The Contribution of the Physical Education Course to the Education of Students with Disabilities Attending Special Schools

Ioannis Novakos

Abstract: It has been proven that physical activity is associated with the good quality of life for individuals, as well as with their harmonious and balanced development. It is, however, recognized that students with special educational needs are attending the Special Education and Training School Units (SMEAE) show especially low performance in physical activity in contrast with students of standard development attending general education schools. The methodology of the article is based on the in-depth review of the domestic and international bibliography, related to the particular issue and topic. The purpose of the particular article is to designate, on the one hand, the positive benefits and advantages of the enhanced physical activity on the motor development and improvement of these students and, on the other hand, to demonstrate the contribution of the Physical Education course to their acquisition of psycho-emotional and psychosocial abilities and skills.

Keywords: SMEAE, students with special educational needs, Physical Education

1. Introduction

Individuals/students with special educational needs studying in SMEAE have a tendency and proneness, because of their inherent (neurophysiological, sensory, mental, cognitive, developmental, psychic and neuropsychic) problems and deficits - proven through K.E.S.Y report - to the sedentary way of life and behavior even at school (Law 3699/2008). Therefore, it is understood, that these difficulties are becoming greater because of the daily lack of physical activity. Undoubtedly, it is demonstrated that physical exercise/activity is associated and inextricably linked with their multilevel and multifaceted improvement and promotion of their daily lives (Lee et al., 2012). In this case, it is observed that the absence of physical activity in the daily life of humans causes inactivity and indolence, factors which in turn, cause health problems and other diseases. In this sense, it is recognized and pointed out, among others, that the lack of physical exercise in the daily program of the students of this special group, leads in visible negative consequences and effects on their educational, behavioral and social development and evolution. Moreover, as it is noted in the world health organization reports, the absence of physical activity from human lives, is the fourth pillar of risk related to life expectancy, and consequently, to global mortality (WHO, 2010).

Hence, students with special educational needs are among the most sensitive groups of population, since they constantly show more and greater physical and developmental disfunctions and deficits. Especially, it is evident that the minimum engagement of these students with physical exercise, through the course of Physical Education – as well as the hours offered through the DEPPS (Interdisciplinary Unified Curriculum Framework) and/or the PAPEA (Curriculum for Special Education) are rudimentary and insufficient for their physical improvement and wellness. In combination with their bad nutritional habits and attitudes, the result is the appearance of high percentages of obesity and its effects, a fact that complicates even more the activities in their daily routine and autonomy (Sparrow et al., 2005). In any way, therefore, it is indicated how valuable and catalytic the daily physical exercise is for the students of this special group, since they face their weaknesses and difficulties from a different perspective and point of view. The existence of the Physical Education course in the timetable of these educational organizations (SMEAE) is therefore imperative and necessary so as to alleviate and/or sometimes eliminate the daily problems that these students present, especially the psycho-emotional and behavioral ones (Hills et al., 2011[.] Tsoulfas et al., 2011).

Changing the psycho-emotional and behavioral profile of students with disabilities through the movement and activity of the Physical Education course

The positive effect of physical activity to students with special educational needs SMEAE are a biocosm for the educational system which is governed and shaped by the emerging political, financial and cultural developments and dynamics of each social reality. From this point of view, inextricable and essential relations of interaction and interdependence are created between the members of this structure. The special individual characteristics of each student, separately, that studies in this unit, their unique abilities and skills, the constant production of new and advanced scientific knowledge as well as the reshaped cultural landscape and field, therefore, dictate and place the operation of these school units under the regime of complete flexibility and adaptability, so as to serve the needs and capabilities of these students (Batey et al., 2014). The application of the Physical Education school subject to the students of this particular group is, in short, based on and inspired by the fundamental principle of individualization and differentiation, on the basis of which the teacher of the particular subject, designs and prepares the activities, by considering the interests, capabilities and weaknesses of these students. For this reason, an in-depth and thorough study of each student's personal file is required, as well as a study of their medical data and examinations (Spetsiotis & Stathopoulos, 2003).

