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NEED ASSESSMENT OF AN INTERVENTIONAL PACKAGE FOR
DEVELOPMENT OF FINE MOTOR SKILLS OF CHILDREN WITH
CEREBRAL PALSY

Abdul Basit¹, Maria Sohaib Querishi², Muhammad Irfan Arif³

^{1,2}Institute of Special Education University of the Punjab, Lahore

³University of Education, Lahore

Email: ¹basitranakkot@gmail.com, ²maria_sohaib@hotmail.com,
³drmirfanarifphd@gmail.com

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ABSTRACT

The main objectives of the study were to assess the need for an interventional package for teachers of children with cerebral palsy for the development of their fine motor skills, to identify the areas of deficiencies of children with cerebral palsy to be compensated through an interventional package for teachers of children with cerebral palsy for the development of their fine motor skills and to analyze the usability and feasibility of an interventional package for teachers of children with cerebral palsy for the development of their fine motor skills. The study was descriptive. Further, it was survey research. All stakeholders of children with cerebral palsy, i.e. teachers, physiotherapists, and occupational therapists, were constituted as the study population. A sample of 60 teachers was taken by using a simple random sampling technique. The physiotherapists (N=10) and occupational therapists (N=10) were selected using the purposive sampling method. The data was collected on a self-developed scale called the Need Assessment Scale (NAS), comprised of statements regarding need, deficiencies, usability, and feasibility of an interventional package to develop fine motor skills among children with cerebral palsy. The collected data were analyzed by using simple descriptive statistics such as percentages and mean scores. Inferential statistical techniques like t-test and ANOVA was also used in the study for testing the hypothesis. The findings and the study results revealed that all the stakeholders of the C.W.C.P who participated in the study were in favour of developing an interventional package for the development of fine motor skills of C.W.C.P. The need assessment in this study focused on major areas of C.W.C.P which play a

significant role in the development of fine motor skills of C.W.C.P for their better academic activities such as physical deficiencies of the C.W.C.P, Psychological deficiencies, delayed fine motor skills, the cognitive skills, the social skills, the daily life skills, the academic skills, need of rehabilitation process, supports & services by teachers and usability & feasibility of interventional package application. All these areas of C.W.C.P are needed to be considered while developing an interventional package to develop fine motor skills of C.W.C.P for their better academic activities.

INTRODUCTION

As a general term, cerebral palsy refers to a group of non-progressive motor impairments caused by lesions or anomalies of the brain during the early stages of development. It refers to a group of developmental disorders that manifest themselves as abnormal movements and postures, resulting in activity restriction or disability in some cases. These motor disorders associated with cerebral palsy are frequently accompanied by sensation, perception, cognition, and communication (Powers et al.,2018). People who are physically challenged are more likely to suffer from CP than any other physical disability. Cerebral palsy affects approximately one in every 500 children in Australia, according to statistics. It is widely recognized that cerebral palsy does not result from a single cause but rather from a series of causal pathways that develop due to injury to the developing nervous system. The exact cause of cerebral palsy in the vast majority of babies is still unknown. According to a recent survey conducted in developing countries, risk factors for cerebral palsy are consistently reported as statistically significant predictors of the condition (Ekker. M.S., etal., 2018). Placental abnormality, congenital disability, low birth weight, instrumental or emergency cesarean delivery, birth asphyxia, neonatal seizures, Respiratory distress syndrome, hypoglycemia, and neonatal infections are some of the dangers of pregnancy. Although these risk factors do not cause cerebral palsy, their presence may increase the likelihood that a child will develop the condition. Children with cerebral palsy who are younger than one month of age account for a very small proportion of the population. Typically, this is the result of a scheduled stroke attack (Zhou etal., 2017).

