools, teachers, parents and the system can help learners with SLD discover opportunities to enhance their prospects and fulfil their future potential.



Dyslexia Assessment and Early Intervention

Reading problems commonly occur and affect as many as one in five bright and motivated students who have average or above average intelligence. Adult literacy problems are also common, affecting one in four who are intelligent, but have not been able to attain a functional literacy level.

Assessment is the first step in identifying these students early to make sure they receive the effective instruction they need to succeed.

Dyslexia is a specific learning disability that is neurobiological in origin. It is characterised by difficulties with accurate, fluent word recognition and poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge.

What needs to be assessed for dyslexia is embedded in its definition.

Neurobiological - Ask about family history on intake information forms.

Difficulties with accurate and/or fluent word recognition - Assess phonics mastery, and fluency.

Poor spelling - Assess spelling.

Poor decoding - Assess oral decoding (real and nonsense words).

Deficit in the phonological component of language - Assess phonological processing.

Problems in reading comprehension and reduced reading experience - Assess reading comprehension and receptive vocabulary.

Diagnosis is NOT about 'labelling' children with a disorder. The sooner dyslexia is diagnosed and intervention provided, the more likely children will be able to reach their potential.

If unattended to, it tends to grow more problematic with passage of time. It takes four times as long to intervene in fourth grade as it does in late kindergarten because of brain development, and because of the increase in content to be learnt. Hence, early intervention is essential as a child's formative years, till age 8, are the most crucial for cognitive, emotional, social and physical development.

Most importantly, early intervention should begin with, and focus on, developing phonological and phonemic awareness skills i.e. development of strong phonemic awareness skills and master letter-sound identification.

Dyslexia DOES NOT go away but children with SLD can be taught and trained to deal with it in their own terms using their strengths to achieve and make up for the discrepancies.



Dr Anuradha Srinivasan
MD (Paediatrics) PG Diploma in
Developmental Neurology

Markers at Birth that Indicate a High Risk Towards Developmental Delays

There are a few markers that could be looked for immediately after a baby's birth that indicate Specific Learning Disability. A low APGAR score that indicates the need for neuro resuscitation could raise red flags. Other factors also play an important role in the child's development.

At-risk babies are those who have a high possibility of having any kind of a developmental disorder or delay. Early intervention is extremely important as the first 3 years is a critical period for their development. During this period, new neurons emerge making the child receptive to intervention. Parents need to be counselled and advised to be regular about follow-up and intervention.

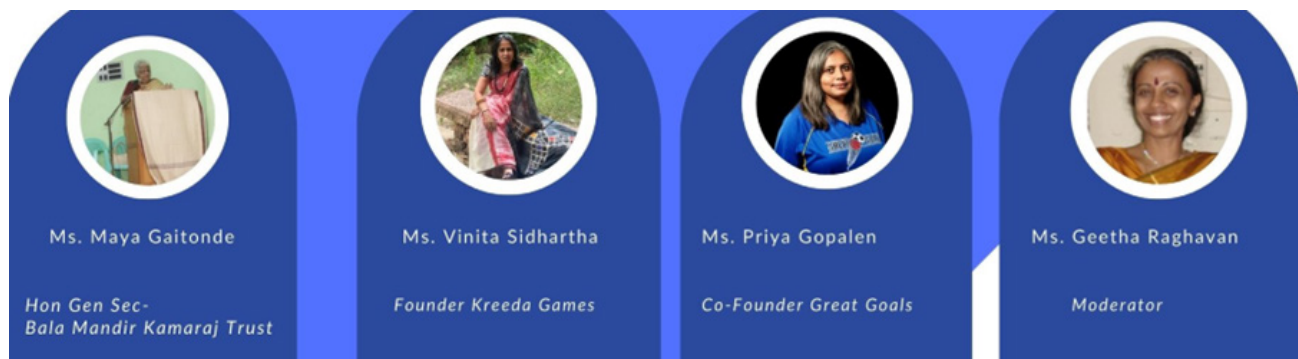
Maternal health is one of the significant prenatal risk factors. Hypertension, diabetes, infections, maternal drugs, obstructed labour are some of the issues that could impact neurological development. Family history also indicates the social risk factors which include low level of literacy of the parents, poor maternal nutrition and maternal stress.

