



NEW2LETTER

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Left-handedness is a natural variation of human development and should never be mistaken for a learning problem. However, some left-handed children may also have specific learning disabilities (SLDs), which can affect their academic performance and daily functioning. Dyspraxia, also known as developmental coordination disorder, impacts motor planning and coordination, making tasks such as handwriting, dressing, and participating in sports more challenging. Similarly, SLDs affect specific areas of learning, including reading, writing, spelling, or mathematics, despite normal intelligence and adequate educational opportunities.

Early identification and intervention are essential to help these children reach their full potential. Teachers and parents should recognize that learning difficulties are neurological differences rather than signs of laziness or lack of ability. Classroom accommodations, occupational therapy, remedial education, and individualized teaching strategies can significantly improve outcomes. Importantly, forcing a naturally left-handed child to switch hands may increase frustration and interfere with motor and writing skills.

Schools must promote inclusive education by creating supportive environments that value diversity in learning styles. Raising awareness among educators and families can reduce stigma and encourage timely assessment. Every child deserves an opportunity to learn in a way that respects their unique strengths and challenges, ensuring confidence, academic success, and overall well-being.

The Editors

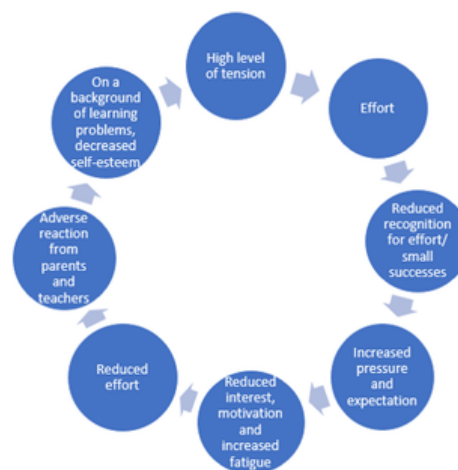


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Specific Learning Disability - Clinical Psychologist's Perspective

Introduction

Specific Learning Disability (SLD) refers to the presence of difficulties in learning that are not caused due to Intellectual Developmental Disability, sensory impairment, other mental or neurological disorders, psycho-social adversity or inadequate educational instruction (APA, 2013). There are several intervention programmes that focus on remediation for SLD. The review of literature indicates importance of phonological awareness and phonological skill training for improving reading and spelling skills in children (Anand, 2011; Moulya, 2018). Psychosocial variables associated with Specific Learning Disability based on the finding of the Indian studies and clinical experience of the first author, a model (Figure) was formulated which explain the vicious cycle that goes on in the lives of children with LD (Hirisave, 2003).



Indian model of intervention for Learning Disability.

A holistic intervention plan should consider supportive work with children, counselling of parents, and work with the teachers along with the remedial program.

Supportive work with children includes helping the child understand the nature of the problem and address associated emotional or behavioural difficulties. Therapist should communicate that they are interested in the child as a person with abilities and interests and not

just as a person with SLD. Further, help should be provided to the child in dealing with emotional problems as well as handling situations where they are subjected to criticism. Suggestions for efficient and appropriate communication with parents, peers and teachers may also be provided. Training in relaxation becomes important for children reporting anxiety symptoms in the test/examination situations. Further, the intervention should focus on child's self-esteem by encouraging them to engage in activities of interest and by providing reassurances (Hirisave, Oommen & Kapur, 2002).

Counselling of parents should include psycho-education of the disability. Parents need to be suggested not to blame, criticize or compare the child with other children. Parental expectations regarding the child's academic performance, need to be reduced and parents should be encouraged to appreciate small academic efforts made by the child. Parents should be equipped with skills to help the child in organising a routine which consists of study time and also other activities of the child's interest. Parents need to be provided with inputs to help the child in academic skills by having realistic goals and appropriate behavioural strategies (using reinforcement and not punishment). Helping older children in taking decisions about vocational training is necessary. Parents should to be

encouraged to talk to the school personnel about the attempts made by the child in dealing with the difficulties. Seeking support from other parents of children with LD may be beneficial to the parents (Hirisave, Oommen & Kapur, 2002).