According to Tuber (2018), fine motor skills are a group of skills that involve the use of the hands and fingers in various ways. These abilities necessitate the coordination of small hand muscles to perform precise and refined movements. On the other hand, none of the activities were developed as a result of the concurrent development of gross motor (large muscle) skills. Quality of abilities, on the other hand, continuously varies. Fine motor skills continue to develop throughout childhood depending on the child's age, ongoing experience, practice, rate, and development quality. The development followed two patterns: the cephalo-caudal pattern (moving from the head to the toe) and the proximal-distal pattern (moving from the body parts nearest the trunk to those farthest away from the trunk). That is why it is critical to incorporate activities such as tummy time for infants to help them develop strong shoulders and hip muscles. That is to say, it is the development of strong shoulders and upper arms that serves as a solid foundation for developing skills such as cutting with scissors, self-feeding, and using writing tools. Early and effective development of skills and milestones helps to lay a solid foundation for the more integrated motor skills required later in life as the child grows. When it comes

to high-level fine motor skills, they include writing fluidly and concentrating on writing content (such as conveying information, thoughts, and ideas) rather than on writing mechanics (which include pencil grasping, letter formation, spacing, and sizing), among other things.

Children's fine motor abilities appear to impact their academic achievement, particularly in the areas of math and reading that are linked to fine motor abilities (Dineheart&Manfra, 2013). According to Dinehart and Manfra (2013), the ability to hold a pencil in preschool is a predictor of later academic achievement in math and reading in elementary school. This, according to the researchers, maybe because the children are creating "internal models for the symbol system" while actively engaged in the writing process. Using data from kindergarten, Son and Meisels (2006) investigated the relationship between fine motor skills and academic achievement in first grade. The child's age is critical for the development of fine motor skills and academic achievement. As the child progresses through the first year of school, the importance of fine motor skills concerning academic skills becomes more apparent (Wade.M. et al., 2018). It has been discovered that there is a strong link between students' fine motor development and their academic achievement (Ramey, 2004). In addition to experiencing social and emotional difficulties, children with poor fine motor skills demonstrated delays in academic abilities. It demonstrates that individuals who have difficulty with fine motor skills may experience difficulties in school and life.

Several studies have found that children and adults who have been identified as having motor coordination weaknesses are more likely to suffer from anxiety and depression, which are both associated with their perceived lack of competence in motor activities. Therefore, teachers and parents need to know how fine motor skills or the perception of a child's fine engine performance have concerning their peers. It can also affect the children's overall behavior in the classroom. It is exceptionally beneficial for teachers to focus on teaching information concepts rather than on cutting, gluing, or writing mechanics.

There has been a growing body of literature in recent years that support the need for motor skill development. "Movement ability is crucial for children now and in the future, because children's capacity to move has social, emotional, and physical consequences." Physical development involves both large and small muscle development. Fine and gross motor skills are divided into two categories. Handwriting, cutting, painting, drawing, and tracing are examples of fine motor abilities. "Despite the influence of new technologies, computers and word processors do not eliminate the necessity to learn how to print or write." Running, walking, jumping, hopping, catching, throwing, kicking, and balancing are gross motor skills. Fine motor skill instruction is critical for appropriate motor development. "Personalized, developmentally appropriate education is critical for the vast majority of children if they are to achieve mature skill levels in manycore movement tasks." This is something that the researchers are concerned about not happening. There is a growing awareness of the need to promote fine motor skill development in youngsters across the country.

Statement of the problem

As evident from the literature cited above, the development of fine motor skills is highly related to the academic success of C.W.C.P. The teachers of C.W.C.P should be assisted with some refined instructional material or study guides to develop the fine motor skills of C.W.C.P. Although the physiotherapists and occupational therapists play a crucial role in fostering the fine motor skills of C.W.C.P, however, the teachers on the parallel side are of equal importance in playing their role in the progress & development of C.W.C.P, particularly in the absence of physiotherapists and occupational therapists. There should be an instructional mechanism or an interventional package to assist the teachers in developing the fine motor skills of the C.W.C.P for their better academic activities. To confirm this need for an interventional package, the researcher conducted a research study. The researchers aimed to conduct a need assessment study to develop an interventional package for teachers to assist them in fostering the fine motor skills of children with cerebral palsy to enhance their academic activities. The intention was to confirm whether there is a need for such a package or not to develop the fine motor skills of C.W.C.P for their better academic activities.

RESEARCH OBJECTIVES

Following objectives were established for the study:

To assess the need for an interventional package for teachers of children with cerebral palsy to develop their fine motor skills.

To identify the areas of deficiencies of children with cerebral palsy to be compensated through an interventional package for teachers of children with cerebral palsy to develop their fine motor skills.

