



Developmental Coordination Disorder (DCD) A Checklist of Commonly Seen Features and Ideas for Follow-Up

Parents, grandparents, guardians: Have you seen any of these early signs and symptoms of DCD? If so, check all the items that apply.

Then, use the results as a conversation starter with a friend, family member, school staff, or other professional...

Your child/youth/teen:

- often looked (or still appears) very clumsy or uncoordinated
- struggled when nursing, with early bottle feeding, and/or eating
- was delayed in acquiring motor milestones (late to roll over, crawl, walk, run with proper speed and form, climb stairs, perform a controlled two-foot jump, etc.)
- was late to produce proper speech sounds, articulate words correctly, manage the proper rhythms involved in speaking and breathing, or displayed jerky speech, lisps, slurs, stuttering, or other verbal problems
- experienced problems with certain visual skills (required for eye-gaze, depth perception, teamed eye movements, hand-eye coordination)
- may have had (still has) a 'lazy' or crossed eyes, troubles with tracking, convergence/divergence, visual focus, accommodation, and so forth
- had problems with balance, body awareness and/or directionality (knowing and using left and right)
- may have experienced struggles, needed extra teaching, and/or it took longer to learn many self-care skills (independent eating, dressing, personal hygiene, mastering age-appropriate bathroom tasks, etc.)
- displayed emotional meltdowns that occurred often, seemed too excessive, and concerned you
- held and used a knife, fork, spoon, pitcher, and other kitchen items in an awkward and inefficient manner (perhaps you still pour all liquids, help with spreading butter, cutting food, and so forth)
- may have resisted (or had difficulty) performing fine motor skills involved in play (coloring, cutting, drawing, painting, folding, doing small crafts, stacking, and so forth)
- was scared, unwilling to try, late, or struggled to learn trike and bike riding (needed extra instruction, more time and practice to do so)
- held (still holds) writing tools with an unusual grip and force; written output may be unevenly spaced, too firm, slow, large, or overly messy (or, if done perfectly -- the written output occurs very slowly)

- required extra time, practice, or had trouble learning how to put on socks, do buttons, zippers, belts, tie shoelaces, and do other such skills
- may present with low muscle tone, slumped posture, and/or often looks or acts fatigued (may slide off chairs)
- still displays under-developed ball skills (cannot throw, kick, catch, and/or strike balls consistently), or, it has taken additional effort to master these different sporting skills
- may demonstrate disinterest in physical games, other activities, and peer play; your child may display low levels of vigor and physical fitness (strength and endurance is lacking)
- may have a weak understanding of the object of various games and activities (may 'accidentally' score in the opposite team's net, is not totally sure when to chase or when being chased; run in the wrong direction...)
- can't judge physical force (too much or too little is usually applied during motor skill performances)
- may only have difficulties with gross motor skills, only fine motor tasks, or, struggles with both gross and fine motor skill performances
- may get into trouble for their weak, messy, or under-developed academic skills (may also struggle with focus and attention); it is as if there are simply too many things and tasks to coordinate concurrently. Your perception is that it may be too overwhelming for your child to manage multiple tasks at once

- is becoming increasingly anxious, depressed, or, is now aware that the different school-based tasks and/or motor skills required during games, play, and other social events are too difficult to master. This may cause frustrations, tears, sadness, or anger
- reports a dislike/disinterest in Physical Education (or is likely one of the last students to get ready and enter the gymnasium for this class)
- may be embarrassed and start to 'forget' their gym strip or bathing suit when these items are required
- may perform some motor tasks with reasonable proficiency, but other age-appropriate and culturally relevant skills are very difficult to learn, or the tasks are done slowly

Perhaps, as the caregiver, you have:

- heard comments from your child (or the staff at school) that your child is struggling during recess or lunch-times. No matter who informed you or how you found out, you have become aware that although most other children are interacting happily and cooperatively on the playfield or playground equipment, your child is not included (or getting into various arguments, other peer conflicts, disagreements, or even excluded)
- seen or heard your child describe their inner emotions and frustrations (worry, sadness, or anger) because peers do not invite or include ALL children in play activities. You may have wondered who to tell. Perhaps



you have already informed others about this troubling situation -- yet no solution has been found ...