In other words, each teacher of the Physical Education course in SMEAE, is required to use alternative strategies and methods of performing the particular subject, by

Volume 10 Issue 6, June 2021 www.ijsr.net

Licensed Under Creative Commons Attribution CC BY

considering and always understanding the individual deficits and difficulties of these students. More specifically, they must know how to count the productive learning time of each skill and guided by their experience, to design and structure the activities of the course (Vasileiadou & Derri, 2006). In this way, they provide academic time for teaching and learning to students under training, so that they can acquire motor skills. Their effectiveness, therefore, is highlighted through the useful time they provide for their trainees and furthermore by the variety of ways they use to involve them in the lesson. In this case, the scientific ability of the teachers depends on the academic success and the productivity that students studying in SMEAE show in the particular subject (Gettiger & Seibert, 2002[.] Peterson et al., 2008).

In general, it is noted and highlighted that in order for Physical Education teachers to be effective in their teaching duties and obligations towards students with special needs, they must:

- Design logically and with realistic expectations the activities they will apply to students.
- Establish individual protocols and routines, especially when teaching these students, so that they manage their time in a proper and profitable way.
- Relate their academic goals for these students with corresponding activities so that all students are able to participate in the lesson despite their inadequacies and deficits.
- Patiently insist on teaching specific skills for as long as necessary in order to have the equivalent understanding by the students of this particular group.
- Provide for the avoidance of several barriers while teaching, so that they maintain duration and a steady pace in their lesson.
- Try to constantly maintain the enthusiasm in these students, creating on the other hand a warm atmosphere.
- Make use of all mechanisms and strategies to successfully meet their goals, which are always positively oriented.
- Be exclusively based on communication and not on materials during teaching.
- Provide their assistance at all times when the learning of several skills takes place, supervising the part of their practical application (Department of Health and Human Services, 2001 · Emmanouilidou et al., 2007).

However, for the realization of the above reports, it is necessary for the following principles to be applied: a) The clarification of the activities to be taught by the teachers, so as to become fully understood and applicable by the students, b) the fact that feedback is provided for students c) the careful and appropriate selection of the exercises so that they are suitable for the corresponding needs and capabilities of the students, d) the formulation of quality planning, so that the corresponding activities/exercises can be applied successfully in practice. In other words, the ability of Physical Education teachers in SMEAE, is considered to be very important since the students of this particular structure regulate their body weight in an implicit way and reinforce their burdened skeletal and muscle system (Zwicker et al., 2012). The outcome of the above is the improvement of their mental health, which entails, better management of their emotional and behavioral outbursts and practices, alleviation and/or visible improvement of their stress and finally, reinforcement of their self-esteem and self-feeling (Ziviani et al., 2004. Markovic & Monastiridou, 2011).

One of the reasons that the performance of the Physical Education subject in SMEAE is considered necessary is the avoidance of physical activity by these students, because of the motor difficulties they present in relation to their peers who show normal development (Cairney et al., 2005). These limitations, therefore, are inextricably linked to their low self-awareness of their physical performance. In addition, it is apparent that the weakness they show in the performance of motor activities, that is physical activities of moderate and high intensity, creates them a feeling of low selfefficacy and self-esteem (Noordstar et al., 2014). Therefore, students with special educational needs prefer to avoid physical activities. On the contrary, they show a preference in the sedentary way of life in their free time. The sedentary lifestyle of these students, however, has a negative impact on their physical condition and as a result it affects their overall performance and behavior at school. Consequently, it has been found that abstention of these students from physical activity, creates irreversible effects on their academic/cognitive field, which in turn formatively affects their emotional world and behavior (Kwan et al., 2016).

The psycho-kinetic activation of students with disabilities through the performance of the Physical Education course

Students with special educational needs have been found to avoid physical activity and movement in the daily school life. The aforementioned fact and reality, takes place because they face difficulties in their kinetic skills and abilities. Taking into account the above, a negative predisposition is created in these students for any type of sports participation in the activities that take place in the course of Physical Education. As a result of the disability they feel due to their inherent kinetic deficiencies and dysfunctions, they stubbornly refuse to participate in any form of physical activity at school, even in the Physical Education class (Cairney et al., 2010). Among other things, it is demonstrated that these students present low kinetic performance due to lean muscle strength, non - existent body mass index and the fragile cardiorespiratory system that they have inherently (Raz-Silbiger et al., 2015). In the classroom, usually, the difficulties that are reported to be faced by the students of this particular group and, - which I say in passing - are inextricably linked to their kinetic weaknesses are (Lingam et al., 2010) in the course and fine mobility such as cutting with scissors, in the speed of reading and writing and the delay they show in terms of timely completion of even the easiest teaching tasks, etc. (Cheng et al., 2011). Among other things, it is observed that the psyche of students is greatly affected by the lack of kinetic function, as well as the social sector. A natural consequence of all the above reports is their resignation from most of the physical activities, especially the physical ones, (Missiuna et al., 2003) that take place in school organizations. The treatment of the specific (kinetic)