Stormy neonatal history is a pointer to a child being in the at-risk category. Birth asphyxia limits the supply of oxygen to the brain and is hence detrimental. Seizures, high levels of jaundice, premature birth and low-weight birth, other ailments like hypoglycemia, and infections like meningitis and sepsis are significant risk factors. Genetic syndromes, major malformations and congenital disorders lead to various conditions which cause learning difficulties.

Periodic follow up at regular intervals are vital. The team for follow up includes neonatologist, developmental pediatrician, specialists, therapists, psychologists, special educators and preschool teachers. The preschool teacher is a vital person to help identify a child at-risk for dyslexia.

Awareness of the risk factors for developmental delay, early identification followed by early intervention is very critical.

Role of Cognitive Play in the Cognitive-Social-Emotional Development of School Going Children - A Complete Perspective - A Panel Discussion



Maya Gaitonde: At Bala Mandir, children are not made to play to learn, but just learn through play. They learn from the choices they make while at play. The school has a curriculum and children follow it in their way and at their pace. Each child is creative in their own way. Hence, in place of being instructed on how to play, they should be allowed to do it in their way. This way, they develop self-confidence. Play helps children develop social, interpersonal and communication skills. However, it is unfortunate that today children do not have sufficient time to play.

Geetha Raghavan: Play should hence not be conditioned as it would kill creativity.

Vinita Sidhartha: Kreed Games has been working at reviving traditional games for the last 20 years. Traditional games should be encouraged all across generations, across all ages instead of age-wise restrictions. Each game brings out a skill. Traditional games are rooted in basic beliefs, the need to align and protect. When at play, the reality of the world is suspended and is replaced with the reality of the game. In a game one can make mistakes and get a chance to play again, however, in the real world, mistakes have lasting consequences. A game gives the child opportunities to experiment with strategies.

It sharpens skills of calculation, eye-hand coordination and is also a space for meta-thinking.

Geetha Raghavan: Play imparts skills alongside joy. As it develops the ability to deal with a situation and supports emotional development, the teachers should make time for play inside the classroom.

Priya Gopalen: Outdoor sports offer freedom to the children. Besides sharpening the intricacies of playing the sport, essential physical factors like body control, balance, strength, power and agility are nurtured. Team players arise from the sports arena, respect each other and work with trust to reach the goal. Visual and spatial skills are continuously developed in the sports field. Life skills like thinking on the feet and split-second decision-making are also honed by outdoor games. Teachers must encourage their students to play.

Geetha Raghavan: In a conflict - My team vs Me, a sports arena always puts forth the strength of 'My Team'. It provides the best ways for a child to grow into adulthood with a balanced view, with creativity. The panelists urge the adults to say 'come play' and not 'go play'!



Dr Giridhar

*Educationist, Teacher Trainer,
School Psychologist, Special
Educator, Consultant*

Initiatives of Tamil Nadu Government Towards Timely Interventions for Children with SLD in Government Schools

The vision of the Government of Tamil Nadu for children with special needs is to mainstream education for them, from birth to 18 years, removing all physical, educational and psychological barriers and enable smooth transition.

There are early intervention programmes, in 127 Early Intervention Centres and 429 Block Resource Centres, which cater to the requirements of special needs in government schools. These have special educators, physiotherapists, speech therapists, occupational therapists, remedial teachers with appropriate resource materials. Children from mainstream schools are taken out for training, remedial programmes and go back to their schools once done. The facilitation for exemptions, concessions are also taken care of.

The initiatives for children with special needs include a working committee with rehab professionals, an internal quality control team which takes care of all the needs of the children. Every month the team meets to decide on the quality of work happening in the schools. The digital tracker for all departmental activities records all the dates and details which are monitored.

