The Relationship Between A Teacher Check List And Standardised Tests For Visual Perception Skills: A South African Remedial Primary School Perspective

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The relationship between a teacher check list and standardised tests for visual perception skills: A South African remedial primary school perspective

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Introduction
The option of using time-consuming and expensive formal assessment of a child’s visual perceptual skills is being challenged by the South African Education Department, especially in the area of learning difficulties.2-5. With continued financial restraints on occupational therapy services in schools, a quick, effective method of assessing visual perceptual difficulties is necessary to identify learners requiring occupational therapy and to monitor their progress.

Ongoing clinical observations show clustering of certain visual perceptual difficulties as identified by standardised assessments at specific grade levels.6-8. However, some researchers have found that class teachers reported observations of developmental phase or academic level do not always relate to these visual perceptual scores in occupational therapy.9,10. Although this research may not accurately reflect the South African situation, it does reflect the need for accurate instruments of visual perception connected to the academic tasks. Moreover, there is a need for an inexpensive indicator of visual perceptual skills for use in schools with limited occupational therapy resources, especially within the South African context.

This research investigated the use of a teacher check list for identifying those learners with visual perceptual difficulties and monitoring their progress during subsequent therapy. Standardised visual perceptual test results were compared with the academic performance of learners from Grades one to four (children aged six years to eleven years) in a remedial school, obtained through a teacher check list.

Problem Statement
Traditional standardised methods of assessment enable diagnostic interpretations and subsequent interventions in occupational therapy, if certain limitations are applied. However, a recommendation was made in the South African Education White Paper Six that learners should only be subjected to standardised tests which have proven useful in identifying barriers to learning, thus the most appropriate assessments should be applied. In addition, Fawcett identified the need to screen young learners from four years old in a quick, simple and politically acceptable test which would also be thorough and cost-effective. The question thus raised was: Are occupational therapists over using standardised assessments and can a teacher check list be used as an efficient, accurate and cost saving assessment to identify visual perceptual barriers to learning?

Literature Review
The literature review focussed on the correlation between visual perceptual skills and academic performance as this would directly influence the need to use or abandon the option of assessing visual perception in school aged children who were finding learning challenging. Thus, the emphasis was placed on the relationship of visual perceptual skill development in reading, writing, comprehending, computing, memory and reversal tendencies.

The optimum period for development of visual perception is prior to and overlapping the first years at school (four and a half to seven years), but may continue up to 12 years of age,15,16. Learning problems occur when children fail to develop an adequate perceptual motor match, linear processing and concrete thought which develop at the same age as the teaching of reading, writing and mathematics (ages seven to eleven years).15,16,17. This is also the phase when delayed visual perception can be identified and intervention is most beneficial, provided that the assessment indicates the appropriate intervention for achieving effective outcomes.

Academic performance for a Grade one to four learner (aged six to eleven years) is seen in the ability to read, spell, write, do maths, communicate and apply yesterday’s lessons today.18-20. The initial stages of learning or acquiring these academic skills, requires optimal development of basic perceptual concepts.21-30. These perceptual concepts include, but are not limited to visual attention, visual and auditory discrimination and memory, and skills with shape/form recognition, part-whole processing, spatial orientation (to avoid reversals and inversions), understanding and retaining visual sequences, organising, and visual analysis and synthesis.31-36. Demonstrating these skills may also be influenced by fine motor function and visual motor integration.30,34,37,38. These perceptual skills impact on legibility.

Other literature expands this association between visual perception and academic learning by indicating that learners who make reversal errors show poor visual-motor skills and tend to make less progress in reading.28-40. Letter and word recognition difficul-
ties may indicate immature perception, however, studies have revealed a significant relationship between lateral awareness, visual spatial confusion, directionality, visual discrimination and academic achievement. In contrast, other authors found that letter reversals are primarily associated with language deficits, thus the learner confusing letters such as “b” and “d” is more likely to be able to perceive the visual differences between the letters, but has not learned which phoneme is associated with each letter.

Academic difficulty or learning disabilities on the other hand, imply that the learner’s performance in specific areas such as visual perceptual deficits, spelling, grammar, following directions, spatial relations and numbers is lower than expected, based on tested intelligence. These visual perceptual deficits related to learning difficulties are generally identified through occupational therapists conducting standardised assessments. However, previous research indicates that the best measure of the learner’s writing is the teacher’s assessment of the writing product, as the teacher has a classroom full of children for comparison, years of experience and multiple samples of the child’s work. It supports the trend for teacher observations and tests to be favoured above formal assessment.

