For people living with neuromuscular conditions
Mō te hunga whai oranga i te mānuka-uaua

A teacher’s guide to
Duchenne muscular dystrophy in primary schools
Our Vision

People living with a neuromuscular condition having unrestricted opportunities to achieve their full potential.

Our Mission

To provide New Zealanders living with neuromuscular conditions personal support and information and to advocate, influence and promote equality of opportunity.
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A NOTE TO THE PRINCIPAL AND SCHOOL STAFF MEMBERS WHO WILL BE PART OF THE STUDENTS SCHOOL LIFE

“While Duchenne muscular dystrophy slowly steals muscle function and independence, what remains strong is a child’s desire to learn, grow and have fun. With your positive, informed guidance and support, you can make that a reality in the classroom every day.” (©Parent project muscular dystrophy: A teachers guide to DMD)

A student with Duchenne muscular dystrophy (DMD) has rights to be granted the same unlimited opportunities and choices in education as his peers. Though he may seem to face challenges greater than his school counterparts, you can help him by eliminating the barriers he may face and have an open mind that is positive, understanding and supportive.

His desire, like his parents, is for him to have the same educational opportunities that lead him to reaching his full potential.

Purpose of this guide

This booklet is designed as a guide to help you as a teacher understand how DMD can impact your student in school. It also suggests general strategies to help you create an environment that will allow him to enjoy the same opportunities as his fellow classmates and ease difficulties arising in class. This booklet will not only issue you with the information you will need as you begin the school year but also presents you with the challenge to make a difference in your students life.

Teaching a child with DMD is bound to be both challenging and very rewarding.

How do you fit into this?

You may feel overwhelmed about learning about DMD, but the good news is that these students already come with their own unique set of strengths and abilities. Having a neuromuscular condition such as DMD has many implications for the student’s life, but by attending a mainstream school with other students his own age, you can help your student with DMD to lead a normal
life, which is important for his development and self worth. Have the expectation that your student has the ability within themselves to reach a step closer to success. Helping your student identify his talents and build on his strengths will be a partnership between you and the parents or caregivers of the student.

Therefore, ensure that there is communication between you and the parents or caregivers of the student so that you are better informed about your students particular needs which will change as time progresses. In that way you will be aware of the changes that may need to take place within the school environment. Nonetheless, use this guide to refer to throughout the year for guidance and advice. Inside you will find information on:

Inside you will find information on:
- What is Duchenne muscular dystrophy and its progression
- Physical, cognitive/learning, and behavioural challenges Strategies to cope with challenges that may arise
- Teacher tips and resources

In addition, the office of the Muscular Dystrophy Association is a valuable resource of information and help. You can call 0800 800 337 and if you are calling within the Auckland area you can contact us on 815 0247 or visit the Muscular Dystrophy Association website (www.mda.org.nz) for more specific information and links to other potential websites.

Sincerely,

Miriam Rodrigues
Membership Services Manager
Muscular Dystrophy Association New Zealand
I am not “disabled.”
I learn differently.
I am not “handicapped.”
I take in and use information that is somewhat unique to me.
Others may see me as handicapped when they insist on teaching me in ways through which I cannot learn or when they insist that I demonstrate my abilities in ways that are comfortable for them but not for me.
It is not I who is out of step, inadequate, handicapped or disabled.
It is the system.
I don’t want my teacher to be my pal, but I do want a model and a friend.
I don’t want my teacher to make life easy for me, but I do want a teacher filled with a conviction that what he or she teaches is important enough for me to learn and I do want a teacher who has enthusiasm that encourages me to keep working until I learn.
I don’t want to be the teacher’s pet, but I do want to be treated as a person worthy of respect in spite of my learning style or because of it.
I don’t want a teacher who demands praise, but I do want a teacher who understands my respect even if I show it in an awkward and sometimes hostile way.
I don’t want a brain transplant, but I do want to learn as much as I am able.
I don’t want a label, but I do want an appropriate education.
I don’t want to be called “learning disabled”, but I do want to learn.
Teach me. Don’t label me.
An overview of Duchenne muscular dystrophy

Students with disabilities should be treated as they might become rather than as they are. ©

What is Duchenne muscular dystrophy?

