

**Guidance notes to accompany SASC Report Format 2025**

The additional guidance comments for the SASC 2025 Report Format are collected together here as a separate document to provide additional accessibility. The additional guidance reference numbering (AG#) follows the 2025 report format document.

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## AG1: When should this report format be used?

This report format is required for SpLD diagnostic assessment.

This report format should be used where:

* A response to intervention is stalling or failing.
* Attainment levels in literacy and/or mathematics are unexpectedly low.
* There is a strong familial history of SpLD.
* A parent, school, student or adult requests an assessment for possible SpLD.

This report format must be used for an assessment carried out at any age that might later be used as evidence for an application for the Disabled Students’ Allowance (DSA).

Diagnostic assessment may not necessarily lead to the identification of a SpLD such as dyslexia. It may identify other explanations for difficulties experienced or may indicate the need for onward referral.

To avoid premature diagnostic testing, the decision to commission/conduct a diagnostic assessment will be informed by any one or more of the following factors:

* Relative to age-expectations, difficulties are persisting, despite appropriate, sustained and monitored interventions having been implemented. The younger the child, the greater the need to provide strong and conclusive evidence of persistence, i.e. limited or no response to sustained intervention, for a SpLD to be identified.
* An individual appears to be able to sustain progress in literacy/numeracy only with a high level of support and intervention.
* An individual is showing signs of distress and/or behavioural difficulties that appear to be linked to difficulties in literacy/numeracy attainment.
* An individual’s difficulties in literacy and/or numeracy are highly unexpected, given other aspects of their achievement profile.
* Other (non-developmental) explanations for persisting difficulties have been considered or excluded, e.g. frequent school moves, frequent school absence due to ill-health, trauma, the impact of learning loss during the COVID 19 pandemic, inappropriate or inconsistent instruction/intervention strategies etc.
* A range of co-occurring difficulties (developmental, psycho-social, medical) is contributing to a complex picture of need, requiring specialist recommendations for intervention.

This diagnostic assessment report format does not preclude or exclude other types of formative or ongoing assessment, for similar or related purposes, used by a range of professionals working in or for schools, colleges, universities and in occupational settings. For example, educational psychologists and specialist teachers working in schools often carry out much shorter formative, reviewable assessments that may indicate areas for intervention. The purpose of these assessments is not to reach particular diagnostic conclusions.

For young children under the age of 8 years, formative and ongoing assessment with recommendations for intervention is likely to be more appropriate than reaching a diagnostic conclusion without monitoring such response to intervention. In fact, it is essential for early intervention that ongoing formative assessment takes place. Such comprehensive needs-based assessment can usefully inform a working hypothesis for later re-examination, if required.

## AG2: Delphi dyslexia study 2025

There are two relevant papers:

Carroll, J. M., Holden, C., Kirby, P., Thompson, P. A., Snowling, M. J., & Dyslexia Delphi Panel (2025). Toward a consensus on dyslexia: findings from a Delphi study. *Journal of Child Psychology and Psychiatry, 0*(0). 1-12. <https://acamh.onlinelibrary.wiley.com/doi/10.1111/jcpp.14123>

This paper outlines the responses to the key statements in the Delphi study, and the consensus reached regarding key markers of dyslexia, risk factors and co-occurrence. The paper proposes a new definition.

Holden, C., Kirby, P., Snowling, M. J., Thompson, P. A., & Carroll, J. M. (2025). Towards a consensus for dyslexia practice: findings of a Delphi study on assessment and identification. *Dyslexia*, *31*(1). e1800. <https://doi.org/10.1002/dys.1800>

This paper discusses the implications of the Delphi study for the assessment and identification of dyslexia. It outlines a hypothesis-testing model of assessment involving factors which increase the probability of accurate identification of dyslexia.

**See also:**

Risks and Probabilities Assessment Practice Framework Based on the Delphi Dyslexia Study. [www.sasc.org.uk](http://www.sasc.org.uk) Downloads.