Work with teachers is an important area to focus as children spend most of their time with the teachers. Teachers may be recommended to have positive dialogues with the child by appreciating the small gains, not punishing the child for not doing well, accepting the child without judging and trying to focus on their strengths like extracurricular activities. Teachers can give opportunity to these children to plan and organise non-academic activities where there is a greater chance for them to succeed. These types of activities facilitate bonding with other children. The child needs to be reassured by the teacher that they can ask any questions/clarification without fear of being ridiculed. Teachers should give homework that is appropriate to the child's ability and provide constructive feedback while evaluating the work done. It will be useful if the school management can organise group sessions for children with LD to share their experiences and problems with other peers. Teachers also should be encouraged to be in regular contact with parents and professionals who may be helping the child (Hirisave, Oommen & Kapur, 2002).

Research evidence

An Indian study carried out by Moulya (2018), examined the effect of group intervention for children with reading and spelling difficulties. Fifteen children in the age group 5-10 years were recruited from the out-patient psychiatry department, NIMHANS. These children had average/above average intelligence and showed difficulties on reading subtest of NIMHANS SLD Index I and II at pre-assessment. The intervention sessions were held in small groups of 3-4 children in each group.

The components of the intervention included Gillon's phonological awareness program and brief supportive work with children and parents as described above (Hirisave, Oommen & Kapur, 2002). Each group received 15-16 sessions spread over 1-2 months. Each session lasted from 75-90 minutes (45-60 minutes – for children, 20-30 minutes - inputs to the parents).

Post-intervention, the results indicated that there was a significant improvement in phonological skills. Further qualitative analysis indicated changes in parental attributions. At pre-assessment the parents had attributed the child's learning difficulties to concentration difficulties (30%), lack of motivation (30%), and laziness (10%). After intervention 90% of the parents had understood that the children were

suffering from developmental disorder. Before the intervention, parents reported that they used to react to the child's problems by punishing (40%), scolding (30%) or not taking any measures (20%). However, after the intervention, 70% of the parents started positively reinforcing the child's efforts and started taking interest in teaching the child and rest 30% had reduced using punishment strategies and criticising the child for the academic difficulties.

The study concluded that providing intervention at the early stage of the cycle may be useful in reducing emotional or behavioural disturbances. Though the findings of the study provided empirical evidence to the model, there is a need for research on a large sample for further validation of the model proposed.

KEY REFERENCES

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Left-Handers Are Different!

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Left-handers are different! With an estimated 10 to 30% of the human population naturally inclined to use the left hand for most functions, and left-handed students often making up a disproportionately large segment of those with learning disabilities, it is imperative that LD teachers be alert to left-handers and guard against the unique situations of society's pressure to conformity. We must explore the rich set of differences that make up our student bodies, and find ways to help each student reach their greatest capacity.

This paper seeks to explore the unique strengths and weaknesses of left-handers and to formulate possible teaching strategies for these students, especially in the field of piano instruction. The aim of this paper is to stimulate and explore teaching strategies for left-handers in their own disciplines.

Left-handed piano students can generally be described as excited about music, eager to learn, hardworking (though a bit clumsy or uncoordinated) and great at playing by ear but not very good at reading music. They tend to be somewhat confused with directional

commands such as 'up' or 'down' and 'right' or 'left', especially as they pertain to the piano. Exploring such descriptions leads towards solving the puzzle of appropriate teaching methods.

For the piano teacher, there are three areas to explore: the physical aspects of the instruments or tools the student has to use; the physical strengths and weaknesses of the student, including motor control; and the brain organization patterns commonly found in left-handers.

First, the piano, like many other tools from scissors to books to do handles and screwdrivers, is a right-handed instrument. The higher pitched 'melody' strings are to be played with the usually stronger right hand. The left-hander is usually found 'thumping' the already louder bass notes of the accompaniment and obliterating the melody.