Duchenne muscular dystrophy (DMD) is a genetic disorder found in childhood, affecting 1 in 3,500 boys. It is caused by a genetic mutation on the X chromosome, which means that it affects only boys, however girls can be carriers. Because DMD is genetic, people are born with the problem therefore it is not contagious and you can not catch it from someone who has it.

The mutation results in a lack or absence of the ‘dystrophin’ protein, which helps muscle cells all over the body, keep their shape and strength. Without this protein, muscles tend to break down and become progressively weaker and easily fatigued. Because DMD weakens muscles over time, people who are affected by it can over time lose their function and ability to do everyday tasks that people take for granted, like walking and lifting heavy objects.

There is no cure for DMD, but most boys with DMD undergo many different treatments over the course of their lives such as taking medications, physiotherapy, speech language therapy, surgery and use of physical aides.

In the early stages, Duchenne affects the muscles which draw back the shoulders, the trunk muscles, and the muscles of the upper and lower legs. As the disease progresses, It eventually weakens the arm muscles and leads to difficulty in walking and lifting objects.
Symptoms
Your student will experience most of the following symptoms over the course of his life.

- General weakness and fatigue
- Enlarged calves
- Curvature of the spine
- Speech/intellectual impairment
- Respiratory problem
- Loss of mobility

Diagnosis and progression
Here is a timeline of the progression of DMD and how this might impact on time in the classroom. All boys have different experiences of DMD but most will go through similar stages of progression. It is helpful to keep regular contact with your student’s parents so that you are kept up to date with any changes, any new symptoms that he is experiencing so that you can remain mindful of what he might need help with.

Timeline of Progression for DMD

Physical symptoms present during primary school.

**EARLY PHASE**
5-6 years
Your student may display some of the following symptoms
- Slow moving, difficulty running and climbing steps
- Falling over frequently
- Poor balance
- Becoming tired in the afternoon, and changes in strength during the week
- Enlarged calf muscles
- Difficulty participating in PE and other physical activities
- A weak grip
Delays in speech and language
Lack of co-ordination
Shaky movements
Cognitive weaknesses- for example memory
Difficulty getting up from the floor
May walk on the balls of his feet or on his toes

TRANSITIONAL PHASE
6-12 years
- Walking may become more limited-boys make the transition to a wheelchair at the end of this stage
- Upper body strength declines
- Trouble keeping up with writing due to decline in skills such as handwriting and grasping.

Physical symptoms present during secondary school.

IMMOBILITY
12-14 years
- Significant loss of skeletal muscle strength due to further progression of weakness.
- Student will most likely be in a wheelchair to help them move around classes
- Will become easily fatigued and tired
- Will require assistance performing activities that involve the arms and legs, but most boys retain the use of their fingers
- Surgery for scoliosis involving the insertion of spinal rods is often performed in this phase
ADULT STAGE
15-25 + years
- Tasks that require writing becomes even more difficult for student as he gets older
- Respiratory and possible heart complications
- More visits to the hospital resulting in frequent absences
- Shortness of breath
- Fluid in the lungs
- Ventilation at least overnight is often required
- Swelling in the feet and lower legs
- Tiredness and headaches due to a lack of oxygen during sleep
- Assistance with drinking and eating
- Implications due to respiratory or cardiac failure are the most common reasons for young men with DMD passing away.

Since you will be spending time with the child on a day to day basis you may be the first to notice changes in mobility or behaviour. Please report these changes to parents as it can help with the management of his condition.
Specific challenges and strategies that can help

What is the greatest sign of success for a teacher...?

It is to be able to say, “The children are now working as if I did not exist”.