This assessment practice framework was originally published with the paper preprint of the Delphi assessment and identification paper as Table 4. With a few minor alterations it is reproduced on the SASC website as a download and provides detailed guidance to assessors when interpreting assessment outcomes to arrive at diagnostic conclusions.

Highly summarised versions of this framework can be found in the second Delphi study paper referenced above, as these were considered more appropriate to a research paper.

## AG3: SASC Mathematics Difficulties and Dyscalculia Guidance 2025

See SASC Guidance on Assessment of Mathematics Difficulties and Dyscalculia 2025 [www.sasc.org.uk](http://www.sasc.org.uk) Downloads.

## AG4: Greater flexibility is built into the format

In the format, assessment areas that are considered **core** to the assessment of a particular possible SpLD are indicated.

Beyond these core test pathways, assessors are encouraged to select tests on the basis of emerging priorities for assessment derived from the background information and the outcomes of assessment as it is being conducted. Guidance for choosing tests in each area of testing is given in this document and additional test information is available from the SpLD Test Evaluation Committee (STEC) Test List. [www.sasc.org.uk](http://www.sasc.org.uk) Downloads.

To reflect different priorities, there is some flexibility regarding the order in which assessment areas may be reported, i.e. **Language and Reasoning, Attainment**, and **Cognitive Presentation.** Other sections of the report should be written in the order given in this format.

## AG5: Obtaining permission

Before conducting an assessment, assessors should make it clear to all potential recipients of a report, that a diagnostic assessment is exploratory and may or may not confirm a SpLD. Assessors should not feel under pressure to reach any specific diagnosis. Where a SpLD is not confirmed, the assessor will make other recommendations or suggest an onward referral.

It is essential that, prior to the assessment, **written** permission to use information supplied is sought from all parties providing background information. If there is information a party does not wish to appear in the report, they have the right to indicate this. In England and Wales young people aged 13 years and over can withdraw consent for information to be shared (age 12 years and over in Scotland).

In all cases where a school commissions a report, **written** parental/carer consent must be obtained prior to assessor involvement. This includes both parents/carers (as applicable) or anyone with legal responsibility for the child. It is the commissioning school’s responsibility to obtain this. Assessors should insist on such parental/carer written agreement before proceeding with an assessment, also confirming that the background information supplied by the school can be used in the report.

When assessing children and young people below the age of 18 years, reports should not be passed to other parties by the assessor without the prior written agreement of the parents/carers (as applicable) or anyone with legal responsibility for the child.

Individuals aged 16 years or over will need to give written consent prior to the assessment to the release of the report to another person, e.g. a student support service at a university or an employer.

Where possible, the report’s recipient(s) should have the opportunity to read and agree the background information section of the report before it is finalised.

## AG6: Selecting tests and re-testing

The likelihood of co-occurrence of named SpLD is high. ‘Single-purpose' assessment, investigating from the outset just one area of perceived difficulty, e.g. maths or literacy difficulties, attention or motor coordination difficulties, may miss important signs of co-occurring difficulties with similar underlying risk factors. Therefore, the report format is designed to allow the exploration of a range of issues and potential difficulties.

There might, however, be a situation where a SpLD, e.g. dyslexia, has been identified in a previous diagnostic assessment but the individual now seeks a further assessment for, e.g. maths difficulties. In this case, as a diagnostic assessment has already been conducted and a referral for a new assessment has been made, it would not be necessary to redo a full diagnostic assessment as the new referral will be considered to be an additional assessment for a particular purpose.

The previous diagnostic report would need to have been seen and reviewed, and the date, assessor details and comments on the outcomes included in this additional assessment. The second assessor will need to have full sight of the previous assessment to judge the possible impact of any language, attainment and cognitive weaknesses noted in that assessment.

An assessor may feel it is necessary to do further testing or a new diagnostic assessment, especially if there has been a significant time lapse between the previous and the current assessment. In this instance it would also be essential to fully reference the previous assessment in the background information. Assessors should assure themselves of the quality of the report they are referencing.