To analyze the usability and feasibility of an interventional package for teachers of children with cerebral palsy to develop their fine motor skills.

Hypotheses of the Study

Following hypotheses were formulated and tested for the study:

HO: 1: there is no significant difference between the perceptions of different stakeholders on the need assessment of the Interventional Package for developing fine motor skills of children with cerebral palsy.

HO: 2: there is no significant difference between the perceptions of Physiotherapists and Occupational Therapists on the need assessment of the Interventional Package for the development of fine motor skills of children with cerebral palsy.

HO: 3 there is no significant difference between the perceptions of Teachers and Physiotherapists on the need assessment of the Interventional Package for the development of fine motor skills of children with cerebral palsy.

HO: 4 there is no significant difference between the perceptions of Teachers and Occupational therapists on the need assessment of the Interventional Package for the development of fine motor skills of children with cerebral palsy.

Significance of the Study

The study will play a significant role in cerebral palsy in the sense that it will provide knowledge about the areas of deficiencies and their compensation through an interventional package for teachers of children with cerebral palsy to assist them in developing their fine motor skills for their academic progress. The study will surely provoke the attention of the future researcher towards developing an Interventional Package for the development of fine motor skills of children with cerebral palsy. The need assessment made through this research will be helpful in the development of an interventional package for the promotion of fine motor skills among children with cerebral palsy.

METHODOLOGY & PROCEDURE

The study was descriptive. Further, it was survey research. All stakeholders of children with cerebral palsy, i.e., teachers, physiotherapists, and occupational therapists in the province of Punjab, were the study's target population. The stakeholders of children with cerebral palsy, i.e. teachers, physiotherapists, and occupational therapists from the Lahore division of the province Punjab, were constituted as the accessible population of the study. A sample of 60 teachers was taken by using a simple random sampling technique. The physiotherapists (N=10) and occupational therapists (N=10) were selected using the purposive sampling method. The data was collected on a self-developed scale called the Need Assessment Scale (NAS), comprised of statements regarding need, deficiencies, usability, and feasibility of an interventional package to develop fine motor skills among children with cerebral palsy. The validity of the Need Assessment Scale (NAS) used in the study was ensured by taking experts' opinions from Special Education and Research experts. These experts were faculty members holding Ph.D. degrees in Special Education. The reliability of the Need Assessment Scale (NAS) used in the study was ensured through a pilot study. The Cronbach's alpha of reliability for the Need Assessment Scale (NAS) was .77. The collected data were analyzed by using simple descriptive statistics such as percentages and mean scores. Inferential statistical techniques like t-test and ANOVA were also used in the study for testing the hypothesis. The computation of data analysis is as under:

Table: 1 Comparing Mean scores of all stakeholders on NAS.

Sr. No	Stake Holders	No of Participants	No of Items on NAS	Range of Score on NAS	Cut Score	Overall Std.Dev	Overall Mean Score on NAS
1.	Physiotherapists	10	30	1-5	3	.70	3.98
2.	Occupational Therapists	10	30	1-5	3	.98	3.97

3.	Teachers	60	30	1-5	3	.80	4.03
Overall		80	30	1-5	3	.83	4.00

Table 1 shows the mean scores of all stakeholders of C.W.C.P on the Need Assessment Scale (NAS). The Likert scale range against each item was 1-5, which means the respondents could score a minimum of 1 and a maximum of 5 on each item. Score 3 was decided as the cut score or median score, which means the score below 3 shows the disagreement of respondents on the statements of the Need Assessment Scale. The score above 3 shows the respondents' agreement to the statements of the Need Assessment Scale. Table shows that the mean score of all stakeholders such as Mean score of Physiotherapists was 3.98, Occupational therapists 3.97 and Teachers 4.03 on the need assessment scale, which were above 3, and the overall mean score of all stakeholders such as physiotherapists, occupational therapists, parents, and teachers on Need Assessment Scale (NAS) was **4.00** which mean that all stakeholders of C.W.C.P shown their agreement on need assessment scale. It means that all stakeholders were agreed about the need for an interventional package for teachers to develop the fine motor skills of the C.W.P.C.