The inter-departmental convergence of the Ministry of Health, Department for the Differently Abled, Integrated Child Development Society, National Health Mission, Department of School Education and Education Management and Information System, works as a team to help and guide children with SLD towards further integration. They work towards developing universal standardised assessment formats, supporting the various development programmes, identification camps to identify children with special needs. They also collectively spearhead a single window data sharing system and the data bank, where Individual Educational Plans, the necessary

therapeutic plans, diagnostic certificates, financial benefits of all children are recorded and registered to help children with SLD access and acquire the appropriate services.

There is a sensitisation programme on the importance of early intervention and training programmes for parents to help them cope with the intricacies of bringing up a child with special needs. An orientation programme for the officials concerned is also conducted to educate and sensitise them while handling matters concerning these children. The Tamil Nadu app for foundation studies facilitates teaching of foundation maths and foundation language in all government schools.

The training programme on the awareness of Specific Learning Disabilities, the various remedial methodologies, execution of remedial programmes for all special educators and teachers, across all government schools in Tamil Nadu totalling 1,75,000 in number and orientation of officials involved in the state has been done in collaboration with MDA.

Children are also provided with need based digital learning devices, transport and escort allowance. For all girls with special needs a monthly stipend of regular money of a minimum amount is given by the government for them to come to school.

The findings of the specially constituted Commission for Specific Learning Disability inclusive of slow learners has been set up and is waiting for the government's response in a couple of months.



SK Anandalakshmi

Clinical Psychologist, Lecturer, Dept. of Clinical Psychology, National Institute for Empowerment of Persons with Multiple Disabilities, Chennai

Procedural Details to Avail of Accommodations and Concessions

Accommodation is a process, whereby inclusion strives to de-stigmatise the attitude and approach to SLDs. The Government of Tamil Nadu has been working continuously to improve the provisions and accommodations provided for children with SLD.

The Rights of Persons with Disabilities (RPwD) Act, 2016, is a very significant Act which has categorised SLD as a disability among others. It provides for admission, support and job reservations. The RPwD Act recommendations are mandated for all educational institutions. This includes that school should

provide all the support and detect SLD as early as possible, motivate pupils to avail of and utilise the full list of provisions and also modify the curriculum as is required for the child. It is also not just admission but also monitoring the participation.

Under the Right to Equality and Right to Non-Discrimination, institutions have to admit children with SLD without any discrimination. Inclusion plays a very important role, in classroom education. Recreation and sports provide an accessible environment. Schools should screen and detect SLD as early as possible, offer all the support, motivation and provisions for remediation. MDA has released a tool validated by NIEPMD which is used to assess the child in various points in time.

Sensitising the parent, assessing the level of their motivation and understanding is elementary. The child is referred to a paediatrician who rules out any visual impairment, hearing related problem, any other neurological or psychological or behavioural issue that is causing academic difficulty. The clinical/rehabilitation psychologist then does the assessment. There is no shortcut to the assessment and testing for Specific Learning Disability. NIEPMD then directs them to get the Disability Certificate and the Disability Card and guides them to avail the provisions listed.

The provisions are mainly compensatory time, use of calculator, exemption from language, maths with a compensatory subject of choice, either use of scribe or reader or prompter or two of the three.

MDA has been involved in the admission of children with SLD into institutions of higher learning under the Madras University and is the authorised agency for concessions to entrance exams for higher education courses like JEE and NEET. TNPSC, also has similar concessions and there is a provision for language exemption.

The Department of Adult Independent Living, NIEPMD provides a list of jobs and career choices and takes care of complete career counselling. It also suggests suitable courses for children with SLD on a case by case basis. The mindsets need to change and be open. No field is out of bounds for children with SLD. They should be able to get into any course of choice that they have an aptitude for and is available for others. Any person who has the Disability Certificate, issued by Medical Board/CMO can avail of the Special Employment Exchange Registration facility.

The Disability Court running in the State Disability Office, is equipped with cooperative legal personnel who give appropriate guidance in case of any anomaly or misstep.