Secondly, the ontogenetic development (the learned motor control of spatial-directional orientation) is different for the left-hander. Within the first 6-12 months of human life, 'in-to-out' orientation is established. For the right-

hander, 'in' is towards the chest and 'out' is to the right. For the left-hander this is reversed as, the preferred hand would be the one to reach 'out'. Unless there is a cultural stigma against this early presentation of preference for the left, this difference usually presents no problem until the child begins to read. Suddenly, the left-to-right orientation that rules most mechanical logic is encountered. If the left-handed child has been allowed to firmly establish their natural 'right-to-left' orientation, the child can usually adapt easily enough by learning to think 'backwards' ("I pull it in to myself"). If, however, the child has been forced to compromise the development of their natural orientation due to cultural bias against left-handedness, serious problems arise. Quite literally, the child is unable to differentiate between 'up' and 'down', 'right' and 'left'. Reading and writing, including music, becomes a hopeless jumble.

Thirdly we encounter the 'left brain/right brain' theories of recent decades. Stated quite generally, the left-handed student is usually 'right-brained' and therefore inclined to be more in tune with visual and sensual recognition of form, texture, and spatial arrangements, aural perceptions of rhythm and melody, and with putting together parts as a whole.

Logic, analysis, linguistics, linear and conceptual aspects - the foundation of most educational methods are not the dominant strengths of most left-handers. Careful instruction demands that these later aspects be taught through the former characteristics and that ultimately an integration of the two will develop that enables the student to recognize, sort, think, create, and communicate.

For the piano teacher, the first priority for the left-handed students (the vast majority of whom have taught themselves to 'play by ear') becomes introduction to reading music. The student and teacher must find ways to transform the endless line of 'black dots' on the page into a meaningful pattern that can be translated into the sounds we call 'Music'. The intervallic approach to reading is most useful as it appeals to the spatial orientation of the right brain. Abundant use of the left-hander's superior 'ear' helps in pointing out the easily ignored 'details' on the page, such as accidentals, and rhythmic differences.

Strategies to help alleviate the directional confusion include emphasizing that the 'higher/lower' pitches of the keys on the keyboard dictate the 'higher/lower' placement of notes on the printed music score.

Turning the printed score a quarter turn in a clockwise direction provides an easily recognizable visual affirmation that 'to the right' is 'up' and shows how the score and keyboard coincide. The teacher's resolve to communicate 'hand' directions through touching the hand that is to play rather than giving a verbal command helps a left-handed student understand directional instructions.

Memorization is usually a well-established stand-by with the left-hander who has often had to simply memorize what could not be understood. 'Reading to memorize' teaches the student the use of careful analysis through a hands-on, functional, keyboard-oriented approach, and attention to form and structure on the aural plane can be transferred to the visual to make the student's reading more musical.

Finally, the teacher must make a dedicated search for appropriate teaching materials: equal use of the hands, especially contrary motion exercises are invaluable as hands are actually mirrors of each other: pieces with left-hand melodies follow with eventual use of right-hand melodies when the left-hand is sufficiently trained to be able to play 'underneath'. Theme and variation styles are rewarding for displaying the versatility of both hands.

As we explore further, we find that indeed some left-handers are actually 'left-brained', too. The challenge then continues: to explore the strengths and weaknesses of each student; to search out appropriate teaching methods; to find ways to affirm the strengths of each and to strengthen the weaknesses; to affirm the worth and uniqueness of each of us in the human race.



Angela Fawcett
Emeritus Professor

Helping Dyspraxics in the Classroom

Children with dyspraxia can present a particularly frustrating challenge for their teachers and parents in helping them to achieve their potential. Like dyslexia, dyspraxia is not linked to intelligence, and can also co-occur with dyslexia, particularly in aspects of automaticity and learned behaviour which can represent a challenge for both dyslexic and dyspraxic children. However, unlike dyslexia, dyspraxia has only recently been recognised as a disorder in its own right, and accommodations lag behind those for dyspraxia, even in the UK and USA.

Dyspraxia is also known as developmental co-ordination disorder (which is listed as a separate disorder in the most recent DSMV) or Clumsy Child Syndrome, and there may be sensory integration problems, with sometimes problems only in speech rather than in more generalized motor problems. A characteristic pattern of processing is found on the WISC IQ test, with higher verbal than performance IQ, which may

mean that children are regarded as lazy because their school performance does not match their verbal ability. At least 5% of children are dyspraxic, that is at least one in each class in school, with 4 times as many boys as girls affected. The neurological underpin seems to be that during brain development, the neurons fail to form adequate connections, which affects the processing of information. Symptoms include delay in early milestones, problems with motor skills, learning difficulties in reading, writing and speech, difficulty in carrying out instructions, disorganization and problems with eye movements may characterize dyspraxia. However, no two children with dyspraxia will present exactly the same profile, which makes life extra difficult for both them and their teachers.