( Maria Montessori, ‘Theme related songs and poems.’
www.songs4teachers.com/inspiration.htm ©)
Physical limitations

Walking
You may notice that the child moves quite slowly, may be dragging himself, and cannot always keep up with the rest of his peers. This is because the child’s condition may not allow him to walk long distances due to gradual muscle weakness. You might have to be patient and allow the child a little bit more time to get to places particularly coming in from lunch time, or when you are moving from classroom to classroom. It can be helpful to assign a buddy who can walk with the child and keep him/her company.

Moving around the school
An environment free from physical barriers is an important issue to be aware of for the child. The child may be using a wheelchair or moving considerably more slowly and so may find it difficult to get to class on time. It’s important to identify if this is due to issues outside of the student’s control and if so, is it an issue that the school can address. Factors that have an impact are; tardiness, elevator or wheelchair breakdown, or that the may have to go a longer route than his peers to get to classes to avoid stairs.
Please also note, especially in cases of emergency, students with physical disabilities may also face similar problems when leaving class.

Teachers should accommodate children using a wheelchair by:

- Taking into account whether physical access to a classroom is a problem before the child starts school and discuss this with the parents or caregivers.
- Becoming aware with the building’s emergency evacuation plan and assuring that the child and you are aware of these plans and manageable for them.
- Allowing the student to come into class a little early or a little late.

Also ensure that there are big enough aisles in the classroom for the child in the wheelchair to move around. You can do simple things by rearranging the classroom furniture.
The Barrier Free NZ Trust http://www.barrierfreenz.org.nz can be
contacted to provide assessments and advice. Their mission is to encourage, promote, and facilitate the creation of environments that are accessible and usable by everyone in the community including people with disabilities.

Field trips
Please note that children with DMD should not be encouraged to walk long distances nor climb flights of stairs as it may harm them by increasing muscle damage. These points are important to consider not only within the school grounds but where field trips involve a lot of walking. Scooters or wheelchairs can help to lessen the walking distances however the field trip must be able to accommodate this as well as appropriate transportation. For instance, a mobility van with a hoist for wheelchairs. Parents can help by providing suggestions and tips on how best to approach a trip that involves a lot of walking.

Getting up from the floor
Most boys will have difficulty standing up from the floor. This is because of weakness in the enlarged calf muscles. You might see that he gets up from the floor by first getting on all fours and then walking his arms up his legs to come to standing position. This is called Gower’s manoeuvre, where boys use their arm strength to push themselves up. As this gets worse, it may be helpful to let the student sit on a chair rather than on the floor.

A child with Duchenne muscular dystrophy uses the Gower’s manoeuvre to stand.

GRAPHIC: Sourced from Muscular Dystrophy: Diagnosis'American Academy of Orthopaedic Surgeons.
Tiredness
You may notice that children with neuromuscular conditions fatigue quickly. Your student may become tired and inattentive towards the afternoon. To make learning easier, you can structure daily activities so that most of the new material is covered in the morning, and leave less difficult activities which require less concentration for the afternoons. Sometimes it may be necessary for the child to have a rest towards the afternoon. You can arrange a suitable place for him to do this, perhaps with the school nurse. Make sure that during this time the child is not missing out on anything important or fun.

Absences
The child may be absent from school more often than their peers and may be absent for long periods of time. This is because of healthcare appointments and visits to the hospital to manage the progressive illness. Keep a set of notes for your student so that they may catch up with what they miss in class and maintain regular communication with the parents so that you can be informed well in advance of scheduled absences.