- heard that other children have playdates, share birthday invitations, but your child is seldom (or never) invited to such joyful parties or events
- learned that your child is starting to withdraw from other playmates, various physical activities, and/or associated environments. Instead, your child may be found with a single other peer, or leaning against the fence or school wall, or sitting all alone during recess and lunch times
- noticed behavior difficulties or avoidance strategies arise in certain situations (your child 'clowns around' or is oppositional, refuses to join in, disturbs others, shows frustration by crying, stomping, or stating that the various activities are 'stupid')

Overall, your child seems unable to do or coordinate many things at once

Other early indicators of DCD:

- your child has had some history with a speech language pathologist (perhaps testing or treatment reports)
 - an occupational- or physical therapist has also tested and identified your child as having motor delays, difficulties, or problems with sensory-integration, motor planning, or related coordination difficulties
- generally, when compared with the motor skills of others the same age, your child's development and performances lag by about two years

- you have learned (perhaps heard from your child or saw for yourself) that your child is not often included in the play, games, sporting events, or physical activities that other children engage in. At the time (or in thinking back), you wonder whether these problems arose because your child could not keep up with or could not perform the skills with the same level of proficiency or speed as the others
- your child may already have one or more diagnoses [AD/HD, PDD (or PDD-NOS), ASD or high-functioning autism, non-verbal learning disability, sensory processing disorder (or a similar condition), various learning disorders (and perhaps even behavior or anxiety disorders)]; however, you still feel there is something else underlying the diagnosed difficulties

If you suspect that your child has DCD:

- Read up on the topic of DCD
- Look for other on-line screening tests (the free item: 2007 DCDQ) or other resources (www.canchild.ca/)
- Talk to your doctor about your suspicions regarding DCD. Know that in order to confirm a diagnosis of DCD, other possible issues must be ruled out. For instance, it must be shown that the motor delays are NOT a consequence of a cognitive delay or due to lack of experience (your child had many opportunities to learn the skills). Also, a medical professional must confirm that the motor delays are NOT due to a neurological condition (muscular dystrophy, cerebral palsy,



hemiplegia, another known degenerative disorder, etc.)

- Know that many children with DCD do have problems with visual-spatial reasoning, visual processing, and/or hand-eye coordination. Yet, because a visual impairment or disease of the eyes **MUST** also be ruled out prior to a DCD diagnosis, and poor ocular-motor control and functioning (the coordinated efforts of both eyes working in unison) can affect one's balance, motor abilities, eye gaze and ability to 'read' social cues, and most academic efforts, consider having your child assessed by a vision specialist (developmental optometrist). (See the next point below for the kinds of visual skills you want your child tested for). Also, know in advance that there may be a fee for this specialized testing and reporting (usually under \$200). However, this is critical information

- Specifically, instead of assessing for visual acuity alone, ask your vision specialist for in depth testing of multiple ocular-muscle and ocular-motor skills such as: nystagmus; convergence and/or divergence insufficiency; amblyopia, strabismus, vertical or horizontal misalignments of the eyes, and other eye teaming difficulties; speed of visual accommodation, flexibility, maintenance, and power of visual focus for near and far point fixation; stereo-acuity; visual tracking and related coordinated eye movements; as well as any other eye health and ocular issues. Also, request a written report of your visit to the vision specialist (to copy and give to your

family doctor or other medical professional). This shows you have already addressed this diagnostic 'rule out'

- Consider getting an updated assessment, additional testing, or other written information about your child's motor abilities from an occupational- or physio-therapist, Physical Education teacher, or sports coach. Remember, you could provide blank forms of the 2007 DCDQ for this. Then, ask those people for any extra comments or apprehensions regarding your child's overall motor skills and/or coordination. That way, the doctor (or other clinician trained in this field) will have important data showing that it is not only you who feel concern; others have noticed your child's incoordination as well. This will add validity to your case

- Document how motor problems are affecting activities of daily living and ask the teacher how the motor problems are affecting academic progress or school performance. Again, document your findings

- Given that your doctor (or other health-care clinician) may not know about DCD, share that the American Psychiatric Association (APA) has formally recognized DCD since 1987 and reports that DCD has a 6% prevalence rate! Then, show the professional all the other resources you have found on this topic

Although stamina will be required, this may solve a long-lasting puzzle.

MUCH SUCCESS TO YOU



Any extra notes and documentation:

How your child is managing skills at home:

How child is doing socially:

How child is managing academically:

How active is child in the community:

How child is doing emotionally:

List YOUR greatest concerns:

