

**Reports from a few of the Hungarian schools
following the INPP Programme
May 2011**

**With thanks to Magdalena Zweegman-Kocsis, INPP trainer in Hungary
and Ágnes Nyiregyházi Dobrovits supervisor in Hungary and all staff,
pupils and parents at participating schools.**

Teacher Observations using The INPP Test Battery and Developmental Exercise Programme for Use in Schools with Children with Special Needs

1. What were the aims of the project?
2. What training did you receive?
3. How was parental consent obtained?
4. How did you implement the project in school?
5. How much staff time was required to carry out the testing and the programme in school?
6. How much time was needed in school each day to carry out the programme?
7. What was the duration of the programme?
8. What space and equipment was required?
9. What was the age range of the participants?
10. Did you select children for the programme, and if so how did you select them?
11. What did the tests reveal to you about the children? e.g. understanding a physical basis to their problems
12. Were there any problems in getting children to comply with the programme?
13. What changes did you notice as the children worked through the programme?
 - a) in physical skills eg. sitting still, posture, coordination, physical education, sitting etc
 - b) educational performance eg reading, writing, spelling, maths etc.
 - c) behaviour eg, concentration, self-esteem, consideration for others etc.
14. Do you/the school intend to continue the programme in the future?
15. Are there any practical suggestions you can make to improve the programme?

School 1. Mainstream Elementary School and Gymnasium, Budapest, II. District

(A previous letter of this teacher, Mrs Vikukel, about her experiences has been sent recently. It answers most of the questions.)

1. What were the aims of the project?
Identifying and providing help for children having difficulties with coping on their level

2. What training did you receive?
INPP Teacher's course, Budapest by Magdalena Zwegman, organized by Agnes Nyiregyházi
3. How was parental consent obtained?
Easily. After many other attempts involving the parents have failed, this time, after a parents meeting and written information they were happy to sign.
4. How did you implement the project in school?
I supervised the programme. I did everything in my own time.
5. How much staff time was required to carry out the testing and the programme in school?
I carried it out by myself.
6. How much time was needed in school each day to carry out the programme?
More than I thought initially: 20 minutes all together. (also due to lack of space)
7. What was the duration of the programme?
Group 1: 1.5 year. It was needed, because children did not progress fast enough.
Group 2: currently active
8. What space and equipment was required?
No equipment. They preferred to do the exercises on the floor.
We would have needed a special room for exercising every day, but we did not have it.
9. What was the age range of the participants?
20 children of 8-9 years, all kinds of children, with all kinds of backgrounds. Generally true: children of today spend very little time with movement.
10. Did you select children for the programme, and if so how did you select them?
Children who did not have extra sports lessons in this sports oriented school
11. What did the tests reveal to you about the children? eg. understanding a physical basis to their problems
 1. Group total 20 children
 - 10 children very strong primitive reflex activity
 - 9 children significant reflex activity
 - 1 child no aberrant reflex activity
 2. Group
 - 21 children, 8-9 years
 - 13 very strong reflex activity
 - 6 significant
 - 1 child no aberrant reflex activity

We found very high reflex scores, but these children with high reflex scores did not always have learning disabilities, due to their excellent compensatory capacities but the number of this kind of children is increasing. Not only in my own group but all over in the 2nd district (one of the wealthiest districts in Budapest) I work as a developmental specialist.

12. Were there any problems in getting children to comply with the programme?
Lack of space in the school building. It is a special school with extra sports lessons, the gym rooms were never available. Children have sacrificed their major break every day for a year and a half.
They also needed time to time some extra motivation. My colleague teacher was excellent by doing that.

13. What changes did you notice as the children worked through the programme?
Tremendous. See in my previous letter.
- a) in physical skills eg. sitting still, posture, coordination, physical education, sitting etc
All areas. These were not the same children as a 1,5 ago standing in front of me.
 - b) educational performance eg reading, writing, spelling, maths etc.
All areas.
 - c) behaviour eg, concentration, self-esteem, consideration for others etc.
All areas.
14. Do you/the school intend to continue the programme in the future?
I have already started with a new group. I hope that the school management will see the results and try to offer better facilities.
15. Are there any practical suggestions you can make to improve the programme?
Complex, all round developmental programs are the best. Also the INPP Programme would function most efficient as a part of a complex educational and developmental program. Especially the way of doing the exercises in a group allows us to see which children are not able to follow the group's tempo. Therefore we can offer them special support for better integration.

Remarks:

In my opinion the best age would be the 1-2nd grade in Hungary (children of 6-8 years). It would form a good base for cognitive learning.

Mrs. Zsuzsa Vikukel,

My experience with the INPP Programme

After finishing the 1st grade I realized more and more that many children in my class had learning difficulties. From September 2009 on the District Developmental Specialist (Mrs, Vikukel) offered us the possibility with the INPP Programme which we were happy to accept, together with the children. We started in the school year of 2009-2010 and the children sacrificed 1 break per day in order to be able to do the exercises.