Seating
Suitable seating from a young age will help slow down and reduce the severity of spinal deformities later in life. Your student will most benefit from a school chair that is adjustable and provides back, arm and foot support. It is important to keep the ankle at right angles to the foot, so if the chair is too high, placing a block on the floor, will enable this.
Writing in class
Accommodations can be made in this case by the use of assistive equipment such as:

- A note taker, tape recorder or lap top
- Pencil grips or thicker pencils
- Sloping desktops

Or by:

- Having a buddy partner to assist with labs or in the classroom
- Allowing in class assignments to be completed out of class with the use of assistive equipment.
- Allowing extended testing times
- Spreading writing activities out over the day

Tips for when your student is using a wheelchair:
A wheelchair helps the child to be independent and enables them to move around rather than disables

Mobility
A wheelchair-friendly environment should be free of physical barriers and allows the child to move around freely in class and outside of class. Even a single step is insurmountable for someone in a power wheelchair. Be aware of any such issues before the child begins school. One way to truly examine this is to place yourself in their shoes by borrowing a wheelchair and attempting manoeuvre around the class and school in it. Imagine what it would be like if you were not able to get into a classroom because the only way to get up there was the stairs? Discuss, plan, and try to anticipate the needs of the child in the wheelchair in advance. In that way the child is prepared to get to and from classes quickly and efficiently.
Adaptability

Make sure that the desks or work stations in your classroom are raised to the child’s height enabling the child to write and carry out tasks in any classroom setting. Create an environment that enables the child to be as independent as possible.

Providing assistance

Even though the child is in a wheelchair, does not mean that the child is suffering or unable to do things on their own. Therefore, do not assume that the child in the wheelchair requires assistance, always ask the child if they would like your help before giving it. Have a one-to-one conversation with the parents and child about how and when the child may need your help in certain situations that may arise.

Engaging with your student in a conversation

When talking to the child for any length of time, kneel down to their level so that you are at the same level of eye contact when speaking to him or her.

Keep the chair in close proximity when being transferred

When the child needs transfers to go to the washroom or transportation, keep the chair within reach of the child so that the child is able to get back into it without too much difficulty.

Physical education

Most students with DMD are not able to participate fully in all physical activities because of the muscle weakness and also because they are easily fatigued. This does not mean that they should be excluded.
Boys with DMD benefit from stretching their muscles and remaining as active as their condition permits. There are a number of ways that you can adapt your PE lessons to ensure that your student with DMD can participate as fully as possible. Here are a few examples, and you can discuss this with the child’s parents or therapists.

- Swimming is something that boys with DMD can enjoy because water removes the resistance against movement.
- Substitute hard balls where you can for soft foam ones, which are easier to pick up and will not injure your student.
- Reduce the size of the playing field so there is less distance to the goalposts etc.
- Set realistic goals, for example in relays allow your student to walk one length, in the same time as other children may be running two lengths.
- Break the class up into smaller groups so that your student gets more chance to participate and he will not exert himself.
- In larger games which are harder to adapt for your student such as inter school tournaments and sports days, give him other tasks such as referee or score keeper.

Here are some websites that could help you to design a curriculum that is inclusive of a child with physical disabilities www.youthsport.net and www.teachernet.gov.
Cognition and learning issues

Teachers should have the expectation that all their students have it in them to walk a step or two with genius, if only they could identify the talents to find the key to unlock it. ©Tim Brighouse, ‘Effective schools and pupil needs’, in N. Jones and T. Southgate (eds), ‘The managements of special needs in ordinary schools, Routledge London and New York, 1989.

Approximately one third of boys with DMD have some sort of cognitive or learning difficulty that impairs learning and academic achievement. The particular cognition and learning deficits are highly variable across individuals with DMD. Cognitive and learning deficits are not associated with physical severity nor are they progressive over time.

On the following page are some cognitive weaknesses that your student may face along with signs and possible strategies to overcome them.
Language problems

Signs

- Not attentive in class
- Does not follow instructions

Strategies

Make sure your student is looking at you when you are giving instructions

Difficulties with auditory memory

Signs

Here is an analogy to explain: It is like listening to someone who speaks a different language than you, however you know some of the words. Therefore, you get bits and pieces of it because you can not hold onto as much information at any one time. A student with this problem may do their best to figure out what they are being told, but they can not hold on to the information as readily as others. When being taught, they will have difficulty in understanding concepts that are long and complicated because it is difficult for them to remember spoken words and process long spans of spoken information.

