More ways to be *neurodivergent.*

Neurodivergence is bigger than autism and ADHD. Here's a field guide to a few more ways a brain can work differently from what's expected.

YOU MAY ALREADY KNOW

Autism · ADHD

THE FAMILY IS BIGGER

Dyslexia — READING & WORDS

Linking letters and sounds takes more effort, so reading, spelling and decoding words can be harder.

CAN LOOK LIKE

- Losing your place on the page
- Spelling that shifts, even for known words

CAN HELP

- Audiobooks and text-to-speech
- Extra time, and ideas shared out loud

Dyspraxia / DCD — MOVEMENT

Planning and coordinating movement takes more effort, so physical tasks can cost extra energy.

CAN LOOK LIKE

- Bumping into or dropping things
- Laces, cutlery or new routines feel fiddly

CAN HELP

- Small, practiced steps, one at a time
- Tools that skip fiddly movements

Dyscalculia — NUMBERS & MATH

Making sense of numbers, amounts and math ideas is harder. It's not a lack of effort or smarts.

CAN LOOK LIKE

- Time, change or estimates feel tricky
- Numbers slipping away mid-sum

CAN HELP

- Calculators and hands-on visuals
- Written steps to check back on

Dysgraphia — WRITING IT DOWN

Handwriting, and getting thoughts onto paper, is harder than the thinking itself.

CAN LOOK LIKE

- Slow, tiring or hard-to-read writing
- Big ideas out loud that shrink on paper

CAN HELP

- Typing or speech-to-text
- Talking it through or mind-mapping first

Tourette's & tics — MOVEMENT & SOUND

The body makes involuntary movements or sounds, called tics, that aren't chosen.

CAN LOOK LIKE

- Blinking, shrugging, sniffing or words
- Tics that shift over time or with stress

CAN HELP

- People not commenting on tics
- Room to tic freely, and breaks

Also sometimes included

People and organizations draw the umbrella differently. Some also include:

OCD · Sensory processing differences · Some acquired brain injuries · Mental health conditions like bipolar

Language is personal. Use what fits you.

OFTEN MORE THAN ONE

Many people have more than one neurotype. When they show up together, they're called **co-occurring**. That's common, and it can explain why one label never covered everything.

Continued on back: go deeper →

Find your *pages.*

Use these alone, in session, or with someone you trust. Noticing something familiar is a starting point for curiosity, not a diagnosis.



1 *Which of these feel familiar, in me or in someone I love?*

2 *What have I been told was a "personal failing" that might actually be a neurotype?*

3 *Where do things take me more effort than people seem to expect? What have I built to cope?*

4 *Which words or labels feel like they fit me, and which don't (yet, or ever)?*

5 *What support, assessment or tools would I like to ask about, and who could I ask?*