Dr Venkateswaran

MD Psychiatry, Fellowship in Child and Adolescence Psychiatry, Consultant, Child and Adolescence Psychiatrist

Understanding Impact of SLD on Behaviour

Specific Learning Disability is a disorder in understanding or using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations.

The behaviour conditions, behaviour problems and disruptive disorders arise from the coping difficulties and the neuro-psychological impact of the effort to overcome chronic stress that SLD generates is the moot point here. Social and emotional difficulty and disruptive behaviours are highly co-morbid with SLD.

SLD is a neurodevelopmental disorder which if present with other disorders and co-morbidities, results in the child being very clumsy, with poor handwriting, tics, lack of social skills, emotional difficulties, disruptive behaviour patterns, poor social and communication skills and ADHD and ADD. In this, interpersonal adjustment is affected, understanding of others' emotions and body language is lacking. They are not flexible, interpersonally too sensitive, with functional difficulties like defiance, vindictiveness and tantrums leading to personality disorder.

It is necessary to manage these behaviours to prevent them from further impacting on the SLD conditions. To entertain, keep talking of bad/negative behaviour or to ignore, not appreciate good/positive behaviour is counterproductive. Steady and continued appreciation of each and every act of good behaviour will, over the years, slowly change the overall behaviour pattern for good. If the negative behaviour is reinforced and positive behaviour ignored all the time, by the time the child reaches adolescence there is a highly aggressive and behaviourally difficult child to handle, which will need medication along with therapy. It is in the appropriate positive or negative reinforcement that lies the key to managing behaviour.

In the treatment of ADHD, the universal guideline across the world is modification which is reorganising structural routine. This is a process not a treatment. Management advocates behaviour therapy and medication. Untreated ADHD leads to SLD, academic underachievement, neuropsychological outcomes, anxiety, eating disorders, addictions, stress, depressive syndrome, poor concentration, confusing the progress of remediation.

The early intervention team helps in remediation which is possible when identified at an early age as different from rehabilitation which is giving support. If identified early, remedy is easy. If not, props are paramount. That is the difference between remediation and rehabilitation.

It is important to focus on the child's inherent skills and talents, not to restrict the child because they are not studying and to give the child responsibility all around as a rule to help the child cope with SLD and manage behaviour.

Early identification, appropriate and persistent support and remediation do produce phenomenal outcomes.



Dr RS Bagga

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Relevance of Occupational Therapy in SLD Intervention

On the relevance of Occupational Therapy in handling children with Specific Learning Disabilities and in their intervention, we begin with learning. Learning is basically absorbing anything from the environment and responding to it, adaptively. Learning happens when the brain processes what it receives from the environment both physically and as awareness. Learning starts when the child is born, which means that learning difficulties also begin when the child is born.

As soon a child is born doctors do the reflex test which is the particular response that the brain gives when the child is tested with stimuli. This reflex test gives an idea whether the brain is working properly or not. Secondly, if the child is not able to achieve the milestones at the particular time or has skipped any milestone, it indicates that the child can develop a developmental disability, SLD in future. Everyone, the teacher, parent, paediatrician should follow, use, refer the age appropriate checklist of milestones

An Occupational Therapist can help achieve the milestones, besides minimising the difficulty in fine motor, gross motor and visual perception. All of which are instrumental in reading, writing and calculating, which may decrease the severity of SLD in future. Primarily, the key role of the occupational therapist is in monitoring and addressing the gaps in the sensory integration, of sensory processing which is the sensory stimulation and vestibular processing, which if not appropriate and is not directed properly, leads to SLD.

The most important factor in sensory processing is sensory stimulation which is specific stimulation for the brain to process. The brain is made aware of the senses of touch, smell, taste, sight and hearing, the external senses that produces a stimulus externally. Vestibular processing is the internal sense. It is the knowledge of the space around sub-consciously, how our bodies interpret movement, whether or not one

is moving, how quickly, and then in what direction is one moving in. It does not require any stimulus from the environment. Essentially it translates to one being aware of and responding to the environment one is in, physically. Together, the internal and the external sense constitute sensory processing, the key element in learning.