**Measurement tool review**

The measurement tools used by occupational therapists to determine therapy requirements are chosen for various reasons such as appropriateness, availability, professional bias and time constraints. The visual perceptual tests commonly used in South Africa have all been standardised in the United States of America. No correlative studies on South African learners have been published. The tests used in this research were the Developmental Test of Visual Perception (DTVP) and the Jordan Test of Left-Right Reversals (JLRRT).

The Developmental Test of Visual Perception (DTVP): According to the authors, the DTVP-2 is unbiased relative to race, gender and handedness. It was standardised in 1993 on 1972 children from 12 states in America, aged 4 to 10 years. Children with disabilities were included and made up 3% of the sample. Normative data are provided in terms of subtest standard scores, composite quotients, percentiles and age equivalents. The mean of 10 and the standard deviation of 3 were given for scores, composite quotients, percentiles and age equivalents.

The revised norms were based on children maturation. The revised norms were based on children five through twelve during the standardisation process. The forms used in the test are as culture free as possible. Standard scores with a mean of 100 and a standard deviation of 15 are provided and a visual perceptual quotient can be obtained from the sum of the scale scores of the subtests. The validity and reliability of the total test scores are considered good.

The Jordan Left Right Reversal Test (JLRRT): The JLRRT is aimed at assessing the presence of visual reversals of letters, numbers and words in learners from 5 years to adulthood. Jordan claims that it is generally accepted that directional orientation in perception is dependent on learning and maturation. The revised norms were based on children with average intelligence (IQ 90 or above), and standardised scores are given up to the age of 12 years 6 months. The JLRRT was administered to more than 3000 children aged five through twelve during the standardisation process. Norms are provided in developmental ages and percentiles, indicating adequate scores; as well as a borderline range and a range of scores indicating a more serious visual reversal problem.

**Ethics**

Ethics approval for this research was given by the University of KwaZulu-Natal, the South African Education Department and Livingstone Primary School. Informed signed consent was obtained from the South African Education Department, Livingstone Primary School and the parents of each participant.

**Methodology**

A descriptive, correlative research design was used. The hypothesis is that none of the standardised tests would correlate with the teacher check list was tested with no manipulation of independent variables and no cause-effect relationship established, as proposed by Bailey. The descriptive, correlative design allowed for visual perceptual abilities to be described by the teacher and recorded on the teacher check list (see Appendix 1 on pages 15 and 16).

The study was conducted at a remedial school in Kwa Zulu Natal (South Africa). This short term remedial school was chosen for the research as all the learners had previously been identified as having difficulties in scholastic achievement prior to admission to the school. This study was conducted over a 13 month period. All learners had identified difficulty in at least one learning related task such as reading, writing, spelling or mathematics. Many of the learners had received previous occupational therapy intervention and this was ongoing, which may have influenced the validity of the teacher check list as teachers may have had prior knowledge of the learner’s visual perceptual difficulties. Questions on the check list were thus not placed in categories related to specific areas of visual perception. This meant that accuracy of assessment would prove useful in this setting as occupational therapy and visual perceptual training were deemed necessary for adequate academic achievement and eventual reintegration into mainstream schooling. All learners had an average or above intellectual ability as determined by a formal intellectual assessment carried out by psychologists.

**Study population**

A saturation sample was chosen, where every learner within the age range in the school was included in the research if the parents granted permission (see Table 1). The population consisted of an estimated 250 learners with 206 participating in this study. The sample consisted of:

1. Learners from Grade One to Four (aged six to eleven years, n = 206). Children who were eleven years and older were excluded from completion of the DTVP-2 due to age limits of the test.
2. Learners were excluded if the parents did not return the consent forms (63 learners).
3. Learners were also excluded if the teacher check list contained less than 70% of the required information, or was not completed within four weeks of the assessment.

A saturation sampling technique is related to convenience sampling, and cannot necessarily be generalised beyond learners in the remedial setting. However, as this research is aimed at finding the relationship between the teachers’ classroom observations and visual perceptual difficulties, the sampling method was purposeful and representative of the information sought for this research.

