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LDC SEMINAR

March 2011

Vocabulary is Vital

Presenters:

Julia Starling

Speech-Language Pathologist

AND

Annette Guterres

Special Education Teacher

Parramatta Leagues Club

From the LDC President

The Learning Difficulties Coalition NSW remains in robust shape despite the GFC. We continue to strive to provide support for parents, regular seminars, quarterly newsletters and a parent voice to government.

Our successful seminars continued throughout 2010 to provide evidence based information for members and an additional source of funding for the LDC.

In Term 1 Dr Ann Wignall, spoke on Anxiety / Depression; Term 2 Ian Wallace spoke on Bullying, Term 3 Dr Genevieve McArthur on Reading Difficulties, Research and Treatment and this term we were thrilled to have the expertise of Dr Daryl Efron at our AGM speaking on ADHD, Assessment, Differential Diagnoses, Co morbidities and Treatment.

The demand for our parent helpline has increased. Callers can source information, discuss issues of concern or share their frustration as advocates with the kind and helpful staff, Wendy and Sue.

On behalf of the Management Committee, I would like to acknowledge the hard work and dedication of Sue and Wendy for the LDC.

This year I have not been an active President. So in 2010 I would like to give special thanks the outstanding management committee for their support and tireless work. In particular, Janice Marshall, Julia Starling and Elizabeth Burns have maintained the momentum of the management committee with the support from staff and the management committee, in my absence. My sincere thanks to you all.

We also had some new additions to the Management Committee during 2010. I would like to welcome Jinette Leathan as the P&C representative, Maria Kamper from Velo Cardio Facial Syndrome and Christine Fraser, former manager of St George and Sutherland Catholic Schools Business Education Partnership.

On behalf of the Management Committee I want to pay a special tribute to Janice who is standing down from the committee after many years. Her professionalism and her drive and commitment to the LDC has made a difference for children with LD and their families.

In closing, I would like to wish all our members a very Merry Christmas and a very Happy New Year and look forward to seeing you at our 2011 seminars!

Jude Foster



*We wish all our members a very
Merry Christmas and a Happy New Year.*

From the LDC Management Committee

Summary of Reading Difficulties Seminar

Dr. Genevieve McArthur is an Australian Research Council (ARC) Research Fellow at the Macquarie Centre for Cognitive Science at Macquarie University.

In this seminar, presented to a 'full house' of parents, teachers and other professionals, she used her extensive knowledge and experience to explain many aspects of the diagnosis and treatment of reading disorders.

The following is a summary of her presentation, including some useful references for those of our members who were unable to attend this informative seminar.

Definitions of Dyslexia



Dr. McArthur explained that there is plenty of debate and confusion surrounding the use of the term "dyslexia", ranging from its use in academic research, to professionals' use, to misconceptions put forward by the media.

The official definition is taken from the DSM-IV, which includes symptoms such as reading below the level expected for age, intelligence and education; also in the presence of a sensory deficit, such as hearing or visual impairment, the reading difficulties are in excess of what would be expected due to the sensory impairment.

Other similar definitions come from the research (including terms such as Specific Reading Difficulty, and Specific Learning Difficulty), and the Response to Intervention (RTI) model from the USA. Sometimes the term dyslexia is used in a very general way across the community: "This child has poor reading skills".



Diagnosis of Dyslexia

Due to the inconsistency in the use of the term dyslexia, there are many different ways that it is diagnosed. These include:

- Following the DSM-IV guidelines: for instance a reading score below age, grade and IQ level, and if the child is failing at reading tasks at school and at home.

- Research-based assessment and diagnosis: for research purposes a diagnosis of dyslexia has to be very specific about inclusion and exclusion criteria.

These include:

- ♦ A non-verbal IQ score in at least the average range
 - ♦ The child regularly attends school
 - ♦ There are neurological or psychological problems
- The RTI model focuses on a diagnosis of persistently poor reading despite at least one intervention.

Confusing Myths!

- More boys than girls have dyslexia ⇒ **Not true!** However, there is a referral bias, where more boys are picked up due to behavioural issues.

- If you reverse letters (e.g. d for b or p) then you have dyslexia ⇒ **Not true!** This is a very typical error for all children learning to read and write.



- People with dyslexia are more likely to be left-handed ⇒ **If this is true**, it is a small trend that is not reliably found in studies.

- People with dyslexia are unusually intelligent ⇒ **Not true!** They follow normal population distribution patterns, this is a myth propagated by the media!