Regarding the length of time elapsed since the previous report was written there are a number of things to take into account when making any decision to re-test. It is not possible to suggest an absolute, overarching timeframe. For example, it depends very much on the age of the learner as significant developmental changes can occur in young children in shorter time frames. Significant changes in educational or work environment may affect whether to reassess completely or rely on a previous report.

## AG7: Onward referral for children under the age of 16 years.

For children and young people below the age of 16, assessors will make onward referrals in instances where Developmental Language Disorder (DLD), Developmental Coordination Disorder (DCD)/dyspraxia, Attention Deficit Hyperactivity Disorder (ADHD) or Autism Spectrum Disorder/Condition (ASD/ASC) is suspected.

These diagnostic terms should not be used in the report and definitions not included, although assessors are directed to use the SASC template referral letters which do use these terms, to guide other specialists. See [www.sasc.org.uk](http://www.sasc.org.uk) Downloads.

Some assessors may work within local authority, school or college/university-based settings where there are local or regional pathways and methods for referral. For suspected speech and language difficulties, DLD, DCD/dyspraxia, ADHD or ASD/ASC in children, assessors should be familiar with, follow and describe in the report, local pathways to onward referral. This can be done in association with parents/carers, the school and any other professional agencies involved in assessment, e.g. speech and language therapists, G.P., Child and Adolescent Mental Health Services (CAMHS), local paediatric or occupational therapy services, etc.

It should always be made clear to the report’s recipients that there are no guarantees that the referral letter’s recommendations will be acted upon.

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**Onward referral for individuals 16 years and over**

For those aged 16 years or over, assessors should see the most recent published guidance on the SASC website for the investigation of DCD/dyspraxia, and ADHD/attention-related difficulties. Recommended protocols should be followed.

SASC guidance, prepared in association with experts and academics in the field, includes definitions and identification criteria, a summary of the most current relevant research, and helpful templates assessors can adopt to facilitate onward referral. Assessors are encouraged to be thoroughly conversant with these updates. [www.sasc.org.uk](http://www.sasc.org.uk) Downloads

For individuals aged 16 years or over, assessors may identify patterns of behaviour that could indicate characteristics of ADHD/attention-related difficulties as a specific learning difficulty. However, individuals should not be diagnosed with ADHD. In the case of 16-17 year-olds with attentional issues, the term ADHD must not be used.

Information about onward referral to a specialist medical practitioner, usually a psychiatrist, must be given.

On occasions, there may be evidence for further referral but the parents/carers/individual being assessed is not seeking further investigation at this time. The evidence should be described in the report, and the wishes of the report recipients noted.

## AG8: Managing contested conclusions

In instances where the conclusions reached by an assessor are not accepted by the individual or parent/carer/person with legal responsibility for a child, assessors should nevertheless report their observations and indicate how they meet the criteria for a SpLD, if applicable.

## AG9: Assessment via remote video platform

See updated full guidance regarding assessment via remote video platform at [www.sasc.org.uk](http://www.sasc.org.uk) Downloads.

## AG10: Formatting the report

This report format is presented in tabular form for guidance purposes **only**. This does not mean that the report must be written in boxes. Rather that the headings will be used by the assessor to provide structure in their own report template.

## AG11: Confidentiality and Data Protection

It is recommended that reports should be headed Confidential Diagnostic Assessment Report.

Under the General Data Protection Regulations (GDPR) assessors, or the organisations they work for, should share with clients a full data protection policy/privacy statement which covers how the law protects clients, how long personal data is kept for, what data is used for, how to access a copy of the assessment report, how to contact the assessor and how to complain. It should also include how a client gives and withdraws consent for the use of special category data.

**Special category data**

Data Protection law states that personal information can be used only if there is a proper reason to do so. For most information gathered as part of a diagnostic assessment, specific client consent is not required because assessors could not fulfil their contract to produce a diagnostic assessment report without it.