HO: 1: there is no significant difference between the perceptions of different stakeholders on the need assessment scale (NAS) of the Interventional Package to develop fine motor skills of children with cerebral palsy.

Table: 2 ANOVA Statistics for HO: 1

Comparison of Stakeholders on NAS	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	53.467	3	17.822	.224	.879
Within Groups	7631.283	96	79.493		
Total	7684.750	99			

POST HOC (Tukey HSD) for Multiple Comparisons

Stakeholders		Mean Difference	Std. Error	Sig.
Physiotherapists	Occupational Therapists	.40000	3.98729	1.000
	Teachers	-1.63333	3.04535	.950
Occupational Therapists	Physiotherapists	-.40000	3.98729	1.000
	Teachers	-2.03333	3.04535	.909
Teachers	Physiotherapists	1.63333	3.04535	.950
	Occupational Therapists	2.03333	3.04535	.909
	Occupational Therapists	1.95000	3.45310	.942
	Teachers	-.08333	2.30206	1.000

Table 2 shows the ANOVA statistics to compare the mean scores of all stakeholders such as Physiotherapists, Occupational Therapists, Teachers, and Parents on the Need Assessment Scale (NAS). The value of F is .224, which reaches non-significance with a p -value of .879 (which is greater than the .05 alpha levels). This means there is no statistically significant difference between the means of the different stakeholders of C.W.C.P on NAS as demonstrated by one-way ANOVA ($F(3, 96) = .224, p = .879$). A Tukey post hoc test showed that there was also no statistically significant difference on multiple comparisons of all stakeholders with each other. Therefore, the Null Hypothesis $H_0: 1$: there is no significant difference between the perceptions of different stakeholders on the need assessment scale (NAS) of the Interventional Package to develop fine motor skills of children with cerebral palsy.

H₀: 2: there is no significant difference between the perceptions of Physiotherapists and Occupational Therapists on the need assessment scale (NAS) of the Interventional Package for the development of fine motor skills of children with cerebral palsy.

Table: 3 t-test statistics for $H_0: 2$

Group	N	M	SD	t(18)	p
Physiotherapists	10	3.98	.70	.085	.933
Occupational Therapists	10	3.97	.98		

Table 3 indicates a non significant difference between the mean scores of Physiotherapists and Occupational Therapists on the Need Assessment Scale (NAS). The value of t is .085, which reaches non-significance with a p -value of .933 (which is greater than the .05 alpha levels). This means there is no statistically significant difference between the means of the two groups of stakeholders of C.W.C.P on NAS as demonstrated by t-test analysis the value of $t_{18} = .085, p = .933$ was not significant at $\alpha = .05$. The null hypothesis, **H₀: 2**, states no significant difference between the perceptions of Physiotherapists and Occupational Therapists on the need assessment scale (NAS) of the Interventional Package for the development of fine motor skills of children with cerebral palsy was accepted. Both stakeholders of C.W.C.P, such as Physiotherapists and Occupational Therapists were agreed about the statements on NAS.

H₀: 3 there is no significant difference between the perceptions of Teachers and Physiotherapists on the need assessment scale (NAS) of the Interventional Package for the development of fine motor skills of children with cerebral palsy.

Table: 4 t-test statistics for $H_0: 3$

Group	N	M	SD	t(68)	P
Teachers	60	4.03	.80	.547	.586
Physiotherapists	10	3.98	.70		

Table 4.28 indicates a non significant difference between the mean scores of Teachers and physiotherapists on the Need Assessment Scale (NAS). The value of t is .547, which reaches non-significance with a p -value of .586 (which is greater than the .05 alpha levels). This means there is no statistically significant difference between the means of the two groups of stakeholders of C.W.C.P on NASas demonstrated by t-test analysis the value of $t_{68}=.547, p = .586$ was not significant at $\alpha = .05$. The null hypothesis, **Ho: 3** stating no significant difference between the perceptions of Teachers and Physiotherapists on the need assessment scale (NAS) of the Interventional Package for the development of fine motor skills of children with cerebral palsy, was accepted. Both stakeholders of C.W.C.P, such as Teachers and Physiotherapists were agreed about the statements on NAS.