I have some understanding of dyspraxia myself, because, although never formally diagnosed it has been clear all my life that I struggle with motor skills,

although I am an excellent dancer and have even won prizes. So as a very young child, learning to write, I used a dip pen and ink, and because I'm left-handed, left a smudged snail trail across the page which made it hard to process what had been written. At the end of the day my hand has always shown the imprint of grasping the pen too tight and I have a callous on my finger which persists to this day, although I usually type rather than write by hand, and even dictate to bolster my motor skills. The quality of my written work and imagination has always been excellent, but it is not easy to identify this in a messy piece of work. In schools in the UK, penmanship today is highly valued, and many dyslexic/dyspraxic children in my experience suffer in junior school from not being awarded their pen, unlike their peers, because they are only deemed fit to write in pencil. Teachers can help by an awareness of these difficulties, providing wide stemmed pencils and pens, or using a special grip, being aware that ball point pens can leave messy puddles if gripped too hard, providing felt tips and rubbers, and using graph or lined paper to help them with their spatial organization. Finally, providing the opportunity to learn to touch-type where possible and use a computer in class to take electronic notes. It is even possible to provide alternative methods of assessment for dyspraxic children, using electronic copies of notes to reduce the physical strain of copying

vast swathes of material, and even filling in prepared blanks or matching exercises to provide an alternative way of responding.

A child with dyspraxia may also struggle with many of the fine motor tasks involved in art work or crafts, and will benefit from clear instructions, in sequential order, and the opportunity to practice. I can still remember as a Reader at university being instructed to make an alphabetic index for our research, struggling all day to produce a poorly planned and executed piece of work, which made me extraordinarily angry and embarrassed. As a child with dyspraxia, you become used to not being selected to join anyone's team and can find a range of excuses to ensure that you don't have to endure the humiliations of PE. For children such as this, it is important to find areas in which they can achieve their personal best, and encourage them to participate in these activities, for me it was dancing and drama, although I was never allowed to ride a bike, nor encouraged to pursue my love of drama, (not academic enough!). Parents can help young children by ensuring that clothes with buttons and laces are avoided where possible, and accessible clothing is provided for games.

A key accommodation in school is access to extra time to organise material and complete work, and this should be set in motion from an early

age so that it becomes the accepted way of working for that child and can be built into formal examinations, as well as in-school tests. I shall always remember a particularly bright female student who we diagnosed with dyspraxia in her 3rd year at university, and she went on to gain a 1st in her Psychology degree with extra time, much to the surprise of her parents who told us they had not expected her to even pass, indicating how easy it is to underestimate those suffering from dyspraxia because of aspects of ideational disorganisation. In fact, speed of processing as key to receiving extra time allowances in examinations in the UK in terms of current practice, whereas speedy but inaccurate reading may not generate any concessions. Use of mind mapping and apps associated with these skills will be useful for older children, and younger children will benefit from story boards to help construct their creative work. Children with dyspraxia should be entitled to access occupational therapy or physical therapy, and some of them will benefit from speech therapy if their pronunciation is affected, and this of course, will impact on their phonological processing and their reading performance. Perhaps not surprisingly, there can be social and emotional consequences of the feelings of being an 'outsider' within their peer group, which may need support,

particularly in the adolescent years. It is important for the dyspraxic child to establish their strengths, perhaps even have their idiosyncrasies recognised, in order to fit in with their peer group. Life can become easier for these children as they mature, because they can then select the areas of study which speak to their strengths, and give up those that continue to challenge them unsatisfactorily.

Finding your way can remain a problem for children with dyspraxia, something they may find hard to overcome, and like dyslexics, may become over-reliant on satnav or the mobile phone to reach their destination. This can be a problem for adolescents in secondary school, who may experience difficulty not only in following a timetable but also in finding the correct lesson. This does not necessarily endear them to their teachers, who see a disorganised pupil who does not even have the correct equipment for their lessons. It is important for both parents and children to recognise these difficulties and find systems to support them, including to do lists and reminders on the phone.