**Table 1: Sample size**

<table>
<thead>
<tr>
<th>GRADE</th>
<th>POPULATION</th>
<th>INFORMATION COMPLETE</th>
<th>ACTUAL SAMPLE SIZE</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>47</td>
<td>6 (12.8%)</td>
<td>41 (33.7%)</td>
<td>28 (23.5%)</td>
<td>13 (24.1%)</td>
</tr>
<tr>
<td>2</td>
<td>45</td>
<td>5 (11.1%)</td>
<td>40 (23.1%)</td>
<td>27 (22.7%)</td>
<td>13 (24.1%)</td>
</tr>
<tr>
<td>3</td>
<td>70</td>
<td>12 (17.1%)</td>
<td>58 (33.5%)</td>
<td>40 (33.6%)</td>
<td>18 (33.3%)</td>
</tr>
<tr>
<td>4</td>
<td>44</td>
<td>10 (22.7%)</td>
<td>34 (19.7%)</td>
<td>24 (20.2%)</td>
<td>10 (18.5%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>206</td>
<td>33 (16.0%)</td>
<td>173 (100.0%)</td>
<td>119 (68.8%)</td>
<td>54 (31.2%)</td>
</tr>
</tbody>
</table>
Learners were tested on the following visual perceptual tests as they became due for their annual occupational therapy assessment:

1. A check list for the teachers to complete was compiled by the author from numerous un referenced teacher checklists in circulation and in consultation with expert occupational therapists in the field. This check list covered the visual perceptual skills of each child and had been shown in earlier research to be effective method of rating performance. To avoid bias to any specific area of visual perception, no visual perceptual terms were used for headings of categories on the form. Questions were allocated to categories according to the relevance the question had to the specific visual perceptual skill it identified, thus for example category A is relevant to Eye-Hand Coordination, Category B is relevant to Position in Space and Spatial Relations, Category C relates to Copying, Category D relates to Figure Ground, Category E is relevant for Visual Closure, Category F questions relate to Motor Speed, Category G relates to Form Constancy, Category H to Visual Discrimination, and, Category I and J are relevant to Visual Memory and Sequential Memory.

The teacher was required to give a score between zero and three, with zero being poor and three being good.

The teacher check list compared performance related to the phase described by Hanneford. Three, with zero being poor and three being good.

A small pilot study was conducted on the teacher check list, which involved four randomly chosen (by drawing names from a hat) teachers from a Primary School. They were asked to complete the check list and make comments on the ease of use, ambiguity and comprehensiveness of the questions. As a result, two questions were rephrased.

Table II: Correlation of Teacher check list to standardised visual perceptual subtests

<table>
<thead>
<tr>
<th>Spearman rho correlations</th>
<th>Standardized Test</th>
<th>Category scores</th>
<th>Correlation Coefficient</th>
<th>Sig. (2-tailed)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Hand Co-ordination DTVP-2 / Category A</td>
<td>0.160(**)</td>
<td>0.039</td>
<td>167</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position In Space DTVP-2 / Category B First 6 Items only</td>
<td>0.201(**)</td>
<td>0.009</td>
<td>167</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copying DTVP-2 / Category C and item 2 of Category J</td>
<td>0.245(*)</td>
<td>0.001</td>
<td>167</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Figure-Ground DTVP-2 / Category D, question 1 and 2 of Category C and question 3 of Category J</td>
<td>0.117</td>
<td>0.133</td>
<td>166</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Figure-Ground TVPSR / Category D, question 1 and 2 of Category C and question 3 of Category J</td>
<td>0.105</td>
<td>0.196</td>
<td>153</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spatial relations DTVP-2 / Category B (questions 2 to 11 only) and questions 4 and 5 of Category A</td>
<td>0.184(*)</td>
<td>0.018</td>
<td>167</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spatial relations TVPSR / Category B (questions 2 to 11 only) and questions 4 and 5 of Category A</td>
<td>0.069</td>
<td>0.394</td>
<td>154</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual Closure DTVP-2 / Category E and questions 1,2 and 4 of Category J</td>
<td>0.114</td>
<td>0.144</td>
<td>166</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual Closure TVPSR / Category E and questions 1,2 and 4 of Category J</td>
<td>0.990(**)</td>
<td>0.000</td>
<td>170</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motor speed Category F</td>
<td>0.222(**)</td>
<td>0.004</td>
<td>167</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form Constancy DTVP-2 / Category G and question 1,2,3 of Category J</td>
<td>0.175(*)</td>
<td>0.024</td>
<td>167</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form Constancy TVPSR / Category G and question 1,2,3 of Category J</td>
<td>0.139</td>
<td>0.085</td>
<td>154</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual discrimination TVPSR / Category H and question 1 and 4 of Category J</td>
<td>0.154</td>
<td>0.056</td>
<td>154</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual Memory TVPSR / Category I, question 3 of Category J and question 1 and 2 of Category C</td>
<td>0.242(**)</td>
<td>0.002</td>
<td>154</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual Sequential Memory TVPSR / Category I, question 3 of Category J and question 1 and 2 of Category C</td>
<td>0.406(**)</td>
<td>0.000</td>
<td>154</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** Correlation is significant at the 0.05 level (2-tailed).
* Correlation is significant at the 0.01 level (2-tailed).