HO:4 there is no significant difference between the perceptions of Teachers and Occupational therapists on the need assessment scale (NAS) of the Interventional Package for the development of fine motor skills of children with cerebral palsy.

Table: 5t-test statistics for HO: 4

Group	N	M	SD	t(68)	p
Teachers	60	4.03	.80	.643	.522
Occupational Therapists	10	3.97	.98		

Table 5 indicates a non significant difference between the mean scores of Teachers and the Occupational on Need Assessment Scale (NAS). The value of t is .643, which reaches non-significance with a p -value of .522 (which is greater than the .05 alpha levels). This means there is no statistically significant difference between the means of the two groups of stakeholders of C.W.C.P on NASas demonstrated by t-test analysis the value of $t_{68}=.643, p = .522$ was not significant at $\alpha = .05$. The null hypothesis, **Ho:4** stating no significant difference between the perceptions of Teachers and Occupational Therapists on the need assessment scale (NAS) of the Interventional Package for the development of fine motor skills of children with cerebral palsy, was accepted. Both stakeholders of C.W.C.P, such as Teachers and Occupational Therapists were agreed about the statements on NAS.

Findings & Conclusions

Following were the major findings of the study:

- The mean score of all stakeholders on the need assessment scale was inclined towards the agreement. The mean score of Physiotherapists was 3.98, Occupational therapists 3.97, and Teachers 4.03, which were above 3. The overall mean score of all stakeholders such as physiotherapists, occupational therapists, parents, and teachers on the Need Assessment Scale (NAS) was 4.00, which means that all stakeholders of C.W.C.P showed their agreement on the need assessment scale. It means that all stakeholders were agreed about the need

for an interventional package for teachers to develop the fine motor skills of the C.W.P.C.

- The ANOVA statistics to compare the mean scores of all stakeholders such as Physiotherapists, Occupational Therapists, and Teachers on the Need Assessment Scale (NAS) showed a non-significant difference between the perceptions of all stakeholders on the Need Assessment Scale. The value of F is .224, which reaches non-significance with a p -value of .879 (which is greater than the .05 alpha levels) as demonstrated by one-way ANOVA ($F(3, 96) = .224, p = .879$). A Tukey post hoc test showed that there was also no statistically significant difference on multiple comparisons of all stakeholders with each other. Therefore, the Null Hypothesis $H_0: 1$: there is no significant difference between the perceptions of different stakeholders on the need assessment scale (NAS) of the Interventional Package to develop fine motor skills of children with cerebral palsy.

- T-test analysis indicated a non significant difference between the mean scores of Physiotherapists and Occupational Therapists on the Need Assessment Scale (NAS). The value of t was .085, which reached non-significance with a p -value of .933 (which is greater than the .05 alpha levels). This means there was no statistically significant difference between the means of the two groups of stakeholders of C.W.C.P on NAS as demonstrated by t-test analysis the value of $t_{18} = .085, p = .933$ was not significant at $\alpha = .05$. The null hypothesis, **$H_0: 2$** , there is no significant difference between the perceptions of Physiotherapists and Occupational Therapists on the need assessment scale (NAS) of the Interventional Package for the development of fine motor skills of children with cerebral palsy was accepted. Both stakeholders of C.W.C.P, such as Physiotherapists and Occupational Therapists were agreed about the statements on NAS.

- T-test analysis indicated a non significant difference between the mean scores of Teachers and physiotherapists on the Need Assessment Scale (NAS). The value of t was .547, which reached non-significance with a p -value of .586 (which is greater than the .05 alpha levels). This means there was no statistically significant difference between the means of the two groups of stakeholders of C.W.C.P on NAS as demonstrated by t-test analysis the value of $t_{68} = .547, p = .586$ was not significant at $\alpha = .05$. The null hypothesis, **$H_0: 3$** stating no significant difference between the perceptions of Teachers and Physiotherapists on the need assessment scale (NAS) of the Interventional Package for the development of fine motor skills of children with cerebral palsy, was accepted. Both stakeholders of C.W.C.P, such as Teachers and Physiotherapists were agreed about the statements on NAS.