Volume 10 Issue 6, June 2021

<u>www.ijsr.net</u>

Licensed Under Creative Commons Attribution CC BY DOI: 10.21275/SR21607121911

571

neurophysiological inherent deficits and problems of these students, therefore, is ensured through the pedagogical – scientific and educational support by the teachers of the subject of Physical Education in this structure (Peens et al., 2008. Piek et al., 2006. Schoemaker et al., 2006).

The kinetic ability especially of these students is interwoven with their participation in the school events of the school units of special educational needs. By this logic, it is considered an imperative and necessary condition for the evaluation of their difficulties by the Physical Education teachers, in order (Schoemaker et al., 2012) to develop and implement individualized intervention programs for the development and improvement of their kinetic skills. According to international literature reports, however, most Physical Education teachers fail to understand and detect the kinetic difficulties that these students face in their daily school life (De Milander et al., 2016. Capistrano et al., 2015). The kinetic difficulties that these students face both in the classroom and in the school yard during the Physical Education lesson, however, are not perceived for a long time before they are identified. The gender of the student is a factor in the inability to identify motor difficulties, as teachers recognize the difficulties more in boys than in girls. Another factor (Wehmeyer & Schwartz, 2001) that can motivate teachers to observe and recognize problems in students' kinetic behavior is the way they treat both themselves and their classmates (Gershon, 2002). The knowledge that teachers have, especially of Physical Education, however, is considered an important component of mitigating and / or improving the kinetic skills and abilities of students attending in the school units of special educational needs (Anastasiadis et al., 2016. Wilson et al., 2013).

In this case, the Physical Education teachers who serve and work in the school units of special educational needs are required to manage and deal properly and correctly with the kinetic development of these students, so that they present harmonious and balanced emotional and social behavior (Liljequist & Renk, 2007) at least, in their school obligations. In addition, they must have pedagogicalscientific training and training in terms of detecting and evaluating the kinetic difficulties that these students have inherently (Barnett, 2014). In this way they prevent situations and at the same time re-evaluate their plan in relation to the effectiveness of the implementation of their curricula, which have as their ultimate goal the improvement of their kinetic behavior (Rivilis et al., 2011). The special educators / teachers of the course of Physical education, in short, have the obligation to be informed and systematically informed by the special educators about the psychomotor profile and the general didactic image of these students, in order to use a number of methods to their advantage (Barnett, 2008 · Rivard et al., 2007).

Improving the healthy lifestyle of students of special structures/units through the performance of the course of Physical Education

Henceforth, obesity is a critical and serious challenge for the health of students with special educational needs. Certainly the phenomenon of obesity, especially for the students of this group has harmful and long-term consequences that affect their general school behavior (Timmons et al., 2007). The importance of interventions through specially designed programs for students attending school units for special educational needs, is a bet for Physical Education teachers. Many psychological and physical variables, such as the kinetic development and social skills of students, have been associated - after long-term scientific research - with their development and promotion, through the implementation of Physical Education programs (Zachopoulou, 2007). That said, the catalytic contribution of Physical Education programs to the formation of a more active lifestyle and positive attitudes and behaviors by students with special educational needs is highlighted (Goldfield et al., 2012: Hellison & Martinek, 2006).

Providing unlimited physical activity through targeted interventions to these students, however, is not a panacea for changing their appearance, unless combined in various ways with changing their attitudes and behaviors (Taras, 2005). In this sense, the activities provided by Physical Education teachers should aim not only at the development of special skills by these students, but also at raising their awareness of issues (Parizkova & Hills, 2005) related to healthy lifestyle. The nutritional practices of these students are considered one of the most basic parameters influencing their lifestyle. Especially for these students, it is pointed out that the increase in the levels of physical activity by the Physical Education teachers, should be in line with their efforts to improve their nutritional habits and reduce their static behaviors, through the development of refreshing strategic methods and approaches (O'Dea, 2003).