After 2 month we could clearly see a great positive change in the children. Their attention and concentration improved, their movements were much better coordinated and also their reading and writings skills improved.

My experience being a school teacher for long years now is, that developing their movements has helped to improve their learning abilities and mad their work more efficient.

Tímárné Kis Csilla, Form Teacher

2. School = 4 schools

(Lovely photographs of this area have been sent to you in the course of the years – probably you remember them with the children doing their exercises outdoor, on the fields – you used one of them your presentation SGB 2007 – I found it on the internet)

From: Krisztina Hadú, Head of research team

Sent: Monday, May 02, 2011 10:09 PM

Subject: Re: Fw: Data to answer questions for presentation to the European Parliament

INPP Research of Sároszpatak, North-East Hungary, 2009-2011

Testing and development are still ongoing.

Name and city and country of school(s) involved:

I. Experimental sample- Testing and development

Group 1.:Hungary, Hercegkút "Pearl" National Elementary School 3rd class ,

Group 2.Hungary, Sároszpatak Árvay József Practice Elementary School of Miskolc University, 3rd class A

Group 3. Hungary, Sároszpatak Árvay József Practice Elementary School of Miskolc University, 3rd class B

Group 4. Hungary, Sároszpatak Presbiteryan Elementary School, 3rd class

II. Control sample - Only testing in the first year

Group 1-4.: Hungary, Sároszpatak Rákóczi Ferenc Elementary School

Group 5. : Hungary, Hercegkút "Pearl" National Elementary School

Size of experimental sample: 81children

Size of control sample:

ca. 80 children

We have 4 experimental group. Group 1 has 14 children

We have got 5 control groups.

Group 2: 24 children

Group 3: 17 children

Group 4: 26 children

Age range of children: 8-9 year old

Remarks

How big is the problem and what is its nature?

Well, the problem is much bigger than one would think. If we also take in consideration the poor level of gross motor skills of the children, we can state that the number of children with problems exceeds 90%.

What type of children show these problems?

According to our research and observations, there is no significant difference concerning the 'type' of children: no matter

what their school results are;

what kind of social layer they come from;

whether they com from a poor family;

whether their parents are academically formed or not.

What could be and what should be done?

There should be a greater emphasis on the development of motor skills of the children. Due to modern lifestyle containing people/children unfortunately do not move enough. In my opinion the classical school methods which offer their information in a monotone (more of

the same) way, and our country's educational policy which is requiring unilateral lexical knowledge, should be replaced increasingly by alternative teaching methods and a competency-based education. Learning should be based on movement and on the children's gathering their own experience.

Prevention is crucial. Therefore the use of the available screening tests, even as early as in the kindergarten, and 'playful' therapeutic process, based on children's games could help to catch up and even their developmental levels before they get confronted with the challenges of school.

If the INPP Programme would be incorporated in the training of teachers, they could learn the practical application of it. This way this method could be available en masse in schools and could form a natural part of the school as a daily routine of the 8-9 years age group.

Krisztina Hajdú
Developmental psychologist

3/5/2011

3. School

Petőfi Sándor Evangélikus Gimnázium – Boarding School, Collage
Bonyhád, South Hungary
(Pictures have been sent to you before, see bigger children in a gym)

From Mrs. Edit Szóts

Sent: Monday, May 02, 2011 10:59 PM

Subject: Data to answer questions for presentation to the European Parliament

I am a special education teacher, working among others in a Foundation for Dyslexic Children in Tolna County. One of our main goals is the prevention of learning difficulties.

Aims of the project:

In the fall of 2009 we were invited to participate in a tender for a Talent Support Program, initiated by the Petőfi Sándor Evangélikus Gimnázium. As a special education teacher I already knew those children and I knew that, despite their good results, many of them had learning difficulties, first of all dysgraphia, which caused them a lot of trouble during their final exams. I suggested the application of special developmental exercises.

Winning the tender made it possible for us to work with an entire class of ninth-graders (14-15 years) who were participating on the Special Talent Support Program (STSP), designed for socially disadvantaged children, in order to promote their social equality.

In Hungary, the concept of disadvantaged children means socio-cultural disadvantage. It means that the child's parents' educational level is not more than 8 years elementary school, and because of their poor economical situation the family receives child support.

Selection criteria for the STSP:

a special admission procedure. Furthermore: it is obligatory to live-in (boarding school) and must follow a special curriculum, containing an extra first year for orientation. The daily INPP exercise program has been incorporated into that first year.

We thought that the age of 14-15 years old teenagers would be an ideal group for the exercise program, because their systems is getting 'reorganized' anyway.

Parents' consent:

after information during a special parents

Number of participants:

1 class, 33 pupils.

Assessment procedure:

September 2010.

We got great help of the representative of the INPP who came to help for 2 days from Budapest. The outcome of the Assessment was very surprising, even for us.

Presence of Primitive reflexes:

in most of the pupils present,
in a few pupils very strongly present
among 3, there were only in 2 children no Primitive reflexes present!