Note: Each category relates to the group of questions related to the visual perceptual construct represented in the standardised tests (see Appendix I)

Data Analysis

The Statistical Package for Social Sciences (SPSS) was used for data analysis. The results did not fall on a normal distribution curve and thus Spearman’s rho was used to compare two sets of rankings. The outcome of the teacher check list related to visual perceptual skills was compared to the outcomes of the DTVP-2, TVPSR and JLRRT. In addition, the DTVP-2 and the TVPS-R were correlated for the subtests with the same terminology i.e. Visual Closure, Figure Ground, Spatial Relations, Form Constancy as well as the general visual perceptual scores. Relationships between two variables were tested by calculating Spearman’s rho correlation coefficient.

To compare the outcomes in each subtest, the results were divided into assessment categories according to the subtests in the DTVP-2 and TVPS-R (see Table II). Correlations were considered significant if Spearman’s rho correlation coefficient was below the p=0.05 level and highly significant if the co-efficient was below p=0.01.

The significance of the Spearman Rho and standard deviation were calculated to measure the accuracy of the assessments. Kruskal-Wallis Test was used as a non-parametric one-way analysis of variance to determine whether there was a significant difference between the mean group scores of the teacher check list and the three standardised tests and the subtests that related to both the DTVP-2 and the TVPS-R. The non-parametric Wilcoxon Signed Rank Test was used to compare individual paired scores of the teacher check list and the three standardised tests and the subtests.
of both the DTVP-2 and the TVPS-R for each learner. EpiCalc 2000, version 1.02 was used to compare the grade sample numbers to determine whether there was a significant difference in the population distribution according to grade.

**Results**

The sample consisted of 173 learners, of which 119 (68.8%) were boys and 54 (31.2%) were girls, while 96 (55.5%) were in the age range six years to eight years eleven months and 77 (44.5%) were nine years to eleven years eleven months. Forty-one learners (23%) were in the first year at school, 40 (22%) in the second year, 58 (34%) in the third year and 34 (21%) in the fourth year (see Table I).

**Part 1: Teacher check list compared to subtests on the visual perceptual tests**

- **Eye – Hand Co-ordination (EHC)**
  A weak ($r=0.160$, $p=0.039$) correlation was displayed between the EHC subtest on the DTVP-2 (see Table II) and the relevant category of questions on the teacher check list, meaning that there is a 16.10% chance that this is a coincidental significant correlation. The teachers’ scores were generally higher than the scores on the DTVP-2, indicating that the teachers observed more difficulties in the classroom than the occupational therapists found in the DTVP-2. A significant correlation is apparent for eye-hand co-ordination scores and the teacher check list for the younger group ($r=0.315$, $p=0.002$), as opposed to the older group, meaning that the DTVP-2 is related to the teachers’ observations in class for the younger learners.

- **Position in Space (PIS)**
  In comparing the relevant questions in the teacher check list to the PIS subtest score of the DTVP-2, a significant ($p=0.009$) correlation was found (Table II). The confidence level of the correlation was however low ($r=0.201$). The teachers scored higher scores than did the DTVP-2 for PIS indicating that the teachers observed more difficulties in the class with regards to position in space than the occupational therapists found in the DTVP-2. A correlation ($r=0.258$, $p=0.030$) was found between the teacher check list and the PIS subtest on the DTVP-2 in relation to the younger child and boys.