Strategies

- Break down information/concepts into smaller chunks for them to understand what is being taught.
- This may require you to be patient when speaking or asking your student questions.
- Do not give too many instructions at any one time.
- Use visual representations and mnemonics when explaining concepts and ideas.

Learning difficulties for students with DMD vary widely from one individual to another

Learning difficulties are not progressive they will not get worse with time
Strengths in learning for a student with DMD

Students with DMD also have numerous strengths; therefore it is important to keep these strengths in mind when thinking about ways to improve his learning.

Ask parents as well as your student what their individual strengths are. This will help to lessen learning related issues that may frustrate your student.

The following are some examples of what students with a DMD are particularly good at.

- Strong in learning and rote memory
- Good visual perceptual skills. For example, they can distinguish visual patterns and are good at recognising incomplete pictures and putting together puzzles.
- Good at problem solving and abstract thinking

Behavioural issues

The progressive nature of DMD can impact on a child’s social interactions at home, school, and in all areas of life. The child will most probably become frustrated, especially when they become aware of what other children can do that they cannot. Losing the ability to walk as in some conditions can be very traumatic at any age.

Everybody has different ways of coping, and sometimes stress can translate into behavioural problems at school. The best thing that you can do to help is to try and make your school a supportive and understanding environment for your student.

It is important to point out that not all children with neuromuscular conditions will have behavioural problems; although evidence suggests that there is an increased likelihood of developing behavioural problems than the general population. It is important to regularly discuss behaviour with parents and work together to approach these concerns positively.
Some particular problems that affect boys with DMD are:

- Poor social skills
- Emotionally distant
- Moody
- Aggressive
- Impulsive
- Lack of boundaries

Inclusion

One of the ways you can help your student the most is to ensure he is always included in class activities inside and outside the classroom. Full participation may present obstacles in some situations however, with some effort you can ensure that your student feels like one of the class.

- When seating students make sure that the student is integrated within the class rather than at the front or back of the class.
- Call on him to answer questions in class even though he may be slower in answering.

Bullying

A survey of young MDA members in 2010 found that a number of them experienced being bullied. Please be aware that children who are disabled are more likely to be the recipient of bullying and be prepared to stop bullying immediately it starts.

Stop Bullying - Guidelines for NZ schools:
Individualised Education Plan (IEP)

An IEP is a written plan, which is part of the process of meeting a child’s special needs. It says what the child needs to learn, what people will do and what resources are needed.

The IEP is designed to enable your student to get as much as possible out of their time at school. It is a flexible document that changes as goals are met and needs change.

People involved in the formation of the IEP should be:

- The student (if the student is of appropriate age)
- The student’s parents or caregivers and whanau
- School staff: the teacher of the student, Principal or Deputy Principal, Itinerant teacher, GSE personnel
- Community workers such as the occupational therapist, physiotherapist, speech therapist, social worker etc.

The IEP process and appropriate templates can be accessed from the Ministry of Education website:
www.minedu.govt.nz and search: IEP
or by visiting:
Talking about DMD in the classroom

Careful and sensitive explanations to other students can help to assist the child’s social development
What to tell your class about DMD

It is important to take the lead in having a classroom discussion recognising that this can be an especially sensitive issue, because the child with DMD may or may not want the other children to know about certain aspects of his condition and the child themselves may not know about certain aspects of their condition. The best way around this is to talk to the child and parents about how they would like to approach the issue of “what to tell the class”. With the help of the child’s parents you can talk appropriately to the class about the child’s condition, how it may affect them and what the class can do to help.