- People with dyslexia are artistic ⇒ The same.... they follow normal distribution patterns.



- People with dyslexia need special instruction ⇒ Not true, they can be taught in normal ways, however they need **practice, practice, practice!**
- People with dyslexia cannot read at all, and will never learn to read ⇒ **NOT TRUE!**

Summary of Reading Difficulties Seminar (cont'd)

So: what is the evidence base that leads to a genuine diagnosis of dyslexia?

- ◆ Focus on the evidence, not the label
- ◆ Get copies of all the child's reading tests and scores, to work out the "reading profile".

A thorough assessment should include how the child:

- reads regular words eg. boot, five
- reads irregular words, e.g. book, yacht
- reads non-words ("made-up words" that conform to phonic rules) e.g. sashenpot

This helps make decisions about whether the child has "phonological dyslexia": can read sight words but has difficulty with phonics, or "surface

dyslexia": can read phonetically but has difficulty with sight words (often irregular words), or has problems with reading both phonics and sight words (most common).



Causes of dyslexia

There is no single cause of dyslexia, but there are multiple risk factors that combine to cause the difficulty with reading. Even though research findings continue to be controversial, studies are looking at the roles of:

- Difficulties with processing e.g. phonological (sound system), speech (unstable speech sound representations), auditory and/or visual.



- Memory problems: Phonological short-term memory, or working memory.
- Difficulty with automatisation of skills.



How do we decide on the "right" program for a child with dyslexia?

Beware of:

- ◆ Programs that claim to change the brain!
- ◆ Anecdotal "evidence" and biased opinion.
- ◆ Subjective data e.g. from commercial companies.



Dr. McArthur suggested one of the best things we can do to become well-informed consumers is to find a systematic review, done by an independent expert (not a commercial company), or better still **do our own systematic review of the literature!**

How to find, or do, a systematic literature review:

Use Google Scholar, Cochrane Review or What Works Clearinghouse.

Dr. McArthur talked about the following currently available reading programs that are available commercially, with information about the available research:



- Intrepica, Reading Eggs, Reading Dragons, Clicknkids: No controlled trials for any of these.
- Lexia: 2 randomised controlled trials (RCTs) showing a small effect on reading.
- Fast ForWord: 8 RCTs, however no effect on reading skills shown.

Also, she recommends we explore Professor Dorothy Bishop's amazing and informative blog!! This is one particular article on her blog that we were directed to:

<http://deevybee.blogspot.com/2010/08/three-ways-to-improve-cognitive-test.html>

When a Child Refuses to Go To School

What is school refusal?

It is when a child does not want to go to school or actually refuses to go to school. It can be quite common. Most children at some stage will be anxious about attending school or refuse to go to school.



A child who doesn't want to go to school will often cry, have a tantrum become angry and/or complain that they do not feel well. In some cases they are so anxious about going to school their heart starts to race, they begin to sweat, become short of breath, feel faint and/or actually be physically ill. Often children will constantly complain about school on a regular basis, will not want to get out of bed or eat breakfast.



Adolescents may become defiant, refusing to comply with their parents' rules and skip classes (truancy) on a regular basis. They often have different problems from those who don't want to go to school. They may be trying to get attention, even if it is bad attention, or attempting to impress their peers. Sometimes it is because they are angry because of school or home problems.



It can be the case that children who truant because their parents are not very interested in their child obtaining an education or that they do not have a good relationship with the school community themselves.

If a child is truanting on certain days or specific classes, it is more than likely that school staff can help and put strategies into place to lessen/stop the truancy.

Some reasons why children refuse to go?

- Social problems at school - not able to make or keep friends
- Learning problems - child is not understanding the work
- Academic worries—child worries if they don't achieve 100% in exams, etc.
- Child thinks the teacher doesn't like them
- Bullying

- Separation anxiety
- Sometimes if there are domestic issues at home, a child worries things and prefers to stay home to make sure everything is okay.
- If a parent shows they are worried about their child's school refusal, then the child will believe there is a problem

Some students miss so much school that they fall behind in the class work. It can also affect their friendships. Consequently, the longer a child stays away will possibly cause further anxieties about returning to school.



What can you do?

Try not to become angry with your child as it will make the child's fears and anxieties worse and possibly become worried that they have upset you!

Encourage your child to tell you why they don't want to go to school and let them know that you understand how they feel.

Be reliable and on time when picking up after school.