- **Copying**
  In the Copying subtest of the DTVP-2, a significant ($p=0.001$), but weak ($r=0.245$) correlation was found with the teacher check list (Table II). The teachers scored significantly higher than the DTVP-2 ($p<0.001$). This finding agrees with the finding on the EHC and PIS subtests, as the teachers observed greater difficulty in class than the occupational therapist observed in the DTVP-2. There was also a correlation to copying from a book or chalkboard and drawing of diagonal lines ($r=0.506$, $p<0.000$), as well as a correlation for both age groups (younger group $r=0.216$, $p=0.340$; older group $r=0.258$, $p=0.030$) and girls ($r=0.384$, $p=0.007$).

- **Figure Ground (FG)**
  The teacher check list did not correlate significantly with the FG subtest on the DTVP-2 ($r=0.117$, $p=0.113$) or the TVPS-R ($r=0.105$, $p=0.196$). Both the DTVP-2 and the TVPS-R scored significantly higher than the teacher check list scores (Table II). Thus for FG, the DTVP-2 and TVPS appeared to identify difficulties that were not evident in the classroom. Neither the DTVP-2 (younger learner $r=0.193$, $p=0.061$; older learner $r=0.178$, $p=0.137$) nor TVPS-R (younger learner $r=0.172$, $p=0.135$; older learner $r=0.038$, $p=0.742$) showed a significant correlation with age, but the DTVP-2 correlated significantly for girls ($r=0.283$, $p=0.038$).

- **Spatial Relations (SR)**
  In correlating the teacher check list and the SR subtest of the TVPS-R no significant relationship was found however, a weak ($r=0.184$, $p=0.018$) relationship was found for the SR subtest of the DTVP-2 (Table II). The DTVP-2 and the TVPS-R scored significantly higher than the teacher check list, thus the DTVP-2 and the TVPS appear to be more sensitive than the teacher check list at identifying difficulties with SRs. There were no correlations of data between the TVPS-R and gender; age or grade but the DTVP-2 correlated significantly for the younger child ($r=0.343$, $p=0.002$) and for boys ($r=0.346$, $p=0.014$).

- **Visual Closure (VC)**
  A strong ($r=0.990$, $p<0.001$) correlation was found between the relevant questions on the teacher check list and the VC subtest of the TVPS-R ($N=170$). The percentages of the TVPS-R VC scores and the related teacher check list scores are displayed on the scatter graph (Figure 1). The teachers scored significantly higher than the DTVP-2 ($r=0.100$, $p=0.202$), but significantly lower than the TVPS-R ($r=0.997$, $p<0.000$). The TVPS-R scores ($r=0.108$, $p=0.168$) were higher than the DTVP-2 scores, suggesting that the DTVP-2 is more sensitive to difficulties than the TVPS-R or the teacher check list.

The DTVP-2 VC subtest showed no correlation with age or gender while the TVPS-R VC subtest showed a very strong relationship to age (younger learner $r=0.996$, $p<0.000$; older learner $r=0.990$, $p<0.000$), gender (Male $r=1.000$, $p<0.000$; Female $r=0.993$, $p<0.000$) and grades (Table II). Thus, the TVPS-R VC score was in strong agreement with the teacher observations, but the DTVP-2 agreed with neither the teacher observations nor the TVPS-R.

- **Visual Motor Speed (VMS)**
  Although the correlation between the teacher check list and the VMS component of the DTVP-2 was weak ($r=0.222$) it still reached significance ($p=0.004$). The DTVP-2 displayed higher scores than the teacher check list, but this was not significant. This suggests that the DTVP-2 and the teacher identify similar difficulties with regards to VMS. The correlation between the VMS subtest on the DTVP-2 and the teacher check list was stronger for the younger child ($r=0.203$, $p=0.047$) and girls.

- **Form constancy (FC)**
  Form Constancy scores on the DTVP-2 were higher (but not significantly so) than those on the teacher check list, while check list scores were significantly higher ($r=0.139$, $p=0.085$) than the TVPS-R scores (Table II), suggesting that the TVPS-R may be more sensitive to difficulties seen in the class. The DTVP-2 Form Constancy correlated significantly with the younger child ($r=0.238$, $p=0.020$) only.

- **Visual Discrimination (VD)**
  No correlation was found between the results for the VD subtest of the TVPS-R and the teacher check list (Table II).
Visual Memory (VM) and Visual sequential memory (VSM)
The teacher check list correlated significantly (p=0.002) but weakly (r=0.242) with the (VM) score on the TVPS-R, however no significant correlation was found with the (VSM) subtest on the TVPS-R (Table II). The VM subtest and the VSM subtest on the TVPS-R displayed a strong correlation to each other (N=154). The TVPS-R scores were significantly higher than the teacher check list scores. There was a significant correlation for visual memory with the younger child (r=0.333, p=0.003) and for girls (r=0.353, p=0.012).