However, some information is classified as special category data and assessors require consent to hold and use this type of information, where it is relevant to the production of the assessment report. For more information see UK GDPR Guidance and Resources ICO: <https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/>

Assessors should inform clients at the time of the assessment and before finalising the assessment report if there will be information of this type in the assessment report. The client has the right to withhold consent for this type of information to be included in the report. How a client gives and withdraws consent for the use of special category data should be included in any data protection policy/privacy statement.

The only exception to this would be if information given suggested a risk to a child or vulnerable adult. If this was judged to be the case, the assessor has a legal responsibility to share this information with a statutory body, e.g. social services.

**Data Protection statements and use of digital scoring platforms**

Practitioners will already have conducted a Data Protection Impact Assessment (DPIA) for the data they process. <https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/>

Data protection statements on the cover sheet (e.g. stating who the report will be shared with or how long personal data is kept for) are **not** advised as these issues are best dealt with in a separate full data protection policy/privacy statement shared with and, if necessary, signed by the client/parent/carer at the outset of the assessment.

**Use of digital scoring platforms**

Assessors need to ensure that their use of digital scoring platforms is fully compliant with data protection legislation. For guidance concerning the ethics of using automatically generated scoring from test publishers’ platforms, see [www.sasc.org.uk](http://www.sasc.org.uk/) Downloads.

**Using AI tools for creating reports**

There can be significant issues with putting any personal information into an external public domain such as AI platforms or programmes. Assessors should always safeguard privacy and respect client confidentiality by avoiding sharing confidential data. This includes not inputting confidential or personal data from an assessment session into AI language models to help compose assessment reports. This is because it is impossible to control how that data is stored or used. Once entered, the information may be retained and potentially regenerated or accessed by others, posing a significant risk to privacy.

Entering confidential data into language models may also violate UK GDPR regulations, as language models may inadvertently reproduce confidential data for other users.

If assessors have used AI tools, they should include a disclaimer to say that they have **not** inputted personal or confidential data to generate the assessment report.

AI tools may be used in certain circumstances, e.g. to help provide user friendly versions of complex concepts or to summarise information concisely where it is not possible to identify to whom the information pertains. However, even in these circumstances assessors should carefully check AI generated content for accuracy, bias, error and misunderstandings.

Assessors must ensure that their use of digital scoring platforms is fully compliant with data protection legislation. For guidance concerning the ethics of using automatically generated scoring from test publishers’ platforms see: [www.sasc.org.uk](http://www.sasc.org.uk/) Downloads.

## AG12: Older clients and age at assessment

If older clients feel sensitive about their age appearing on the report, it is sufficient to include the date of birth, and not their age. However, it can be explained to clients that many of the assessments used are standardised by age. Readers of the reports will need to know that appropriate tests have been used for the age of the person assessed.

## AG13: Information to record on cover sheet

Where reports have been commissioned by a school, the school’s address can be entered on the cover sheet instead of the child’s address.

Details of school, college, university, year of study, course and/or workplace setting may also be placed on the cover sheet but, if not, should be noted in the background information section of the report.

Please note that if young people are home- educated or in a hybrid setting this should be indicated in the background information. If they are not in full time education, employment or training, this should also be noted in the background information section.

## AG14: Name and contact details

Assessors working in schools, colleges and universities may need to put their personal contact details on the report and/or may instead use their organisational address and contact details.

Similarly, assessors working for an assessment agency, consultancy or other organisation will use the contact details of that organisation.

Self-employed, independent practitioners must give their personal contact details on the cover sheet.

## AG15: Use of the assessor statement

The assessor statement should only be included on the report cover sheet by specialist teacher assessors with a current APC, or psychologists registered with the HCPC.

Diagnostic reports which could later be used by the recipient as evidence for application for the Disabled Students’ Allowance (DSA) **must only** be signed by a specialist teacher assessor with a current APC or a psychologist with HCPC registration at the time the assessment report was produced. See below for separate conditions relating to trainee assessors or psychologists.