Let the child know you will be doing something very uninteresting while they are at school. Hopefully this will discourage them from wanting to stay home with you.

Your child's school and teachers need to be advised that your child refuses to attend school. You will need to work together to ensure that there is support for the child to get back to school and feel safe and comfortable as possible.



It may be necessary to seek counselling for your child to help with their anxiety about going to school. All schools provide school counsellors and your local community health centre provide a free service for counselling.

Books:

"Helping Your Child Overcome Separation Anxiety or School Refusal" by Andrew R Eisen, Ph.D. & Linda B. Engler, Ph.D

"Overcoming School Anxiety" by Diane Peters Mayer

References:

KidsLife website www.kidslife.com.au ; Children, Youth & Women's Health Service website www.cyh.com ; Ballarat Health Services website www.bhs.org.au ; Psych Matters website www.psychmatters.com.au

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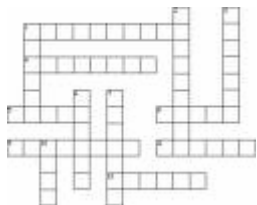
Think outside the square...

Creative projects for kids with learning difficulties

Next time you give an assignment to your class, consider some alternative presentation formats that allow for all types of learners.

Below are some 'alternative' formats and an example for each

Make a crossword puzzle
(eg using facts about an animal)

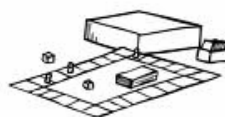


Write a letter
(eg to a world leader)



Write the prequel or sequel
(eg to a story/book being read)

Design the poster for a film
(eg based on a particular event)



Act out a dialogue
(eg. Between two characters in a story/book)

Write a "Where are they now"
(eg. For a famous person in history)

Write a TV/radio interview
(eg. For an earthquake and the effects of it)

Design and make a board game
(eg with Questions relating to the current topic)

Design/work out ideas for Playstation/xbox/Wii game
(eg. Testing times tables)



Draw a map showing main aspects
(eg progress of explorers)

Write a comic strip
(eg. How a student can deal with a bullying situation)



Compose and perform a rap
(eg. Information about a country)



Design an ad
(eg to show the effects of drug abuse)

Create a scrapbook
(eg. from birth to death of a historical figure)

For Your Diary

Getting ready for High School

Presented by Skills for Kids
Location: Blaxland (9am - 12pm)
Date: 10th - 14th Jan
Contact: 4739 0267

Social Skills Grades 4, 5 & 6

Presented by Hills Family Centre
Location: Castle Hill
Date: Wednesday 12 & 19 Jan
Contact: Adrian on 8805 7288

Playground Skills Camp

Presented by Skills for Kids
Location: Blaxland
Date: 17 Jan - 21 Jan (9am - 12pm)
Contact: 4739 0267

Caring for Kids with ADHD

Presented by Family Development Services
Location: Blacktown
Date: Term 1 2011
Contact: 9620 4194

Helping Kids Concentrate, Learn & Play - Diana Henry

Presented by Life Skills 4 Kids
Location: Sydney Olympic Park
Date: 7-10 February 2011
Contact: 02 6536 5308

Managing Children's Behaviour

Presented by Relationships Australia
Location: Westmead
Date: 19th Feb
Contact: 9806 3299

Encouraging Children's Development and Self Esteem

Presented by Relationships Australia
Location: Westmead
Date: 19th Feb
Contact: 9806 3299

Social, Occupational & Communication Skills

Presented by TAFE
Location: Meadowbank
Date: Feb - July
Contact: 0434 322 451

www ldc org au

info@ldc org au

Adapted from: Creative Alternatives to Book Reports for ADHD students, by Sandra Reif (www.additudemag.com)

Make Focus Fun

To try and improve your ADD/ADHD child's concentration and focus, consider including a bit of 'fun' in each day.

"Freeze"

We've all played this game before, but kids with ADD/ADHD can find it especially hard to stay put for this time. Use this game as an opportunity to work on this skill regularly. Make sure you take turns, kids love it when parents play with them (rather than just watching them). Increase the length of time they hold the "freeze" for as their ability improves. Create a range of stories to make it more exciting and relevant for them, eg. You've just been captured by the evil Zarko and been put in a tiny cage (child curls up small ball) you must wait till Captain Crusader opens the cage with his magic sword.

