



An Educator's Guide to Cerebral Palsy

This guide on cerebral palsy is one of a series of briefs that provide basic information about common disabilities, as well as tips for educators as they set out to support children with disabilities.



Overview

The term cerebral palsy (CP) refers to a group of neurological conditions that permanently affect movement and muscle coordination and become noticeable in infancy or toddlerhood. Cerebral palsy occurs in approximately three of every 1,000 births and is caused by damage to or atypical development of the brain, disrupting its control of movement, posture, and balance. While all people with cerebral palsy have symptoms that affect their movement and posture, some people may also experience intellectual disabilities, seizures, disrupted physical sensations, impaired vision, hearing, or speech, or other medical concerns. Symptoms of the disorder do not progress over time, but as a child grows some symptoms may become more or less apparent. Children with cerebral palsy may experience:

- Delayed development of motor skills
- Difficulty with fine motor skills
- Low muscle coordination
- Asymmetrical or atypical gait
- Muscle stiffness or weakness
- Exaggerated reflexes
- Shaking or involuntary movement

Cerebral palsy is most often diagnosed before the age of two, with some mild cases diagnosed before the age of four or five. Over time, the doctor conducts a series of tests evaluating the child's development, motor skills, muscle tone, hearing, vision, and posture to make the diagnosis and rule out other possible conditions. The earlier the diagnosis, the sooner early intervention can begin. This increases the support the child receives to overcome developmental delays and learn new ways to accomplish tasks that may challenge them due to symptoms of cerebral palsy.

Support Strategies

Educators can implement a variety of strategies to support development and positive experiences for children with cerebral palsy.

- Include the child in family, early care and education, and community programs and opportunities.
- If the child already has an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP), attend the regular team meetings.
- Ask the child's occupational therapist or other support specialists:
 - What specific activities can support the child's development and muscle tone?
 - What specific adaptations to the learning environment support the child's independence and participation?



- Survey your learning setting and remove or change any furniture, toys, or aspects of the layout that may inhibit the child's access and movement around the space.
- Consider accessibility to toilets, sinks, and other areas of the setting.
- Ensure that all indoor and outdoor spaces, toys, and activities are accessible and support the child's participation, play, and developmental goals.
- Provide adaptive utensils, cups, and seating options during mealtimes, as needed.
- Provide adaptive seating options, including during small and whole group activities.
- If handling books is difficult for the child, provide a reading tablet and/or audio book.
- Provide adaptive writing, drawing, and painting utensils.
- Support the child to participate fully in social interactions and group activities.
- Provide individualized learning opportunities within natural settings and during daily routines and activities.
- Offer encouragement, praise, and support when the child attempts or succeeds at developmentally appropriate activities that may be challenging for them.
- Provide extra time to complete tasks.
- Position yourself at eye level with the child when engaging with the child.

Helpful Resources

- [Centers For Disease Control and Prevention \(CDC\) – Cerebral Palsy \(CP\)](#)
- [National Council for Special Education – Cerebral Palsy](#)
- [National Council for Special Education – Strategies for Learning and Teaching](#)
- [National Institute of Neurological Disorders and Stroke \(NIH\) – Cerebral Palsy: Hope Through Research](#)