Activities to help your class understand DMD

Activity One:
What is it like to live with DMD?
The duration of this activity will approximately take 10 minutes. Ask the students to use their imaginations for this activity. Firstly ask them what it is like to walk in a swimming pool or beach. The student should respond that they would feel more heavy than usual. Secondly ask them to compare whether it is harder for them to walk on the land or in water and why. They should respond that it is harder to walk in water because it puts greater resistance on your legs than air. Thirdly ask the students how they would feel if they had to walk through the water all the time. Explain to the students that walking through water is similar to how a person with DMD feels when they walk everyday because there condition leads to progressive muscle weakness till they no longer have the strength to stand or walk requiring them to use a wheelchair.

Activity Two:
There is a helpful five minute animated video on Duchenne Muscular Dystrophy, designed to help children understand DMD and its symptoms. It can be accessed free from the internet from the following URL:
http://www.brainpop.com/health/diseasesandconditions/duchennemusculardystrophy/
Alternatively, if you do not have internet access, contact the Muscular Dystrophy Association for a copy on CD-Rom.

On the website there is also a short quiz that you can do with your students as a class activity.

Activity Three:
Include DMD into your curriculum.

Take advantage of health classes, science or social studies to teach the class about neuromuscular conditions.

- Health class: You could describe the muscular and nervous system.
- Science: How the muscles work and what stops them from working.
- Social studies: Talk about attitudes toward people who have physical disabilities.

Activity Four:
Invite a speaker from the Muscular Dystrophy Association to speak to the class.
Summary

Getting things done is not always what is most important. There is value in allowing others to learn, even if the task is not accomplished as quickly, efficiently or effectively.

Top five tips for teachers

• Students look up to you as a role model. It is important for you to take a strong stance on modelling positive attitudes and supporting your student with DMD appropriately. Students in your class will learn from you on how to be helpful and be non judgemental of your student with DMD by reacting with empathy rather than pity.

• Room placement. Make sure the student is placed within the rest of the class, instead of the back of the room. It is important for him to feel included and not an outsider. Accommodate his needs if he is in a wheelchair by allowing him to move freely around in the classroom by keeping the aisles wide enough.

• Boost participation in activities outside and in class. Accommodate activities such as in P.E classes by letting him be a time keeper or finding ways to include him in all activities that is inclusive and not demanding on his physical strength. Encourage participation in a way that does not make him feel small in front of the class.

• Have a multidisciplinary approach within the school. Because your student needs different supporting agents such as an occupational therapist, physical therapist, school counsellor or a teacher aid, have open communication between all of them about issues of concern that may arise. They can be helpful in providing information that you may want to know to assist your student cope better in school life.

• Plan in advance. As your student grows older, he will develop new strengths and abilities, but at the same time he will lose other abilities as his muscles get weaker. Therefore
it is important to plan ahead of the changes that will occur for your student later in the year.

What parents want you to know

- DMD is not contagious nor is it anyone’s fault
  It is a genetic disorder caused by a faulty or missing gene which is either inherited by the mum or as a result of a spontaneous mutation during foetal development.

- Keep me updated
  On any concerns you may have about my child and please feel free to contact me if you need any assistance with a situation that has come about I’d be happy to help in any way I can.

- Keep the lines of communication open
  Between me and the school regularly about issues of concern when they arise instead of at the end of term through school reports. In that way we can try to help you deal with issues earlier rather than later.

- My child has a chronic debilitating illness that is life limiting
  But he is still an ordinary person with hopes, dreams and aspirations like us. With your help, you can keep his school life as normal as possible.

- It is ok to tell other students about his condition
  As long as this has been discussed with him in regards to what he wants others students to know and how. This can be a sensitive issue for him and confidential.

- Please be understanding
  My child may need extra time to finish assignments and assessments, but with the help of assistive equipment and by planning ahead can help him to keep up with the rest of the class.
• My child fatigues easily
  Especially when he uses his arm muscles to carry out everyday activities like writing, lifting books. He may be slow and clumsy at times. This is because of his condition not behaviour issues.
Communication

When talking to parents:
In the extra resources section there are some templates you can photocopy and fill out, so that up to date information is there for you to refer to and also for other staff members such as relief teachers or teacher aides. You will need to update this as symptoms progress, and therefore regular meetings with parents are essential.

