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| **SASC Feedback Proforma for the Review of a Diagnostic Assessment Report** | | | | |
| **Member Name:** | | | **APC No:** | |
| **Date:** | |
| **Criterion** | **Criterion met**  **(2)** | **Criterion met in part**  **(1)** | | **Criterion not met**  **(0)** |
| 1. **Confidentiality** | The confidentiality of individuals and restricted materials is maintained throughout the report.  Note: For APC renewal, all identifying information about the individual should be anonymised, with the exception of their date of birth. | Information within the report relates to individuals, e.g., the name of a school.  References to restricted materials such as test timings or use of real test items. | | Information within the report makes it possible to identify people such as the individual assessed, family members, other professionals.  The report reveals confidential information about the individual or others such as family members, e.g., identifying a named family member as having an SpLD. An example would be ‘X’s father has ADHD.’  There is extensive reference to restricted test materials. |
| 1. **Understanding Cognitive Processing** | The assessor demonstrates a thorough understanding of how cognitive processing contributes to the identification of the SpLD(s) under consideration. | A small number of cognitive terms are not described correctly, e.g., what the term phonological processing means. This does not invalidate the assessment decision. | | A number of cognitive terms are not described correctly. This weakens or invalidates the assessment decision. |
| 1. **Background Information** | A range of background information has been gathered to provide a reliable history of the individual’s challenges and strengths.  This has been gathered, where possible, from a variety of sources and has been reported sensitively and with care. | Some relevant details have been omitted but these would not be likely to impact the diagnostic decision, e.g., information does not appear to have been sought from a range of sources.  Some areas relevant to the SpLD under consideration have not been reported.  The report does not confirm that the visual difficulties questionnaire has been administered, ideally in advance of the assessment. | | Key information has been omitted that may impact the diagnostic decision, e.g., lack of established history of difficulties relevant to the SpLD(s) under consideration.  Sensitive information is reported in an inappropriate manner. |
| 1. **Appropriate Assessment Materials** | Age-appropriate assessment materials have been chosen to cover all core components, as relevant to the SpLD(s) under consideration, with due regard to the background information and STEC test list.  Optional assessment materials, when used, have been chosen as appropriate, avoiding over-testing.  Basal/ceiling ages of tests have been considered, and tests chosen appropriately. | Areas have been assessed that are not compulsory and where no areas of difficulty have been identified.  Areas that have been identified as difficulties prior to or during assessment have not been explored using optional materials. | | Core areas outlined in the report format have not been assessed.  Core areas have not been assessed using tests from the current STEC test list.  Tests and materials chosen are not suitable for the age of the individual as outlined on the current STEC test list. |
| 1. **Test Scoring and Administration** | Scores are converted, calculated and reported with 100% accuracy, clarity, and consistency.  Level descriptors are accurately reported in the main body and appendices.  Information in the report reflects that tests have been administered correctly | A small number of minor errors in reporting scores have been made which do not affect the narrative or the diagnostic decision, e.g., scores differ across text and summary table of test results.  A small number of minor errors have been made when reporting level descriptors which do not affect the narrative or the diagnostic decision.  There is misleading representation of scores, e.g., a standard score of zero on a graph. | | There are several errors or one major error in scoring which impacts the diagnostic decision.  There are several errors or one major error when reporting level descriptors which impacts the diagnostic decision.  Confidence intervals based on scale scores have not been converted into the correct standard score confidence intervals (with a mean of 100, and standard deviation of 15).  There is clear evidence that a test or subtest has not been administered in line with the standardisation procedure, e.g., where the report suggests that during reading comprehension, an individual referred to a text which should have been removed. |
| 1. **Statistical Terms** | Relevant statistical terms have been used in the report. These terms have been defined in Appendix 1 and used accurately throughout the report. | There is a single inaccurate or missing definition of a statistical term used in the report.  There is incorrect or inappropriate use of statistical terms, e.g., significance, confidence interval. | | There are several incorrect or missing definitions of statistical terms used in the report. |
| 1. **Statistical Data** | Where statistical data are contained within test materials, these have been considered and referred to if appropriate. This includes statistical significance and prevalence.  There is a thorough understanding of implications of the age limitations of the normative data provided. | There are inaccuracies in the use of statistical data, but these do not have an impact on the narrative and/or diagnostic decision, e.g., misuse of subtest scatter or prevalence data.  There is minimal use of the data in the manuals to inform judgement and analysis.  Use of different confidence levels (68%, 90% and/or 95%) within the same report. | | There are Inaccuracies in the use of statistical data which has an impact on the narrative and/or diagnostic decision.  There is no evident use of the data in the manuals to inform judgement and analysis.  Tests have not been reported appropriately, e.g., standard scores and/or level descriptors given when the individual is under the basal age of the test or over the ceiling age. |
| 1. **Unexpectedness and Differences** | Unexpectedness and differences in performance across the areas of assessment are acknowledged and discussed. | Some unexpected differences are not discussed but which do not affect the diagnostic decision.  Differences in performance have been interpreted incorrectly, but this has not had an impact on the diagnostic decision, e.g. where the assessor has highlighted a difference but there is no appreciable difference between scores. | | No unexpected differences are discussed.  Differences in performance have been interpreted incorrectly, and this has had an impact on the diagnostic decision. |