Other assessors may use this format, in keeping with their professional qualifications, if they do not hold current APC or HCPC certification but cannot use the author statements cited, and they should appraise clients of the limits of their report. i.e. the report will not be accepted as evidence in any future application for DSA.

**Trainee assessors or psychologists**

Where an assessment practitioner is actively enrolled on a formal accredited course leading to either HCPC registration or a SpLD Assessment Practising Certification (APC) and registered with their professional association, the following advice is given:

This report format may only be used by a trainee specialist teacher assessor, trainee psychologist, trainee educational psychologist, assistant educational psychologist, or educational psychologist in training if the assessment has been completed under the supervision of a specialist teacher assessor with a current APC, or a qualified psychologist with a legally protected title such as educational psychologist.

In this situation, the supervising tutor/supervisor takes full responsibility for the quality of the assessment process, the written report and its diagnostic outcome, and has ensured that the report meets the appropriate standards set by SASC. This needs to be made clear on the cover sheet with the following alternative statement:

Appropriate supervision has been provided in the administration, scoring and interpretation of all the tests used in this assessment in a confidential face-to-face and/or remote (delete as appropriate) setting. I confirm that I take full responsibility for the report.

Name of supervising psychologist/ specialist teacher assessor: (printed)

Signature:

HCPC Number or Current Assessment Practising Certificate (APC) number and issuing body:

Name of trainee psychologist or specialist teacher assessor (delete as appropriate): (printed)

Signature:

Short details of relevant SpLD and test administration post-graduate training held by trainee psychologist or specialist teacher assessor, e.g. number of hours of training, nature of training completed, other relevant SpLD qualification.

Any diagnostic assessment report which could later be used as evidence for application for the Disabled Students’ Allowance (DSA) must be countersigned by a specialist teacher assessor and APC holder or qualified psychologist with a legally protected title such as educational psychologist, under whose supervision they are working. No diagnostic reports which could later be used as evidence for application for the Disabled Students’ Allowance (DSA) should be signed solely as the work of trainee psychologists or specialist teacher assessors prior to their achievement of HCPC registration and/or a SpLD Assessment Practising Certificate (APC).

Reports must never be signed by a trainee assessor with ‘APC pending’ or ‘registration pending,’ nor can reports written before the assessor has been awarded their APC number or HCPC registration have this registration or award information added to the report after the event.

SASC has produced a guide for trainees writing SpLD Reports [www.sasc.org.uk](http://www.sasc.org.uk) Downloads

**Jointly conducted assessments**

If two qualified assessors collaborate in the production of an assessment report, both should sign the report and state their qualifications.

## AG16: Training, mentoring and/or professional development

Psychologists with HCPC registration and qualified specialist teacher assessors with an Assessment Practising Certificate (APC) must, via this statement, confirm that their initial training and continuing professional development has **qualified** them to assess and reach diagnostic conclusions in the areas covered in the assessment. This protects the public and assessors if challenged on their professional competence to reach particular diagnostic conclusions.

For specific training relevant to mathematics assessment, see Table 3 of the SASC Guidance on Assessment of Mathematics Difficulties and Dyscalculia 2025 [www.sasc.org.uk](http://www.sasc.org.uk) Downloads.

For specific training relevant to the assessment of attentional, motor coordination or other specialist areas of assessment please refer to the separate SASC guidance on the investigation of DCD/dyspraxia, ADHD/attentional difficulties, visual difficulties and Autism Spectrum Disorder/Condition (ASD/ASC) [www.sasc.org.uk](http://www.sasc.org.uk) Downloads.

## AG17: Date of report issue

This should be included to indicate when the report was posted or emailed to recipients.

The date of the report issue must fall within the period of the APC licence (specialist teacher assessors) or HCPC licence (psychologists).

The assessor and author of the report should make no further alterations or additions to the report subsequent to the date recorded.