Sing your jobs

All kids have chores to do around the home, and most kids aren't too enthused when it is time to do them. Try to turn these mundane parts of the day into fun by putting it in song. Consider the following: (sung to Jingle Bells)

*Smelly socks, smelly socks,
Stink up my sock drawer,
Put them in the washing bin
And get clean socks once more!*



Table Games

Any game/activity that they sit at a table and do with you (the parent) is helping work on their attention. Whether you are building a lego house, colouring in a picture, or playing 'Hungry Hippos' – each activity requires them to sit for a period of time and focus. As their focus improves, extend the amount of time you work on an activity/game together. If you can't get them interested – change the location – let's play 'Hungry Hippos' on the trampoline, let's colour in our picture by torch light under the bed, let's build our lego house in the cubby. If this still doesn't encourage them, make it competitive. For example, stand in another part of the house and count to ten, in that time they run to the colouring in picture and colour in as much as they can then run back, etc. Put the pieces of a puzzle around a room – they have to race to find a piece then put it in the puzzle, then go find the next, and so on.

Involve them in storytime

When you read together keep them focused by quizzing them about what is happening in the story and why. Ask them what they would do? How would that make them feel? etc. What could the character do instead? What could a different ending be?



Get your creative juices flowing...

Everything you do with kids can be made into a game, so get creative about all the opportunities you have from wake up time to bed time.

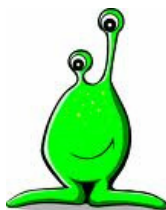
Some ideas are:

- Who can get dressed quickest?
- Who can brush their teeth for longer?
- Who can pick up ten toys off the floor?

Talk to yourself!

As much as this might sound like an unusual suggestion, talking yourself through your daily tasks is a way of teaching your ADD/ADHD child how to keep on task when doing something. Encourage them to do this with you and on their own.

For example: "We are going to have some cereal for breakfast. First we need to get out the bowl and spoon. Then we need the cereal and the milk. How much cereal will we put in the bowl? What do we put in next? We better remember to put the milk back in the fridge and the cereal back in the cupboard. Let's count how many mouthfuls it takes us to eat our cereal. Now we can rinse our bowl and spoon and put them in the dishwasher." Essentially you are providing a running commentary of what you are doing, but you are also providing your child with a guide of all the steps required to complete that particular task – a verbal checklist.



You can also pretend that you don't know how to do something – imagine you're a friendly alien from planet "Alacar" and your child is explaining how something is done in every small step. This will help to keep them on track as you only do what they say, and they have to remember all the steps or the 'alien' won't understand!

Summarised from: Games That Increase Attention and Focus in ADHD Children, Additude magazine By Pamela Seeds

Transition to High School for Teens with Learning Difficulties

The transition from Primary School to High School may be exciting for some students, but for students with learning difficulties this can be a very difficult time. Planning for this transition needs to start early to allow students with LD the time needed to adjust to their changing situation. There are a number of things parents can do to help reduce anxiety levels of their child as they transition to High School.

Over the Christmas holiday period encourage regular contact with friends, especially those attending the same school.

Meet with the Support Co-ordinator at the High School and discuss class placement if your child struggles socially. Follow up with them early in the term if issues are arising.

Fitting in at school can be especially hard for students with LD. Consider a social skills course in the holidays to reinforce strategies they can use.

Role play various scenarios to help prepare your child for social situations they may face, eg. Asking directions to a room.

There are many books available on Bullying. Read and discuss some "what ifs" in preparation if they are concerned about this.

Keeping up with the level of work expected of a Year 7 student compared to a Year 6 student can be quite a challenge. Encourage good homework habits at the start of the term. Teach them how to use a diary and keep track of all homework set. Liaise with teachers regularly so that you are aware of any problems.

Consider meeting all your child's high school teachers early in the term to fully discuss their LD. The change from having one primary school teacher to having up to 8 different teachers in high school is very overwhelming. Remember the information you give one will not necessarily be given to all.

If your child now has a locker, consider requesting a 2nd set of text books (one to keep at home and one to keep at school) to alleviate the concerns re forgetting the appropriate equipment for class.

Ask the school for a sample timetable of a Year 7 student and go through it with them. Explain all the abbreviations that will appear, e.g. SCI means Science, R3 means Room 3, Q means Quadrangle, etc. The more you can prepare your child for all the routine parts of the day the better they will cope.