In this case, it is necessary for the teachers of Physical Education to apply in the school units for special educational needs, complex interventions of physical activities, which will be multidimensional and multifaceted (Van Sluijs et al., 2007) in terms of healthy lifestyle (change of values and attitudes, family involvement, level of physical activity, etc.) of these students and will change their perceptions and mentality in relation to daily school life. Physical Education teachers, therefore, should have as a guide the elaboration and implementation of the programs in these students, the strengthening of themselves, the increase of their satisfaction from their participation in the Physical Education course, their active participation in physical activities (Kamtsios, 2006) and the positive change of their nutritional behaviors. The purpose of targeted interventions on the part of Physical Education teachers in the school units for special educational needs should therefore be to support the more regular physical exercise and / or activity of these students, so that they follow more healthy behaviors (Cecchini et al., 2010 · Smink et al., 2012).

2. Conclusions – Suggestions

The kinetic education and, in general, the physically healthy education of the students in the school units for special educational needs is the responsibility of the professionalism, the conscientiousness and the specialization of the teachers of the course of Physical Education. The prevention of obesity and the development of kinetic skills of these students, in other words, that is, the design and

elaboration of appropriate intervention programs that will bring results after their evaluation, are inextricably linked to the scientific capabilities, composition and training they have the teachers of the course of Physical Education in relation to the system of Special Education and Training. In summary, when physical activity increases in these students, then, their school / academic performance improves even slightly. Among other things, finally, through the ranks that formulate educational policy, must: a) train the teachers of the Physical Education course who serve in this structure, in specialized issues of implementation of intervention programs and dealing with the behavioral culture of students with special education needs, b) both at central and local level, to have special systems for observation the levels of physical activity, especially of the specific student population, in order to prevent emerging issues, c) to increase the hours of the Physical Education course, especially in this structure and, d) to create within the school buildings, pre-designed rooms, in order to conduct the course of Physical Education under safe conditions for the students of this particular group.

References

- Anastasiadis, M., Kourtessis, T., Zisi, V., & Kioumourtzoglou, E. (2016). Knowledge of elementary school educators in Cyprus regarding developmental coordination disorder in childhood. *Journal of Physical Activity, Nutrition and Rehabilitation*, 34, 129-142.
- [2] Barnett, A.L. (2008). Motor assessment in developmental coordination disorder: From identification to intervention. *International Journal of Disability, Development and Education*, 55(2), 113-129.
- [3] Barnett, A. (2014). Is there a —Movement Thermometer for developmental coordination disorder? *Current Developmental Disorders Report, 1*, 132-139.
- [4] Batey, C.A., Missiuna, C.A, Timmons, B.W., Hay, J.A., Faught, B.E., & Cairney, J. (2014). Self-efficacy toward physical activity and the physical activity behavior of children with and without developmental coordination disorder. *Human Movement Science*, *36*, 258-271.
- [5] Cairney, J., Hay, J.A., Faught, B.E., Wade, T.J., Corna, L., & Flouris, A. (2005). Developmental coordination disorder, generalized self-efficacy toward physical activity and participation in organized and free play activities. *The Journal of Pediatrics*, 147, 515-520.
- [6] Cairney, J., Veldhuizen, S., & Szatmari, P. (2010). Motor coordination and emotional-behavioral problems in children. *Current Opinion in Psychiatry*, 23(4), 324-329.
- [7] Capistrano, R., Ferrari, E.P., Souza, L.P.D., Beltrame, T.S., & Cardoso, F.L. (2015). Concurrent validation of the MABC-2 motor tests and MABC-2 checklist according to the developmental coordination disorder questionnaire-br. *Motriz: Revista de Educação Física*, 21(1), 100-106.
- [8] Cecchini, M., Sassi, F., Lauer, J.A., Lee, Y.Y., Guajardo-Barron, V., & Chisholm, D. (2010). Tackling of unhealthy diets, physical inactivity, and obesity:

Health effects and cost-effectiveness. *The Lancet*, 376(9754), 1775-1784.