Most significant problems:

gross motor problems (almost all)
dysgraphia, 5 out of 33 children,
ADD: 2 children.

Reading tests: because of the age of the group irrelevant at most of them, except for the ones with possible dyslexia (not confirmed).

Time and location exercises:

School year of 2010-2011 (9 month).

Every morning at 7.30 a.m. , before starting the lessons, in the gym of the College, in 2 groups (girls /boys).

Under the supervision of 3 professionals who have attended the INPP Teacher's course in Budapest.

(2 special education teachers and 1 PE teacher/occupational therapist)

The PE teacher who lives 5 miles from school, came by bike every morning.

Remarks:

According to our experiences, the challenge of doing the exercises was exactly as great for these 14-15 year old children as for young children from an elementary school. They really needed their full concentration in order to be able to do the exercises, and they did not always succeed at it.

During the INPP course we were stressed to focus on the importance of the precision of the exercises. Therefore we put a lot of energy into the motivation of the children, and also into the explanation of the possible difficulties of each of the exercises.

Unfortunately we had to finish the program in one school year and this seemed far too short. Therefore we did not have time to wait for some of the children who would have needed more time for the exercises. So the whole group had to proceed to the next phase. Nevertheless, whenever we could, we have tried to give separate attention to those who needed it.

Approaching the end of the school year (and of the program as well), now we can state that at least 3 of the children would need a special, individual therapy. The INPP school program was not enough for them. Those children were the ones showing initially the highest reflex scores, and signs of dysgraphia, too. They had the most difficulties with the exercises, too, and they did not succeed automating them yet.

We will do a second (control) assessment at the end of the program (in June 2011). The result will be sent to you.

Mrs. Edit Szóts Reiszné
Project leader

4. School = kindergarden

This one might not fit into the row of the schools but is interesting

By Mrs. Andrea Klacsány,
special education teacher, occupational therapist, Budapest

My experiences as a kindergarten teacher for children with special needs

- I am working in a small group with very young children from 3-6 years.
- INPP School Exercise Program for 3-6 years, under the supervision of Mrs. Magdalena Zweegman-Kocsis.
- 80% of the children have delayed speech abilities, severe speech/articulation problems, dysgraphia, and/or balance problems.
- Many children show alarming signs of residues of Primitive reflexes, already as young as the age of 2 years!

Observations, remarks:

- Due to their young age we could proceed only slowly.
- Because of the size of the group (6 children) we could proceed in their own, individual tempo.
- Start program: October 2010 – observations after 6 month, May 2011 (program still ongoing):
 1. Girl, 3 years.
Problems: sever speech difficulties, balance.
At present (May 2011: balance problems disappearing, Galant r. from 4 to 0.
 2. Boy 2,8 year.
Problems: dyspraxia, balance, delayed speech, problems with chewing and swallowing.

At present: Galant r. from 4 to 2. Speech shows great progress, yet still speech difficulties; Manual dexterity and balance are improving, dyspraxia is still present.

3. Boy 5 years.

Problems: dyspraxia, speech difficulties, balance, enuresis, underdevelopment of tactile systems.

At present: Galant r. from 4 to 2. Significant decrease of enuresis. Mobility improved, emotionally more open.

4. Boy 6 years.

Problems: ADD, ADHD, enuresis nocturna primer.

At present: pretty much from the beginning on: Galant r. from 4-0, enuresis disappeared.

Attention and cooperation are gradually improving.

5. Boy 6 years

Problems: speech difficulties, enuresis nocturna, balance, hypermobility, fine-graphomotor problems.

At present: tiny language problems remaining, (receiving next INPP also speech therapy), balance improved but not perfect yet. Generally: great all over improvement, more independent. Takes initiative and sits down to make drawings (NEVER before). After Galant r. disappeared, also enuresis nocturna disappeared.

6. Girl 5,5 year

Problems: emotional problems, shy, hypersensitive to external stimuli

At present: more open, communicative, as well at the kindergarten as (according to mother) at home.

What could be and what should be done?

In my professional opinion problems start in the perinatal, intranatal and postnatal periods. Therefore preventive approach during pregnancy and more information about the possible risks in the hospitals, after giving birth, would be crucial. i.e.:

- There must be a reason if the baby, when about to be born does not make the turn to the birth channel. This mother should have got sufficient preventive information during her pregnancy about the possibilities of developmental support and about movement programs.
- Or: in case of a Caesarian intervention many children do not develop the way they should.

Solution: early developmental exercises from birth on, in order to develop a normal reflex system of the child.

(N.B. There are excellent early developmental methods in Hungary, but the significance and necessity of movement therapies is not generally known).

Unfortunately even many professionals being involved in the education and remediation of children underestimate the role of movement and the consequences of aberrant reflex development for later skills and abilities.

This knowledge should be integrated into the professional training of all teachers, remedial teachers, kindergarten teachers and everyone working with children.

Mrs. Andrea Klacsány

02/05/2011