The JLRRT
The JLRRT correlated weakly (r=0.237) with the teacher check list at a significant (p=0.004) level. A relationship was found to specific questions in the teacher check list relating to the learners' difficulty with place value in mathematics, and reversal or inverting of letters/numbers with similar structure but different orientation. The JLRRT was found to correlate weakly (r=0.240, p=0.023) with spelling for the entire sample group. Thus statistically, the JLRRT reflected the learners’ academic performance (Observed by the teachers in the classroom), and reflected the spelling ability of the six to eleven year old learner.

Part 2: Composite score correlations with the teacher questionnaire
The DTVP-2 provides composite scores in the categories Visual Motor Integration (VMI), Motor Reduced Visual Perception (MRVP) and General Visual Perception (GVP). These composite scores were correlated with the total score of all the questions in the relevant categories on the teacher check list.

Visual Memory (VM)
The teacher check list correlated significantly with the DTVP-2 VM score (p=0.032, r=0.166) (Table III), but no correlation was found between the DTVP-2 VM score and mathematics, spelling, dictation or comprehension. There was also no correlation with age range or gender between the check list and the VM composite score of the DTVP-2. Thus the results of the VM score accurately reflected the observations of the teacher in general (Table III), but not according to subgroups.

Motor Reduced Visual Perception (MRVP)
There was a significant correlation (r=0.228) of the MRVP score on the DTVP-2 and the teacher check list (Table III). Furthermore, significant correlations were found for MRVP and the teacher’s score for boys (r=0.236, P=0.013) and the younger child (r=0.345, p=0.001). No correlation was seen between the MRVP score on the DTVP-2 and mathematics, spelling or dictation; however a relationship was displayed (r=0.287, p=0.026) between the MRVP and comprehension.

General Visual Perception (GVP)
The DTVP-2 composite score for GVP correlated significantly with the teacher’s score (p=0.006, r=0.216). Further correlations were found for the younger learner, reassessment, and dictation. The TVPS-R GVP component displayed a significant correlation (p=0.025, r=181) to the teacher check list. No correlation was found between GVP Score of the TVPS-R and mathematics, spelling, dictation or comprehension. There was a correlation of GVP of the TVPS-R with the younger learner (r=0.277, p=0.014).

Discussion
No consistent findings were found for correlations according to age range, gender, or grade with regards to the teacher check list in relation to the DTVP-2 and TVPS-R. Where correlations were evident they reflected a significance of relationship for the younger age group (six years to eight years eleven months).

The results of eye-hand co-ordination, position in space, form constancy, copying, spatial relations, and visual motor speed and the composite scores of the DTVP-2 correlated to the observations of the child by the teacher as manifested in the relevant components of the check list. There was no correlation between Figure Ground and Visual Closure and the check list.

The TVPS Visual Closure and Visual Memory subtests and the composite score corresponded to the observations of the child by the teacher as displayed in the teacher check list. The Jordan Left/Right Reversals test reflected the reversal tendency of the child as noted in the check list, particularly for the younger child.

In conclusion, it appears that using a teacher check list in the assessment of visual perception related to occupational performance in the classroom may be a useful method of screening learners for visual perceptual difficulties. However, the types of questions and the grading of the questions relating to academic performance still require further investigation.

These results reinforce the fact that visual perception is a complex concept for learners and observations by the teacher must be taken into account when diagnosing and treating a learner for visual perceptual difficulties. The co-operation between the teacher and therapist in order to achieve the optimum identification of learners requiring additional assistance in class or through occupational therapy is also reiterated in these results. The standardised methods set out in the test manuals should be adhered to in terms of the use of composite scores and the subtests should not be used in isolation for diagnostic purposes. This was borne out by the fact that the figure ground, visual closure and form constancy subtests did not correlate well with the teacher check list, but all the composite scores displayed adequate correlations.

The teacher check list could be very useful as a screening tool for initial identification of children in need of assistance and could be a forerunner to formal tests. It may also be completed periodically to monitor progress of therapy, however further refinement of the check list is needed prior to it being used for decision making.

