

APD IN THE CLASSROOM © Alyson Mountjoy

Each child with APD is affected uniquely and there are usually additional co-existing conditions with reciprocal effects. There are children with complex needs; even those with one APD difficulty (diagnosed as auditory processing difficulties) or mild APD will need full support. Below are examples of good classroom practice for those children suspected of having APD, and those with other difficulties too, to **use prior to testing** (to help until individual difficulties are identified by full diagnosis) and to be **continued after diagnosis**, as needed, as well as any professional recommendations.

Support will depend on the child's individual difficulties and not all children will need them all. Please be guided by the diagnosis report recommendations, but these are usually **not all** that a child with APD will need and audiovestibular specialists have limited knowledge of how APD affects a child in the classroom. Reasonable adjustments for any child with ALN/SEN, including APD, are a legal requirement. Please support these children in accessing an appropriate education.

Here are some types of essential classroom support:

1. Use face to face communication, getting the child's attention first by using their name. Encourage other children to do the same. Ask if they prefer information to be repeated or rephrased. But written information is usually best for all, unless they have reading problems and even then, images can be used.
2. Some children benefit from instructions given one at a time and waiting for completion before asking the next, but it is preferable to write them down (with diagrams for a younger child or one with reading difficulties). APD can cause difficulty with processing or remembering a long list of verbal instructions, and/or sequencing them correctly and poor working memory can add to this. Many learners benefit from a visual reminder to refer to, ensuring that directions are followed correctly.
3. APD is variable and intermittent during the day: if they understand one instruction perfectly, they may forget it, or not process/remember the next one accurately. They might also think that they have understood something when you ask; they might not have, or might argue that what you said was something else. Asking a child with APD whether they understand and getting a positive response **cannot** be relied upon to ensure understanding. This is another

reason why information and instructions should be written down. Processing might be worse later in the day as they become more tired, but for some children this could also be the opposite. Never assume anything with a child with APD.

4. Allow preferential seating where they can see the teacher at all times should they need to lipread (not necessarily at the front, preferably away from windows, doors, disruptive/noisy children and other visual and auditory distractions).
5. A child with APD should not be expected to answer questions in front of the class as this can cause distress and adversely affect self-esteem and confidence. They might not be able to answer, not having processed the question. Give extra time to respond when asking privately to allow for word retrieval, poor auditory or working memory issues and slow processing. These issues can also affect written work, so extra time is needed for that too; it can also lead to unfinished work which should not be sent home or finished at break, leading to potential sensory overload where nothing else is processed or learned until the brain is rested and recovered.
6. Children with APD often need frequent sensory breaks in a quiet place to avoid sensory overload just from struggling to listen and process all day: it is exhausting. Allow them to ask for one. You could use a signal agreed with the child to show when they need one (like a card to show when they need one). If they don't ask and appear to 'zone out', they need a break and should be given one, although by this time it might be too late for them to learn any more that day.
7. Providing water in class can prevent dehydration, which can also affect processing and lead to exhaustion.
8. Children with APD should have extra time in all test and exams as they put them at a disadvantage due to slow processing speed, word retrieval and possible working memory issues etc. They should be allowed a quiet room, avoiding distractions. Mental maths and oral spelling tests are a particular problem for children with APD and should be disallowed.
9. Reading/spelling can indicate dyslexia if a child with APD has phonics issues and should be investigated via testing by a trained dyslexia assessor. Visual issues around reading/spelling should be investigated by a behavioural optometrist as well as a dyslexia assessment as APD and VPD are both causes of dyslexia in some children, although they can have either or both and not be

dyslexic/have any issues with reading/spelling. (APD is thought to be present in as many as 70% of children with dyslexia).