The only exception to this would be to add an addendum where further information communicated after the report issue is likely to have had an impact on the diagnostic decision reached.

## AG18: Further qualifications

Assessors do not need to add further qualifications or information other than completing the statement about their **APC/HCPC registration** and relevant **SpLD assessment** related qualification(s).

## AG19: Contents page

A contents page is helpful and is therefore recommended to give some indication of the overall order and structure of the report. Headings in the contents page should match the headings in the report format. Assessors should ensure each page of the report is numbered.

## AG20: The diagnostic decision section

The diagnostic decision section is intended to provide a synthesis of the report outcomes useful both to the child, parent, student and /or client and to organisations responsible for providing support and reasonable adjustments. The content should be easily accessible to all probable readers of the report, (the individual, parents/carers, the educational setting, other specialists etc.).

It is intended to bring key information together in one place in the report. The length of this section is 1-2 pages, to provide, if necessary, the space to summarise more complex issues and/or highlight actions that require immediate attention.

On rare occasions, where there are many complex factors involved in the assessment outcome, assessors might need to extend the diagnostic decision section beyond 2 pages, but accessibility and readability should remain a priority.

## AG21: Supporting the diagnostic outcome

**Persistence** and **degree of impact** must all be taken into account before attribution of a diagnostic label such as dyslexia or dyscalculia. Attribution of a label should be referenced to a currently recognised and referenced definition.

See also **AG7: Onward Referral** and **AG24: Reaching a diagnostic conclusion alongside onward referral.**

## AG22: Explaining key evidence

It is important to use this section to draw together and summarise all key information and evidence that corresponds to a definition and supports the diagnostic conclusion.

This section is not designed to provide a detailed profile of the individual or their test results (which should emerge from the descriptions given in the assessment areas of the report).

## AG23: Previously identified diagnoses

Assessors, if they mention other diagnoses, must confirm that they have seen and read the relevant evidence of pre-existing conditions.

## AG24: Reaching a diagnostic conclusion alongside onward referral

There can be circumstances when an assessor recommends a **further referral** e.g. to another professional, for an issue arising from the assessment that may require further investigation. The assessor may still return a diagnostic decision separate from the issues relating to the referral. For example, an assessment may conclude that a child is dyslexic but there appear to be marked difficulties with, for example, attention, motor coordination, communication or speech and language that require further investigation.

In this situation, it needs to be made clear to the report recipient exactly how this decision has been reached despite the need for onward referral.

## AG25: Insufficient evidence to confirm a specific learning difficulty

If no SpLD is identifiable this should be stated. The ‘diagnostic decision’ does not have to refer explicitly to a specific learning difficulty if there is insufficient evidence for this in the assessment. There may well be other explanations for difficulties experienced by the child/person assessed, which can be described. However, suggestions should be made for individual management strategies and /or onward referral and investigation.

## AG26: Very low test scores

Where test scores are very low across the board, assessors should exercise sensitivity about their inclusion given their potential to be detrimental to the individual.

## AG27: Acquired and developmental SpLDs

Acquired dyslexia/dyscalculia following brain injury, trauma or infection is far less common than developmental dyslexia or dyscalculia and will generally be documented following medical assessments.

## AG28: Structuring the background information

A structure for the background information section is provided in this report format. Assessors should use this structure, including its headings and sub-headings, as considered appropriate to the circumstances of the assessment.

## AG29: Reporting social, communication and sensory difficulties

Caution and sensitivity should be applied by the assessor when social and communication difficulties and/or sensory issues (which may impact on choice of learning strategies) are reported by the individual, their parent/carer, educational staff or other specialists. The information provided should be reported factually without attribution to any diagnosis, unless previously formally identified.

Assessors can briefly summarise the outcomes of any social and communication checklists **previously administered by other professionals***.* However, the use of Autism Spectrum Disorder/Condition (ASD/ASC) diagnostic checklists is not currently recommended for children or adults in either this section or the extended investigation section.