Addressing issues of sensory integration - Sensory Processing Disorder SPD, Sensory Modulation Disorder SMD, Sensory Over-Responsive to the stimulus SOR, Sensory Under-Responsive to the stimulus SUS, Sensory Credit SC - early on can reduce SLD. Lapses in fine motor skills, gross motor skills, visual perception, visual memory, visual attention, visual processing, pattern recognition, visual motor recognition and integration, postural control and brain gym are effectively all sensory integration which need to be very consciously, sincerely, continuously and painstakingly worked upon by the Occupational Therapist.

If sensory processing disorders are not dealt with age appropriately, it gradually becomes behaviour, leading to further problems. Behaviour modification and sensory modification both need to go hand-in-hand. The primary step in the remediation is acceptance by the parents and starting the remediation process immediately.



Harini Mohan

*Chief Operating Officer, Academics,
Madras Dyslexia Association*

Insights from this Symposium

It is nature with nurture. Nature is the difficulty that children with SLD have. Parents, accept it. Nurture is to provide a good environment, intervention, help. Parents, do this to the best of their ability.

Besides intervention in academics, it is essential to create a state of mind which makes children take in whatever we teach and, play comes very handy in this. Of the multiple benefits that we derive from play, many of the indoor traditional games involve fine motor muscles, gross motor muscles, spacing, spatial activity. All of them are needed for good handwriting, mathematical counting, planning, prioritising, control of impulsivity, which in turn enhances cognition and helps in executive functions. An occupational therapist goes a long way in helping these children acquire certain skills that they do not have.

Working with children with SLD is a team effort which includes, parents, teachers, special educators, and therapists.

Remediation happens through early intervention, identification and awareness. The checklist compiled jointly by NIEPMD and MDA has the provision to document the difficulties, to compare and to note the consistencies. The results will give an idea if the child requires a formal assessment that aids in remediation.

Happenings in MDA

Our Training Department organised the following programmes for mainstream teachers spanning across pre-primary classes to secondary school.

Awareness programmes

1. Hindusthan School
2. RMK Tiruvallur
3. Shishya
4. Abacus
5. Anandam Trust
6. Jaigopal School, Peravalur
7. Jaigopal Garodia, Annanagar
8. Noble Academy
5. Sri Natesan Matriculation Higher Secondary School, Manivakkam
6. L Beaar Matriculation School, Nerkundrum
7. VET Mudhichur
8. VET Madhavaram
9. VET Manali
10. VET Tirunidravur
11. VET Minjur
12. VET Vallur

Training programmes:

1. **6-day programme**
 - a. Prasanna Vidya Mandir, Chengelpet
 - b. VES group of schools (Korattur, Chrompet, Panjetti, Mathur, Perambur, Thiruvotiyur)
 - c. Shishya
 - d. Abacus
 - e. Chinmaya Vidyalaya
 - f. Sri Vidyalayam, Gobichettypalayam
 - g. Jaigopal School, Peravalur
2. **ELP**
 - a. Unity Public School
 - b. RKM, Mint (in Tamil)
3. **Pre-Primary**
 - a. KRM Schools
 - b. JM Public

Resource Room

The following schools have joined hands with MDA to enable support within the school ambience for children with dyslexia.

1. Two schools of VET group of schools
2. KC High-RR for pre-primary group
3. Sri Gokulam Senior Secondary School
4. Mahatma Gandhi School, T.Nagar

Ananya

At the fulltime remedial centre the following activities were undertaken in addition to regular remedial sessions.

1. Pongal celebrations
2. Dental camp

Conferences and webinars

1. Madras Dyslexia Association had the opportunity to showcase its contribution towards enabling dyslexia-sensitive society in its stall in G20-Education Summit on Jan 31 and Feb 1- 2, 2023. It was a meaningful exposition where the visitors got an opportunity to understand dyslexia, its impact on children and how they can be given support to cope with the academic difficulties that arise due to this neurological condition.
2. Harini Mohan was a speaker in the conference organised by Dr. Anjali Morris Education and Health Foundation, Pune.

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