Finally, however, understanding from teachers of the needs of children with dyspraxia can be the ultimate key to a successful outcome, as can be seen from my example of the dyspraxic student, who was outstandingly

successful when provided with the right opportunities and a diagnosis to explain her ongoing difficulties and boost her self-confidence. Greater knowledge and awareness of dyspraxia and the impact

it has throughout life is needed to ensure that children who suffer from dyspraxia are not held back by their condition, and can go on to become successful and fulfilled adults, attaining their potential in life.

A Journey of Determination and Success

Vinutha, a parent

Tharun S Kumar was a student of the batch of 2018 at Ananya Learning and Research Center. He was assessed as having Specific Learning Disability (SLD) by MDA. Based on the assessment, he was taken out of regular schooling and admitted to Ananya, where he studied for about a year.

When Tharun first joined Ananya, he was unable to read even a simple three-letter word. His self-confidence was at its lowest. However, with the dedicated support, guidance, and encouragement he received at Ananya, remarkable changes began to take place. By the time he completed his year there, Tharun's confidence had grown tremendously, and he was ready to return to regular schooling.

When he appeared for class 10 examinations, we as parents were simply hoping that he would pass. To our delight, he exceeded all expectations and scored 63%. He then

enrolled in the NIOS board for classes 11 and 12, where he continued to work hard and persevere. In class 12, Tharun achieved an impressive 68.8%.

Since class 6, Tharun had nurtured a dream of becoming a chef. With that goal in mind, he appeared for the entrance examination for Hotel Management. We are proud to share that he secured an All India Rank of 1060 and secured admission into the prestigious Institute of Hotel Management, Bangalore.

We are deeply grateful to all the teachers at Ananya and the staff at MDA for their unwavering academic, emotional, and moral support. Their dedication played a significant role in shaping Tharun's journey and helping him achieve his dreams.

Thank you so much for believing in him and supporting our family throughout this journey.

Happenings at MDA

Resource Rooms



Madras Dyslexia Association has established Resource Rooms in schools in Gujarat (Gandhidham, Jamnagar, Rajkot) Chhattisgarh (Raipur) and Sikkim (Gangtok).

We are happy to share a picture of a writeup on our association with Tashi Namgyal Academy, Gangtok.

PIONEERING Inclusive Education at TNA

TNA envisions itself as a role model for the implementation of NEP 2020 in the state of Sikkim. In this direction, the institution has consistently endeavoured to imbibe the true spirit of NEP, with inclusive education as one of its defining pillars. TNA is actively instilling the core values of NEP's vision of Inclusive Education, ensuring that every learner is given equal opportunity to grow, thrive, and succeed. Taking a significant step forward, TNA has formally incorporated intervention facilities for children with learning challenges. To strengthen this initiative, the school has collaborated with the Madras Dyslexia Association (MDA), a leading organisation in the field of special education. The journey began with the first phase of training conducted on 8th December 2025 by Mrs. Laxmi Hariharan, Resource Person from MDA. This foundational session laid the groundwork for understanding inclusive practices and effective intervention strategies. Subsequently, two highly motivated teachers from TNA were sent to Chennai for formal training at MDA. Upon their return, they played a pivotal role in establishing the Special Resource facilities within the school, translating training into meaningful practice. Further strengthening this initiative, a week-long intensive training programme for 55 teachers, led by a dedicated MDA team, is currently in progress. This large-scale capacity-building effort reflects TNA's commitment to equipping its educators with the skills required to address diverse learning needs. A landmark moment in this journey came on 12th February 2026, which stands as a red-letter day for Sikkim in general and TNA in particular. On this day, the Special Resource Room was formally inaugurated in the esteemed presence of Mrs. Laxmi Hariharan, Head - Resource Room Operations, MDA. This milestone signifies not just the creation of a facility, but the beginning of a more compassionate, inclusive, and progressive educational environment. As TNA continues its journey towards excellence, it remains committed to upholding the ideals of NEP 2020. With faith in the Almighty and a steadfast vision, the institution strives to walk the path of inclusivity, empowerment, and holistic education.



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Teacher Training On Specific Learning Disability By Madras Dyslexia Association



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