- T-test analysis indicated no significant difference between the mean scores of Teachers and Occupational on Need Assessment Scale (NAS). The value of t was .643, which reached non-significance with a p -value of .522 (which is greater than the .05 alpha levels). This means there was no statistically significant difference

between the means of the two groups of stakeholders of C.W.C.P on NAS as demonstrated by t-test analysis the value of $t_{68} = .643, p = .522$ was not significant at $\alpha = .05$. The null hypothesis, **H₀:4** stating no significant difference between the perceptions of Teachers and Occupational Therapists on the need assessment scale (NAS) of the Interventional Package for the development of fine motor skills of children with cerebral palsy, was accepted. Both stakeholders of C.W.C.P, such as Teachers and Occupational Therapists were agreed about the statements on NAS.

DISCUSSION

Although cerebral palsy is a non-progressive central nervous system disorder, the physical impairment and functional limitations that appear in children as they grow change in response to the treatment approaches used on them during their development and the effects of their environment. According to Park, E. Y. (2018), It is critical to evaluate motor development, functional skills, and activity limitations to determine the current state of the children, and there are a variety of test batteries that are frequently used to accomplish this. Gross Motor Function Measurement (GMFM) is a standardized measurement instrument frequently used to measure the change in gross motor function in people with Parkinson's disease. In this tool, which has five different dimensions, all skills of the children in the supine/prone position, while sitting, crawling, standing, and walking, are assessed in great detail, as are their motor skills. A dimension of physical deficiency identified by the Need Assessment Scale used in this study was fine motor skills development among C.W.C.P. participants that needed to be addressed in the interventional package for fine motor skills development. Activities of daily living skills (ADLs) are critical responsibilities for C.W.C.P. students in their school, home, and social environments. According to the International Classification of Functioning, Development, and Health, these activities are included in the Activity and Participation dimension, including personal care, nutrition, cleaning, etc. ADLs performance in children with cerebral palsy can be affected by motor, sensory, perception, cognition, communication, and behavioral problems. Children with cerebral palsy have difficulty performing activities of daily living and, in most cases, require adaptive equipment or parental assistance. As a result, activities of daily living should be evaluated, and efforts should be made to develop these activities further as needed. The study discovered that the practices on daily life activities should be mastered through the use of an interventional package for the development of fine motor skills in children with cerebral palsy or cerebral palsy with cerebral palsy. Birth asphyxia, neonatal seizures, respiratory distress syndrome, hypoglycemia, and neonatal infections are all conditions that can occur during pregnancy. Although these risk factors do not cause cerebral palsy, their presence may increase the likelihood that a child will develop the condition. Children with cerebral palsy who are younger than one month of age account for a very small proportion of the population. Typically, this is the result of a scheduled stroke attack (Zhou et al., 2017).

The researchers remain successful in confirming the need for an interventional package to develop fine motor skills of C.W.C.P. All the stakeholders of the C.W.C.P who participated in the study favored developing an interventional package for the development of fine motor skills of C.W.C.P. The need

assessment in this study focused on major areas of C.W.C.P which play a significant role in the development of fine motor skills of C.W.C.P for their better academic activities such as physical deficiencies of the C.W.C.P, Psychological deficiencies, delayed fine motor skills, the cognitive skills i.e receiving, responding, thinking & applying , the social skills i.e shaking hands and greetings , the daily life skills i.e cutting, pasting, dressing, brushing, eating & drinking, the academic skills i.e reading, writing, math, drawing, taking lectures and performing in exams, need of rehabilitation process, the exercises for warm up skills i.e standing & push-up skills, the exercises for basic foundation skills (trunk stability, head control, visual tracking), the exercises for early exploring skills (transferring objects, grasping and reaching), the exercises for transitional exploring/ Pre-academic skills (pre-writing, dress self, feed self), the exercises for refined skills (Pencil control, use of tools, fine manipulations), supports & services by Teachers, usability & feasibility of interventional package application. All these areas of C.W.C.P are needed to be considered while developing an interventional package to develop fine motor skills of C.W.C.P for their better academic activities.