| 1. **Qualitative Analysis** | All areas of assessment discussed are accompanied by relevant qualitative analysis, i.e. observation and evaluation of performance, noting the possible effect on test results of any compensatory strategies that might have been used. | There are some omissions of relevant qualitative information.  There is limited evaluation of the impact of compensatory strategies on test performance. | | There is no or very little qualitative information in the report.  There is no evaluation of the possible impact of compensatory strategies on test performance. |
| 1. **Consistent reporting and linking of information** | Quantitative and qualitative information across the report is consistent and areas of assessment are linked to provide a clear interpretation and synthesis of all the assessment evidence. | Information is not reported consistently throughout the report.  Areas of assessment have not been linked to provide a coherent narrative of the individual’s overall profile. This does not affect the diagnostic decision. | | Areas of assessment have not been linked to provide a coherent narrative of the individual’s overall profile. This affects the diagnostic decision.  The report misrepresents information that impacts the diagnostic decision, e.g., qualitative information has been prioritised over scores or vice versa. |
| 1. **Diagnostic Outcome** | The diagnostic decision is clearly stated and supported by evidence contained within the report, including the background information.  The decision has been made with due regard to professional limits. | Alternative factors have not been accounted for, e.g., a diagnosis has been made when there are factors, such as unresolved visual difficulties, but there is enough evidence to support the diagnostic decision. | | The diagnostic decision is not clearly stated, e.g., there is a statement that an individual has ‘dyslexic tendencies.’  Alternative factors have not been accounted for. These have an impact on the diagnostic decision.  The report states that the individual has an SpLD or condition that the assessor is not qualified to diagnose, e.g. a statement that an individual has ADHD or visual stress. |
| 1. **Definition(s) of SpLD(s)** | The definition(s) used for the SpLD(s) under consideration are complete versions, up to date, recognised and referenced. | A definition that is over 15 years old has been used.  Some parts of the definition have not been included.  The definition has been referenced incorrectly. | | A definition has been used that is inappropriate, or no definition has been included, e.g., a DCD definition has been included for a pre-16 individual. |
| 1. **Impact** | The report clearly outlines areas of strength or challenge, and how these may impact on learning or other areas of life. | There is insufficient reference to the impact of strengths or challenges on the individual. | | There is no, or very little, reference to the impact of strengths or challenges on the individual.  The impact is incorrectly reported or not based on evidence, resulting in misleading observations. |
| 1. **Recommendations** | Recommendations are clear and individually tailored. | Standard recommendations are given which are not individually tailored.  Inappropriate recommendations are made.  Weblinks within this section do not work. | | Essential recommendations are not made as appropriate, e.g., access arrangements, a DSA application.  Onward referral to other professional(s) has not been made when assessment evidence indicates this is necessary.  Recommendation has been made for DSA where the assessor does not currently hold an APC. |
| 1. **Accessibility** | Accessibility has been considered for the non-specialist in terms of sensitive and professional language. The format is in accordance with SASC guidance. | The structure of the report means that it is hard to access.  Terminology has been used which is unclear to the reader.  There are some deviations from the SASC report format.  There are grammatical, syntactical, or typing errors which make the report hard to access.  Pronouns have been used incorrectly e.g. him and her used within the same report.  Insensitive language has been used. | | The report would not be easily understood by, and useful to, the person assessed and to other relevant individuals, organisations and institutions.  There are multiple deviations from the SASC report format.  There are grammatical, syntactical, or typing errors which make the report inaccessible. |
| Mark: ?/30 (?%)  At least 77% is required for a pass, with no criteria scoring zero. | | | | |
| **Additional comment(s)** (if any)  These are not taken into account when assigning scores to the criteria.  If we don’t hold a test, we make a note here that scores have not been checked. | | | | |

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| **APC Renewal Application Outcome** |
| **CPD:** Approved/Not Approved(comment if necessary)  **Diagnostic Assessment Report:** Approved/Not Approved |

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| **Action** |
| If the report has not passed issuing body to complete this action box to reflect next steps.  We hope you will find our review useful in your future practice.  If you have any questions on this feedback please feel free to contact the office at [email](mailto:info@patoss-dyslexia.org) of issuing body and we will gladly do all we can to help.  **Thank you for your application and your ongoing support of name of issuing body.** |

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| **Important Note** |
| As a professional, please bear in mind that it is important to recognise that this feedback is specifically related to your report.  It is intended for the recipient only and should not be quoted in any public forum without the specific permission of the organisation who issued the feedback.  The code of conduct also requires that you avoid any action which might compromise your integrity and/or bring discredit on the profession. You should act at all times in a professional manner, avoiding public behaviours and any social media commentary that might bring the profession and/or your professional body into disrepute.  This review is intended to be constructive to support development of professional skills in this specialist area. You should be mindful that any report can be called as evidence in a court or tribunal and so care must be taken to ensure that they would stand up well to such scrutiny. |