Here are some questions to go through on your first and subsequent meetings with parents:

- What are your son’s strengths and weaknesses? This will ensure that you know what your student is good at and therefore guide you in finding new ways to help him learn. Also you will find out what he may need some extra encouragement with.

- What medications does your son take? Take a note of the medications plus any side effects so that you are aware of how they may affect your student during the day, and in the case of emergency, you have this information at hand for the school nurse or other staff.

- What treatments and therapies is your son attending? Some of these will be during school time.

- How much does your son know about his condition? It is very difficult for parents to decide how much to tell their child about the condition and its prognosis, therefore you need to discuss what their son knows about the condition and meet their wishes for privacy.

- Are there any particular symptoms that we should monitor?
For subsequent meetings:

- Does your son have any new symptoms since we last spoke?
- Has he made progress in any areas?
- Is he having any problems at school that he has made you aware of?
- This is also your chance to clear up any difficulties that you yourself are experiencing in the classroom.

Keep track of any new symptoms or recurrent problems that you notice during the school day, and report them back to the parents of your student who may not yet be aware of them.
Extra Resources

The more you know the more you understand
A note to my reliever
This note will be helpful to leave in your classroom for the reliever when you are away.

There is a student in my class that you should know about. His name is ____________________. He has a condition called Duchenne muscular dystrophy. It affects his muscles which causes the muscles to deteriorate over time. This makes it hard for him to walk, which is why he is in a wheelchair. Because of muscles weakness, he may have trouble writing and keeping up with the rest of the class and when moving from one class to another for example.

Because of his condition, he does have weaknesses but however he also has strengths and is capable of doing many things independently. He is like the rest of his fellow classmates, but he faces more challenges than they do. This is where you fit in. Support him to ease any barriers he may face by including him in all activities and treating him as you would treat other students in class. He is a student here to learn and wants every opportunity to lead a normal life as possible.

Lastly, make sure that he is aware that you are there to lend him a helping hand when needed by him.

If you have any questions, concerns or would like more information, please feel free to contact the principle.

Thanks for your help

Sincerely ____________________
Information template

Name: _________________________ Date: __ / __

Strengths:

Difficulties:

Medications:

Therapies:

Notes:

Signed: _________________
For more information

Muscular Dystrophy Association (MDA) of New Zealand
www.mda.org.nz

Muscular Dystrophy Association United States
www.mdausa.org

Muscular Dystrophy United Kingdom
www.muscular-dystrophy.org

Parent Project Muscular Dystrophy (PPMD)
www.parentprojectmd.org.

Muscular Dystrophy Association Canada
www.mdac.ca
Muscular Dystrophy Canada
Has information about the school environment
• Architectural barriers
• Curricular and Instructional barriers
• Assistive technology
http://www.muscle.ca/content/index.php?id=1747

Muscular Dystrophy Campaign
Education guidelines: Teachers materials
Other publications in this series which you might find useful:

- A teacher’s guide to neuromuscular conditions in primary schools
- A teacher’s guide to neuromuscular conditions in secondary schools
- A teacher’s guide to Duchenne muscular dystrophy in secondary schools
- A teacher’s guide to congenital myotonic dystrophy

For more information
Muscular Dystrophy Association (MDA) of New Zealand
www.mda.org.nz
Muscular Dystrophy Association United States
www.mdausa.org
Muscular Dystrophy United Kingdom
www.muscular-dystrophy.org
Muscular Dystrophy Association Canada
www.mdac.ca

Includes information about the school environment
- Architectural barriers
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- Assistive technology
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Muscular Dystrophy Campaign
Education guidelines: Teachers materials