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Need Assessment Scale (NAS) for Development of an Interventional Package for teachers of Cerebral Palsy to enhance fine motor skills for the promotion of their academic activities

Name: _____

Age:

_____ Gender _____

Experience _____

Designation _____

Qualification _____ Experience with C.P. Students (no. of Years): _____

Institution

(Address) _____

S.No	Statements on Need Assessment	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
Part A. Need of Interventional Package						
1.	There is a need for an interventional package for the development of fine motor skills of C.W.C.P.					
2.	An interventional package will be helpful for teachers to develop the fine motor skills of C.W.C.P.					
Part B Areas of Deficiencies						
3.	The physical deficiencies of the C.W.C.P may be addressed through an interventional package for the development of fine motor skills of C.W.C.P.					
4.	The C.W.C.P's psychological deficiencies may be addressed through an interventional package for the development of fine motor skills of C.W.C.P.					
Part C Effects of delayed Fine Motor Skills						
5.	The cognitive skills, i.e., receiving, responding, thinking & applying, may be developed through an interventional package to develop fine motor skills among C.W.C.P.					
6.	The social skills, i.e., shaking hands and greetings, may be developed through an					

	interventional package to develop fine motor skills among C.W.C.P.					
7.	The daily life skills, i.e., cutting, pasting, dressing, brushing, eating & drinking, may be developed through an interventional package to develop fine motor skills among C.W.C.P.					
8.	The academic skills, i.e., reading, writing, math, drawing, taking lectures, and performing in exams, may be developed through an interventional package to develop fine motor skills among C.W.C.P.					
Part D	Need of Rehabilitation Process					
9.	The exercises for warm-up skills, i.e., standing & push-up skills, should be included in the interventional package to develop fine motor skills among C.W.C.P.					
10.	The exercises for basic foundation skills (trunk stability, head control, visual tracking) should be included in the interventional package to develop fine motor skills among C.W.C.P.					
11.	The exercises for early exploring skills (transferring objects, grasping, and reaching) should be included in the interventional package for the development of fine motor skills among C.W.C.P.					

12.	The exercises for transitional exploring/ Pre-academic skills (pre-writing, dress self, feed self) should be included in the interventional package for the development of fine motor skills among C.W.C.P					
13.	The exercises for Refined skills (Pencil control, use of tools, fine manipulations) should be included in the interventional package for the development of fine motor skills among C.W.C.P					
14.	The exercises for integration and implementation skills (Handwriting, focus on content & outcome) should be included in the interventional package for the development of fine motor skills among C.W.C.P					
Part E	Supports & Services by Teachers					
15.	Teachers should engage the C.W.C.P in practical activities to enhance the fine motor skills of C.W.C.P.					
16.	Motivation is an essential aspect of teaching C.W.C.P to develop their fine motor skills through the interventional package.					
17.	The individual differences among C.W.C.P should be focused well by the teachers to develop their fine motor skills through the interventional package.					

18.	Guidance & Counseling sessions may be conducted while teaching C.W.C.P for the development of fine motor skills.					
19.	Collaborative teaching such as involving physiotherapists & occupational therapists may help develop fine motor skills of C.W.C.P through the interventional package.					
20.	Usage of A.V aids by the teachers for the development of fine motor skills of C.W.C.P through interventional package may be handy					
Part F	Usability & Feasibility of Interventional Package Application					
21.	The interventional package for the development of fine motor skills of C.W.C.P should be well organized.					
22.	The interventional package for the development of fine motor skills of C.W.C.P should be easy to deliver.					
23.	The interventional package for developing fine motor skills of C.W.C.P should be manageable in the given time framework.					
24.	The interventional package for developing fine motor skills of C.W.C.P should be economical (low cost) but efficient in working.					
25.	The interventional package for developing fine motor skills of C.W.C.P should be usable with the agreement of the school administration.					

26.	The interventional package for developing fine motor skills of C.W.C.P should be usable with parents' agreement.					
27.	The interventional package for developing fine motor skills of C.W.C.P should be written in easy and understandable language.					
28.	The interventional package for developing fine motor skills of C.W.C.P may be implemented easily in the absence of physiotherapists.					
29.	The interventional package for developing fine motor skills of C.W.C.P may be implemented easily in the absence of occupational therapists.					
30.	The interventional package for developing fine motor skills of C.W.C.P may provide opportunities for the assessment & evaluation of the fine motor skills of the C.W.C.P.					