Limitations of this research
The standardised tests were developed and standardised for populations in the United States of America, with no established validity and reliability for these tests for the South African population. Further limitations were due to the use of a convenient sample from a remedial school setting. These limitations included the following confounding variables: 93.6% of the sample had received some form of therapy, with 72.8% receiving occupational therapy. The class tests relating to spelling, mathematics, comprehension and dictation used as academic comparisons with the composite scores of the standardised tests were biased and unreliable as they were directed at the learner’s level of ability and not at a typical grade level for mainstream education. Alternative methods to assess academic ability could be standardised educational tests such as a standardised reading, spelling and mathematics test.

Table III: Correlation of Composite Scores to the teacher questionnaire

<table>
<thead>
<tr>
<th></th>
<th>Correlation Coefficient</th>
<th>Sig. (2-tailed)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual Motor Integration DTVP-2</td>
<td>0.166(*)</td>
<td>0.032</td>
<td>166</td>
</tr>
<tr>
<td>Motor Reduced Visual Perception DTVP-2</td>
<td>0.228(**)</td>
<td>0.003</td>
<td>163</td>
</tr>
<tr>
<td>General Visual Perception DTVP-2</td>
<td>0.214(**)</td>
<td>0.006</td>
<td>166</td>
</tr>
<tr>
<td>Total Visual Perception TVPS-R</td>
<td>0.181(*)</td>
<td>0.025</td>
<td>154</td>
</tr>
</tbody>
</table>

- Correlation is significant at the .05 level (2-tailed).
- **Correlation is significant at the .01 level (2-tailed).
As Grade ones (six to seven year olds) were still learning new skills, the teacher was often not able to answer sufficient questions to obtain a “perceptual score” (total sum of all the values allocated to the categories) on the teacher check list and these check lists had to be excluded. Despite these limitations, the study was considered useful as a first step towards developing a teacher-focused check list for identification of learners with visual perceptual difficulties.

In terms of the teacher check list (see Appendix I on pages 15 and 16), the items should be reorganised and refined in order to achieve a greater accuracy in answers with regards to specific categories (Figure Ground, Spatial Relations, Visual Closure and Visual Discrimination). Specific levels of functioning at each grade level on the teacher check list should be drawn up for easy reference by the examiner. The check list should be expanded further to include aspects of posture (muscle tone, balance) and medical diagnosis (e.g., visual problems), which may influence the learner’s ability to learn and write successfully. Alternatively, a separate teacher check list for posture and gross motor skills could be formulated.

The reworked teacher check list should be applied to a broader sample of learners in order to test its sensitivity in terms of minor difficulties. A broader application of the check list would be necessary in order to evaluate the ease with which a teacher, who has no remedial training, can complete it.

Conclusion
Standardised tests should be used in conjunction with the teacher check list in order to purposely identify those learners requiring specific individualised input to assist them in their academic achievement. The teacher check list could be very useful as a screening tool for initial identification of learners in need of assistance and could be a forerunner to formal tests. It may also be completed periodically in lieu of constant, time-consuming standardised reassessments which are rendered invalid by repeated use (due to the effect of practice) in order to monitor progress of therapy.

Correlation of the teacher check list, standardised tests (comparative tests) and academic performance should be pursued further with a sample of learners where regular class test results are available for comparison purposes.

Acknowledgments:
I would like to acknowledge my fellow occupational therapists (Ronelle Steinhardt and Wendy Smith who assisted in the compilation of the teacher questionnaire) as well as the teaching staff and children from Livingstone Primary School in KwaZulu-Natal for making this project possible.

This article is based on work done for a Master of Occupational Therapy degree at the University of KwaZulu-Natal.

References
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**Appendix I**

**Teacher Checklist — Classroom Performance**

| Name of Learner: | Date: | Date of Birth: |
| Age: | Grade: | Teacher: |

School: .................................................................

Please complete this form according to the learner’s general performance, without using a fine tooth comb to find fault, but also without excusing obvious errors.