The "size of the school" is quite daunting to students with LD. Many come from primary schools with a few hundred students and then transition to high school with over 1000 students. It is very easy to get lost and confused trying to find your way around such a large school. Arrange to spend some time at the school before school starts. Some primary schools already offer this in preparation, if yours doesn't - Ask. If they can't accommodate you, arrange with the Support Co-ordinator for this opportunity.

Ask for a school map and teach them how to read it. Do some orienteering using the map. Do they know where the toilets are? The stairs? How to work out if it is a 2 storey building?

*Adapted from: Transition from Primary School to Secondary School,
by Sue Howard and Bruce Johnson, School of Ed, University of South Australia.*

LDC Management Committee 2010 - 2011

President: *Jude Foster*

Vice President: *Vacant*

Treasurer: *Elizabeth Burns*

Secretary: *Julia Starling*

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Anne Dunn

Margaret Gottlieb

Paul Briggs

Christine Fraser

Maria Kamper

Andrew Greenfield

Jinette Leatham

Annette Guterres



Individualised Education Plans

School students identified as requiring learning support could benefit from having an Individualised Education Plan (IEP). The IEP process allows parents, educators, health professionals and the student (where appropriate) collectively as a team to address the needs of students with learning disabilities, including academics, communication, behaviour, socialisation, self-help, perceptual-motor and gross-motor skills, vocational skills, transition services, related services and needed accommodations in both general (regular and vocational) and special education, focussing on the key goals that are critical to support and achieve a student's maximum development.

The IEP team should consist of the class/subject teachers, parents/carers, learning support teacher, therapists, counsellor etc, as well as the student (where appropriate). Some team members will be more involved in the development of the IEP while possibly the health professionals may provide specific information only.



The IEP Co-ordinator (usually the School Counsellor) takes on the role of overseeing the IEP process. Of course, it will be necessary to appoint a team member to record the meeting.



Parents/carers may wish to invite an advocate, friend or relative to accompany them to the IEP meetings. Parents/carers could bring to the meeting a list that includes the specific learning difficulty issues your child experiences as well as

interventions that you feel would benefit your child i.e. class seating arrangements, set specific times for class exams, increasing immediacy of rewards and consequences etc.

The IEP process encourages:

- shared responsibility for decision making and programming

- agreement about educational goals for the student
- Joint accountability for outcomes, and
- a means of communication between school and family



At the meeting, the team should discuss the student's strengths and weaknesses as well as work together in developing a list of specific, measurable and achievable goals for the school year.

Greater success will be achieved by setting small, realistic objectives. When setting these goals, keep in mind that you will need to keep the limitations of teaching staff and that it is quite possible that they will have other student's with their own IEP.

Prior to any IEP meeting process, it will be necessary to clarify the key role positions. In most cases it is usually the school principal who undertakes the position of Chairperson who is responsible for the smooth running of the meeting; ensuring that the focus of the meeting is on supporting the student's needs and ensuring all team members have the opportunity for input.



Please see websites listed below for suggested Individualised Education Plan templates:-

www.kaleidoscope.org.au/docs/PBIRT/IndividualisedEducationPlan.pdf

www.ceocg.catholic.edu.au/publications/learning_support/iep_support.pdf

det.wa.edu.au/detcms/cms-service/download/asset/?asset_id=1408158

Suggested reading:

<http://www.spectronicsinoz.com/product/iep-and-inclusion-tips-for-parents-and-teachers>

References:

DSSU Professional Community www.learningplace.com.au ; LD Online ; Catholic Education Office, Special Needs Education Services Support Document http://www.ceocg.catholic.edu.au/publications/learning_support/iep_support.pdf

"Jackson is hyperactive"

Sung to "Rudolph the Red Nose Reindeer"

*Jackson is hyperactive,
He struggles to sit still all day.
Spelling, reading and writing,
Just interrupt his chance to play!*

*One day along came Miss Cart
She understood his pros and cons.
Using a mix of techniques,
He found that he was moving on.*

*Finally with great support,
His teachers had to say.
"Jackson's improved out of sight,
He's trying so hard day and night!"*

*Jackson's still hyperactive,
And teaching him is challenging.
But thanks to some
modifications,
His school time is
rewarding!*



Real Inspirations

My daughter recently came home from school telling me she'd had "the best day ever". That might be a comment other parents hear regularly, but I certainly don't. My daughter has numerous issues which make school 6 hours of 'coping' with anxiety/social/anger issues. Most afternoons I'm greeted with the negative aspects of her day, so to hear such a comment was beyond words.