Please see the document "APD in tests and exams" for full details <https://apdsupportuk.yolasite.com/information.php>

10. Children with APD and reading difficulties (dyslexia) should not be asked to read aloud in front of the class. A child with APD who struggles with identifying, remembering or manipulating sounds accurately can indicate dyslexia and they should never be expected to learn by using phonics; use whole word or multi-sensory teaching of reading/spelling. However, if they have VPD as a cause of the dyslexia and no phonics issues, phonics is essential, and multisensory methods if they have both types of processing issues.
11. A child with APD should never be expected to copy from the board or take dictation; give pre-printed handouts at all times, given beforehand as pre-teaching, along with lists of subject specific vocabulary. Concentrating on what the teacher is saying while trying to copy can cause lapses in concentration and mistakes; dictation is likely to be incorrectly processed. (Misprocessed or missed information due to APD will lead to incorrect or incomplete notes from which they need to study for tests and exams, further compounding their problems with learning).
12. Allow the use of a fidget, if needed, to aid processing (and reduce anxiety). Some children rely on them and multisensory input is essential for learning.
13. Allow musicians' ear plugs or ear defenders to reduce background noise and prevent sensory overload, especially when working or at break or at lunchtime. Sound sensitivity/hyperacusis (one of the common co-morbid conditions that can occur alongside APD and exacerbate its effects) can cause physical pain from loud noise, another reason for sensory breaks.
14. Provide a quiet place to work to reduce the effects of noise and distraction. Also, ensure noise-reduction in classrooms (mats to soak up sound, drawings on walls, covers for the bottom of chair legs to reduce scraping etc.).
15. Children with APD should not be expected to work in groups of more than 4. Turn-taking is essential to allow the child with APD to process without unnecessary noise. A written record should be provided of the discussion, to aid memory.
16. Make teaching as visual/multi-sensory as possible.

17. Provide a reader/scribe in class, if needed. Some children with APD will need a permanent 1 to 1.
18. Prove permanent use of a laptop if there are additional writing difficulties (also for home/test/exams).
19. Children with APD should have differentiated, ability-appropriate classwork to minimise these issues and reduce feelings of failure. APD does not affect intelligence but constant failure can knock their confidence and self-esteem. Appropriate differentiation, as a matter of course, can minimise that.
20. Give time-limited, differentiated homework, or none. They will be unable to complete it due to not processing the day's lessons until late at night or even longer, they might not have understood it at all or will have gaps in their knowledge unless presented visually via pre-printed sheets; they will also need to relax and might possibly already be in sensory overload and need time to rest and recuperate or this can have a knock-on effect the following day, further hindering learning.
21. A child with APD might also be entitled to a reader/scribe in test and exams depending on their other difficulties. Please see the document "APD in tests and exams" for full details <https://apdsupportuk.yolasite.com/information.php>
22. An FM system should always be allowed and purchased by the school when recommended on diagnosis. The child **needs** it to help them to access the curriculum. But this is not all a child with APD needs; it will not aid processing itself, but clear, directed speech will help to block background noise in those that have a speech in noise difficulty or spatial processing issues (difficulty locating the direction of speech). An FM system will **not** help with other APD difficulties.

UPDATE - APD has been acknowledged as a hearing impairment by the World Health Organisation's latest "Report on Hearing" in section 1.3.3 page 37 under hearing disorders: <https://www.who.int/publications/i/item/world-report-on-hearing>

Involvement by the Local Authority/LA's Teacher of the Deaf (ToD), Hearing Impaired team or Sensory Support team is therefore vital in helping a child with APD with the use of an FM system. It must also be remembered that a child with APD should not just be supported in the same way as one with hearing loss (even if hearing loss is also present). APD is totally different and needs individualised support.

Although the strategies that support learners with hearing loss are also necessary for children with APD (i.e. optimal hearing conditions via ideal acoustics, preferential seating, printed handouts, provision of FM systems when recommended on diagnosis etc.) APD is not just about being able to hear clearly. A child with APD might still not be able to process speech one-to-one in a silent room and that is not the only difficulty they can experience. They will need help with auditory memory, auditory sequencing, varied/intermittent levels of processing etc. It is therefore hoped that ToDs (or equivalent) would be able to advise schools that there is a need for additional support beyond that needed for a child with hearing loss. This support is vital to them being able to access the curriculum; each child with APD will be uniquely affected and each will have other co-morbid conditions.

When adequate, appropriate, tailored support is provided, children with APD can, and do, succeed.

For further information on APD, please visit <https://apdsupportuk.yolasite.com/>