**Is the learner on any medication?**

| Yes | No | Specify |

**Mostly/ Daily**

**Often/ Ix week**

**Seldom**

**Never**

**CATEGORY A**

Incorrect pencil grip
Presses very hard, holds pencil lightly, tremor
Inconsistent rhythm: jelly, shaky letters
Difficulty staying on the line
Quality/size varies with sustained written output
Poor desk posture/shifts around in chair

**CATEGORY B**

Reverses or inverts letters/numbers with similar structure but different orientation e.g. r/n, b/d, 2/5
Difficulty with sequencing e.g. was/kaw, off/or, 3/4/3 or phonics elements in incorrect order e.g. calm/clam, barn/bran
Difficulty with place value in mathematics
Poor/inconsistent spacing of letter or words
Disorganised layout on page
Difficulty with concepts of top, bottom, before, after, left, right
Poor sequencing of events in story writing
Confuses months, days, seasons, time of day
Trouble observing the margin
Difficulty seeing patterns and repeating them
Difficulty seeing the link between ideas, pictures or events

**CATEGORY C**

Difficulty copying from book
Difficulty copying from chalkboard
Sees image is incorrect and keeps trying to correct it
Difficulty with diagonal lines eg 9, <, >

**CATEGORY D**

Skips lines/confusion when moving on to the next line
Uses marker/finger to read
Loses place on page or when copying
Easily distracted by visual stimuli
Reads slowly/hesitantly
Unable to find individual detail in a picture or story
Difficulty choosing relevant/important information (comprehension)

**CATEGORY E**

Does not complete words e.g.
CRAC = CRACK, ch = the
Difficulty solving abstract problems involving analysis and synthesis skills
Difficulty reading a word by the end of a line e.g. mis- on one line and -take on next line = mistake
Sound out words correctly but unable to combine the letters to form the word
Difficulty completing problems e.g. 3 + ____ = 11

**CATEGORY F**

Poor task completion/can’t decide when a task is complete
Quality of writing decreases with speed increase
Writing/motor speed slow (not due to poor concentration)

**CATEGORY G**

Confuses similar letters e.g. r/h, n/m
Does not always recognise a word just read

**CATEGORY H**

Poor discrimination e.g. car/car
Does not notice small differences in letters e.g. h/n
Does not notice small difference in works or pictures e.g. pin/pen
Difficulty with sorting, matching and comparing information
Does not pay attention to detail

**CATEGORY I**

Poor memory of learned spelling
Difficulty writing from dictation
Forgets what has just been read or seen

**CATEGORY J**

Guesses word from initial/middle/final letters
Incorrect letter information: specify please
Tends to omit letters
Reads very slowly

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### Introduction

Many occupational therapists who practise in the paediatric field make use of a Sensory Integration (SI) frame of reference to guide clinical reasoning during assessment and treatment of children. Developmental Dyspraxia and Sensory Modulation Dysfunction (SMD) are two disorders of deficient Sensory Integration and are well documented in occupational therapy literature. Developmental Dyspraxia was first described by Jean Ayres who pioneered the theory of SI. Ayres stated that children with Developmental Dyspraxia often have trouble coping with life situations including childhood occupations like play, academic learning and social behaviour. This disorder therefore has a profound impact on children and their daily life occupations.

Developmental Dyspraxia was first identified with a measurement instrument developed by Ayres in 1972, the Southern California Sensory Integration Test (SCSIT) and later the Sensory Integration and Praxis Tests (SIPT) in 1989. Through development of the SCSIT and the SIPT, Ayres and later Mulligan were able to link poor discrimination of tactile, vestibular and proprioceptive input with dyspraxia. This confirmed association between Developmental Dyspraxia and sensory discrimination contributed to the development of treatment protocols for Developmental Dyspraxia.

SMD is a pattern of Sensory Integration Dysfunction (SID) in which a person under- or over-responds to sensory input from the body and environment and is identified through self-report measures like the Sensory Profile (SP) and the Sensory Profile School Companion (SPSC). Dunn is the author of the SP and based her model for evaluating children’s sensory responsiveness on neurological thresholds and behaviour of responding to sensory experiences. Sensory Modulation is also referred to as sensory responsivity.

Continuous research in the field of SI locally and specifically in the United States of America (USA) has resulted in an abundance of information published on the subject of SI. However, it also resulted in terminology related to SI being used interchangeably and has led to confusion. Efforts to reach consensus and uniformity when describing SID culminated in a proposed nosology for classifying Sensory Processing Disorders (SPD) which views Developmental Dyspraxia as a sub-pattern of sensory-based motor disorder while SMD is viewed as a pattern of SPD. The literature further states and accentuates the relation between SMD and Developmental Dyspraxia as concomitant.

The relationship between sensory discrimination and Developmental Dyspraxia is supported in literature and has been clinically...