- [9] Cheng, H.C., Chen, J.Y., Tsai, C.L., Shen, M.L., & Cherng, R.J. (2011). Reading and writing performances of children 7–8 years of age with developmental coordination disorder in Taiwan. *Research in Developmental Disabilities*, 32(6), 2589-2594.
- [10] De Milander, M., Coetzee, F.F., & Venter, A. (2016). Teachers' ability to identify children with developmental coordination disorder. *African Journal for Physical Activity and Health Sciences (AJPHES)*, 22(41), 990-1005.
- [11] Department of Health and Human Services (2001). Healthy people 2000. *National health promotion and disease prevention objectives*. Hyattsville, Maryland October 2001, DHHS Publication No. 01-0256.
- [12] Emmanouilidou, K., Derri, B., Vasileiadou, O., & Kioumourtzoglou, E. (2007). The academic learning time in the physical education course in primary education. *Searches in Physical Education & Athletics*, 5(1), 1-9.
- [13] Zachopoulou, E. (2007). Early years physical education. Expression of children's creative thinking through physical education activities. *Bulletin of the International Council of Sport Science and Physical Education (ICSSPE)*, *51*, 14-21.
- [14] Ziviani, J., Scott, J., & Wadley, D. (2004). Walking to school: Incidental physical activity in the daily occupations of Australian children. *Occupational Therapy International*, 11, 1-11.
- [15] Zwicker, J.G., Missiuna, C., Harris, S.R., & Boyd, L.A. (2012). Developmental coordination disorder: A review and update. *European Journal of Pediatric Neurology*, 16(6), 573-581.
- [16] Gershon, J. (2002). A meta-analytic review of gender differences in ADHD. *Journal of Attention Disorders*, 5, 143-154.
- [17] Gettinger, M., & Seibert, A. (2002). Contributions of study skills to academic competence. School Psychology Review, 31(3), 350-365.
- [18] Goldfield, G.S., Harvey, A., Grattan, K., & Adamo, K.B. (2012). Physical activity promotion in the preschool years: A critical period to intervene. *International Journal of Environmental Research and Public Health*, 9(4), 1326-1342.
- [19] Hellison, D., & Martinek, T. (2006). Social and individual responsibility programs. *The Handbook of Physical Education*, 42, 610-626.
- [20] Hills, A.P., Andersen, L.B., & Byrne, N.M. (2011). Physical activity and obesity in children. *British Journal of Sports Medicine*, 45, 866-870.
- [21] Kamtsios, S. (2006). Attitudes towards exercise, selfperception, eating habits, physical activity and body mass index of primary school students. Postgraduate Thesis, University of Thessaly.
- [22] Kwan, M., King-Dowling S., Hay, J., Faught B., & Cairney, J. (2016). Longitudinal examination of objectively-measured physical activity and sedentary time among children with and without significant movement impairments. *Human Movement Science*, 47, 159-165.

Volume 10 Issue 6, June 2021

<u>www.ijsr.net</u>

Licensed Under Creative Commons Attribution CC BY

- [23] Lee, I.M., Shiroma, E.J., Lobelo, F., Puska, P., Blair, S.N., & Katzmarzyk, P. (2012). Impact of physical inactivity on the world's major non-communicable diseases. *National Institutes of Health*, 32, 219-229.
- [24] Liljequist, L., & Renk, K. (2007). The relationships among teachers' perceptions of student behaviour, teachers' characteristics, and ratings of students' emotional and behavioural problems. *Educational Psychology*, 27(4), 557-571.
- [25] Lingam, R., Golding, J., Jongmans, M., Hunt, L., Ellis, M., & Emond, A. (2010). The association between developmental coordination disorder and other developmental traits. *Pediatrics*, 126, 1109-1118.
- [26] Markovits, G., & Monastiridou, S. (2011). Children's health and modern society. Overview of the current situation and health actions. *Archives of Greek Medicine*, 28(3), 345-350.
- [27] Missiuna, C., Rivard, L., & Bartlett, D. (2003). Early identification and risk management of children with developmental coordination disorder. *Pediatric Physical Therapy*, *15*, 32-38.
- [28] Low 3699/2008. Special Education and Training of people with disabilities or special educational needs. Government Gazette 199, issue A', October 2, 2008.
- [29] Noordstar, J.J., Stuive, I., Herweijer, H., Holty, L., Oudenampsen, C., Schoemaker, M.M., & Reinders-Messelink, H.A. (2014). Perceived athletic competence and physical activity in children with developmental coordination disorder who are clinically referred, and control children. *Research in Developmental Disabilities*, 35(12), 3591-3597.
- [30] O'Dea, J.A. (2003). Why do kids eat healthful food? Perceived benefits of and barriers to healthful eating and physical activity among children and adolescents. *Journal of the American Dietetic Association*, 103(4), 497-501.
- [31] Parizkova, J., & Hills, A.P. (2005). *Childhood obesity: Prevention and management* (2nd ed.). Boca Raton, FL: CRC Press.
- [32] Peens, A., Pienaar, A.E., & Nienaber, A.W. (2008). The effect of different intervention programmes on the self-concept and motor proficiency of 7-to 9-year-old children with DCD. *Child: Care, Health and Development*, 34(3), 316-328.
- [33] Peterson, J.J., Janz, K.F., & Lowe, J.B. (2008). Physical activity among adults with intellectual disabilities living in community settings. *Preventive Medicine Science Direct*, 47, 101-106.
- [34] Piek, J.P., Baynam, G.B., & Barrett, N.C. (2006). The relationship between fine and gross motor ability, self-perceptions and selfworth in children and adolescents. *Human Movement Science*, *25*(*1*), 65-75.
- [35] Raz-Silbiger, S., Lifshitz, N., Katz, N., Steinhart, S., Cermak, S.A., & Weintraub, N. (2015). Relationship between motor skills, participation in leisure activities and quality of life of children with Developmental Coordination Disorder: Temporal aspects. *Research in Developmental Disabilities*, 38, 171-180.
- [36] Rivard, L.M., Missiuna, C., Hanna, S., & Wishart, L. (2007). Understanding teachers' perceptions of the motor difficulties of children with developmental coordination disorder (DCD). *British Journal of Educational Psychology*, 77(3), 633-648.