The reason was simple - her teacher had seated her next to a good friend. She had been moved from a group that she struggled to interact with, to a child she knew well. She could finally relax emotionally and enjoy the day.

I wish all teachers understood the impact of a child's social comfort in the classroom. You wouldn't put a child with hearing difficulties at the back of the classroom and expect them to cope, so why should a child with a history of social issues be seated away from the comfort of friends. The playground is hard enough for these kids, can't we at least provide support in the classroom!

To the teachers who already do this, THANK YOU. Each day you make the stresses of school that little bit easier to cope with.

(Mum of a 10 year old)

**If you are a parent/carer/teacher of a child with learning difficulties.
Please share a story with us (anonymity is fine).
Email your story to: info@ldc.org.au**

What's been happening @ the office?



Hi to all of our members,

The conclusion of Term 4 is fast approaching as we go to 'print'. During this term, we had the great pleasure of hearing Dr Efron speak on 1st November about "ADHD". His seminar was very well received and enjoyed by all in attendance. We thank Dr Efron for his willingness to speak for the LDC and his honest and heart warming presentation.

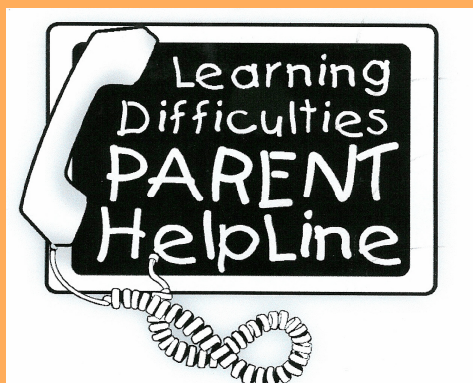
We have also been busy compiling this newsletter. As always, we do our best to cover a wide range of topics and concerns for parents, teachers and health professionals. We would be more than happy to hear your suggestions for ideas for future newsletters as well.

As Christmas is fast approaching there is always so much to do, and the office is no exception. We are already working on the promotion of our Term 1 seminar to be presented by Julia Starling (Speech-Language Pathologist) and Annette Guterres (Special Education Teacher). The seminar "**Vocabulary is Vital**" will be an excellent start to the LDC seminars for 2011 and we hope you can join us for it.

We wish all of our members a great Christmas and a relaxing New Year. We thank you for your support and comments, and look forward to another rewarding year in 2011.



Cheers, from Sue and Wendy



PO Box 140 Westmead 2145

Phone: 02 9806 9960

Email: info@ldc.org.au

Website: www.ldc.org.au

Membership provides:

- ▶ A Quarterly Newsletter
- ▶ Fortnightly "Member Updates" of current news/articles relating to Learning Difficulties.
- ▶ A discount on LDC resources
- ▶ A discounted entry to LDC seminars
- ▶ A parent voice to media
- ▶ Active contributions to consultations/Inquiries
- ▶ A voice on government committees

**Parent Support Groups
represented in LDC Membership**

Adults with ADHD NSW Inc

PO Box 22, Epping NSW 1710

Messages: 0416 111 036

Email: info@add.org.au

www.add.org.au

**Sutherland Shire Learning Difficulties
Support Group Inc.**

PO Box 580, Sutherland NSW 1499

Phone/Fax: 02 9545 1505

Email: ssldsg@idx.com.au

www.learningdifficulties.org.au

Autism & Asperger's Support Group Inc

PO Box 723, Richmond NSW 2753

Phone: 0425 380 575

Email: info@autismsupport.org.au

www.autismsupport.org.au

R.A.I.S.E. Network Inc.

Niagara Park Community Centre

Washington Ave, Niagara Park NSW 2250

Phone/Fax: 02 4329 5055

Email: raisenetworkinc@hotmail.com

Tourette Syndrome Association of Aust.

PO Box 1173, Maroubra NSW 2035

Phone: 02 9382 3726

Email: info@tourette.org.au

www.tourette.org.au

VCFS Association

47 Third Ave, Willoughby NSW 2068

Phone: 9958 2578

Email: president@vcfsfa.org.au

www.vcfsfa.org.au

**PALS - Professional Association of
Learning Support Inc.**

PO Box 325, Concord NSW 2137

Phone: 9743 5794

Email: sec.pals@gmail.com

www.pals.org.au

The information herein is provided on the understanding that the Learning Difficulties Coalition Helpline is NOT providing professional advice and services. The information herein provided is NOT to be used as a substitute for professional, medical, or clinical advice.