designed and tested a therapeutic program. Their results and data were dramatic: the new skills quickly transferred into academic skills. It still works to this day, and more rapidly than one could hope for.

The program is called the ***Perceptual Skills Curriculum*** and it forms the core of the remedial program used here at The Learning Clinic. No other approach talks about success rates. We can, because we are identifying and curing the ***problem***, not the symptoms of the problem. Ours is a clinical approach. Do the checklist below with your student in mind:

General Motor Dysfunctions

___ Not consistently aware of right/left.
___ "Mirror" reading and writing beyond first grade, reversals.
___ Poor balance.
___ Skipping and hopping delays/skills problems.
___ Lack of finger dexterity; awkward pen grip.
___ History of delayed motor milestones.
___ Short attention span in tasks that are mostly motor.
___ Lost in time and space. (Bumps into things, poor sense of time.)
___ Slow in finishing work - does not complete papers.

Visual-Motor Dysfunctions

___ Drawing and/or writing skills not up to standard.
___ Slow writing, alignment problems.
___ Difficulty with puzzles.
___ Arithmetic concepts poor.
___ Difficulty writing or reading sight words (often: does well with polysyllables).
___ Figure-ground sorting impaired, gets overly lost in details.
___ Short attention in tasks that are mostly visual.
___ Visual memory - not easily able to recall objects, words, letters, or concepts.
___ Reverses or miscalls numbers or words, skips words or lines in reading or writing.
___ Learns best auditorally.
___ Attempts to spell phonetically.
___ Graph and chart problems.
___ Difficulty copying from the blackboard onto paper.

Auditory-Motor Dysfunctions

___ Cannot consistently, accurately repeat words and sounds.
___ Difficulty blending sounds.
___ Frequent speech irregularities (not articulation problems).
___ Cannot identify what he/she hears; poor vocabulary.
___ Difficulty following directions or requests.
___ Difficulty retelling experiences in normal sequence of expression: reversals.
___ Short attention span in tasks that are mostly auditory.
___ Figure-ground sorting impaired (easily distracted by background sounds).
___ Short memory for auditory information.
___ History of delayed speech, speech problems, or chronic ear problems (ages 1-6).
___ Learns best visually.
___ Below average spelling.
___ Difficulty choosing the right words when expressing self.

Integrative Abilities Dysfunctioning

___ Letter/sound equivalency difficulties in reading.
___ A "hands on" learner - learns best tactually.
___ Rhythmical movement difficulties.
___ Difficulties in concept formation and application when problem solving.
___ Thinking is concrete; abstract reasoning is difficult.
___ Perseveration - works compulsively beyond the point where answers have been attained.
___ Organizational skills problems.
___ Time management problems.
___ Overloads quickly with multiple demands.

Visual Function Difficulties - Developmental vision referral indicated:

___ Slow reading rate.
___ Comprehension problems.
___ Confuses visually similar words.
___ Skips words or lines of printed material.
___ Difficulty reading for long periods.
___ Difficulty copying from the board or a book to a page.
___ Complains of print "moving" and/or colors between words.
___ Confuses operational signs in math.
___ Difficulty sustaining attention on seatwork.
___ Avoids nearwork.
___ No great interest in television/computers.
___ Visual: headaches, doubling, blurring.
___ Tilts head, blocks/closes one eye.
___ Rubs/touches eyes often (not allergies).

Areas with fewer symptoms indicate the best avenues to use when teaching this child. Areas with more than 5 checks indicate the need for remediation.

More than 20 checks suggests a semantic/pragmatic disorder. A professional diagnostic evaluation is recommended to the parent for the determination of type and depth of perceptual difficulties.

mdb/TLC/2004-2006

OUR EVALUATION

- ❑ VISUAL: a comprehensive visual analysis is conducted. This is beyond the routine visual exam in that we concentrate on how the Brain directs the eyes. Brains over-burdened with aiming, focusing, scanning, and tracking activities will be inefficient.

- ❑ VISUAL-MOTOR: can the student analyze what (s)he is seeing and reassemble it? The ability to do this easily ties in with math, writing, reading, and spelling of sight words.

- ❑ AUDITORY-MOTOR: can the student sequence sounds and analyze them for their similarities and difference? This ties in with reading, spelling of phonetic words and language arts.

- ❑ MOTOR SKILLS: motor planning, motor movement, and neurological integrity are sampled by these tests.

- ❑ INTEGRATIVE ABILITIES: the ability to smoothly interrelate information between the data input streams used for learning.

TREATMENT

Visual therapy for oculomotor problems can result in astonishing changes in reading and comprehension ability. The program generally takes six months, give or take three (visual problems take less time, auditory problems often take longer). Office therapy is frequently discontinued in 12-18 weeks. **The success rate averages ~54% in 6 weeks, and 80% in 24 weeks – see the parents' reports on display.**

The Learning Clinic

Merrill D. Bowan, O.D.

Neurodevelopmental Optometrist

- Learning problems specialist
- Orthoptic and visual therapy
- Second opinions, consultations
- Author, lecturer

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Learning disabilities are almost never educational problems. They are almost always neurodevelopmental and, as such, are remediable.

It's the difference between not being able to and not knowing how to learn.

A Learning Problems Checklist:

Identifying Students with Dysperception

by Merrill D. Bowan, O.D.

Clinical experience shows that almost all learning problems have treatable causes. Think about it this way:

A MIND EXPERIMENT: If you have a leaky tub that you're trying to fill with water, what do you want to do first, fix the leaks or keep pouring in water?

Is there any real question there?

Yet, how do schools and tutors approach the average child with learning problem? The most common method is to spend more time teaching. That just uses up a lot of water.

Researchers at the University of Pittsburgh