- [37] Rivilis, I., Hay, J., Cairney, J., Klentrou, P., Liu, J., & Faught, B.E. (2011). Physical activity and fitness in children with developmental coordination disorder: A systematic review. *Research in Developmental Disabilities*, 32(3), 894-910.
- [38] Schoemaker, M.M, Niemeijer, A.S, Flapper, B.C.T., Smits-Engelsman, B.C.M. (2012). Validity and reliability of the movement assessment battery for children-2 checklist for children with and without motor impairments. *Developmental Medicine and Child Neurology*, 54, 368-375.
- [39] Schoemaker, M.M., Flapper,B., Verheij, N.P., Wilson, B.N., Reinders-Messelink, H.A., & de Kloet, A. (2006). Evaluation of the developmental coordination disorder questionnaire as a screening instrument. *Developmental Medicine and Child Neurology*, 48, 668-673.
- [40] Smink, F.R., Van Hoeken, D., & Hoek, H.W. (2012). Epidemiology of eating disorders: Incidence, prevalence and mortality rates. *Current Psychiatry Reports*, 14(4), 406-414.
- [41] Sparrow, S.S., Balla, D.A., & Cicchetti, D.V. (2005). Vineland adaptive behavior scales second edition survey forms manual. London: AGS Publishing.
- [42] Spetsiotis, I., & Stathopoulos, S. (2003). *Pedagogy and didactics of children with kinetic problems*. Athens: Orion.
- [43] Taras, N. (2005). Nutrition and student performance at school. *Journal of School Health*, 75(6), 199-213.
- [44] Timmons, B.W., Naylor, P.J., & Pfeiffer, K.A. (2007). Physical activity for preschool children-how much and how? *Applied Physiology, Nutrition and Metabolism,* 32(Suppl. 2E), 122-134.
- [45] Tsoulfas, X., Avgerinos, A., & Kampas, A. (2011). Physical activity of students of primary and secondary education in the Prefecture of Pella. *Searches in Physical Education & Athletics*, 9(2), 80-90.
- [46] Van Sluijs, E.M.F., McMinn, A.M., & Griffin, S.J. (2007). Effectiveness of interventions to promote physical activity in children and adolescents: Systematic review of controlled trials. *British Medical Journal*, 335(6), 703-707.
- [47] Vasileiadou, O., & Derri, B. (2006). Effectiveness in physical education. *Searches in Physical Education & Athletics*, 4(2), 341-350.
- [48] Wehmeyer, M., & Schwartz, M. (2001). Disproportionate representation of males in special education services: Biology, behavior, or bias? *Education and Treatment of Children*, 24, 28-45.
- [49] Wilson, B.N., Neil, K., Kamps, P.H., & Babcock, S. (2013). Awareness and knowledge of developmental co-ordination disorder among physicians, teachers and parents. *Child: Care, Health and Development*, 39(2), 296-300.
- [50] World Health Organization, (2010). *Global* recommendations on physical activity health.

Volume 10 Issue 6, June 2021

www.ijsr.net

Licensed Under Creative Commons Attribution CC BY