Unless, unusually, the assessor is already working within the organisational structure of a multi-professional assessment team, the response for any suspected ASD/ASC/speech and language issues is onward referral.

The diagnosis of ASD/ASC at any age can only be arrived at through a multi-professional assessment.

## AG30: The SASC Visual Difficulties Screening Protocol

This is an important tool for evaluating visual difficulties and disturbances that might impact on learning but are not a SpLD. Developed in association with leading UK academics in optometry, guidance for its use can be downloaded from the SASC website. [www.sasc.org.uk](http://www.sasc.org.uk) Downloads

**See also** the following links:

<https://www.nhs.uk/nhs-services/opticians/>

Who can have a free sight test:

<https://www.nhs.uk/nhs-services/opticians/free-nhs-eye-tests-and-optical-vouchers/>

How often can those eligible have a free sight test:

<https://www.nhs.uk/nhs-services/opticians/how-often-can-i-have-a-free-nhs-eye-test/>

## AG31: Auditory Processing Disorder (APD)

Most common hearing difficulties are well documented, and further information can be sought from, for example, the NHS website.

Auditory Processing Disorder (APD) is a less well-known issue that affects about three to five per cent of school-age children. It has been linked to low birth weight, but also chronic middle ear infections. In older adults, the condition can be triggered by stroke or head trauma. In many cases, the cause is never clear. The problem is with the brain, not the ears. Individuals with APD might fail to locate where a sound is coming from, or struggle to follow a conversation on the train, in a bar or at a restaurant.

APD is possible to diagnose medically but this needs to be via referral with a clinical audiologist, not a standard audiologist, as identification of APD appears to be a ‘specialism within a specialism’. Specialist equipment and additional training is required that isn't generally available to audiologists.

Private diagnosis is possible and may lead to the provision of a radio aid, but ongoing maintenance of the aid would be an issue if privately purchased.  Children with APD would benefit from the same or similar adaptations in the classroom to those with hearing loss.

## AG32: Other relevant diagnoses or referrals

Any pre-existing, confirmed diagnosis or referral would be referenced here, with a note made of the date of the diagnosis, by whom (e.g. the professional role of the author), and a confirmation that the assessor has had sight of the report or referral letter.

## AG33: Evidence for familial risk

Questions about close family history are asked because familial risk for specific learning difficulties (in the US the term learning disability is more often used) has been confirmed by multiple research studies.

See, for example, Erbeli, F., Hart, S. A., & Taylor, J. (2019). Genetic and environmental influences on achievement outcomes based on family history of learning disabilities status. *Journal of Learning Disabilities*, *52(2)*, 135–145. <https://doi.org/10.1177/0022219418775116>

Mean differences in longer term **achievement** outcomes between those with a family history of a SpLD and those without are less well evidenced and this points to the probabilistic rather than deterministic nature of family history status in influencing achievement.

## AG34: English as an Additional Language (EAL)

If there is no history of a regularly spoken and/or written additional language, it should be noted English is the individual’s first and only language.

If the language used in test administration is not the primary spoken or written language used by the person assessed, the impact of the orthography (how the learner’s first language is written), phonology (sound-structure), grammar and morphology of their first language on performance in the further assessment of the individual must be considered.

See SASC Guidance on the assessment of individuals for whom English is an additional language (EAL) and/or where there is a complex linguistic history. [www.sasc.org.uk](http://www.sasc.org.uk) Downloads

And: Risks and Probabilities Assessment Practice Framework Based on the Delphi Dyslexia Study. [www.sasc.org.uk](http://www.sasc.org.uk) Downloads

This assessment practice framework was originally published with the paper preprint of the Delphi assessment and identification paper as Table 4. With a few minor alterations it is reproduced on the SASC website as a download and provides detailed guidance to assessors when interpreting assessment outcomes to arrive at diagnostic conclusions.

## AG35: Educational history and response to intervention

When assessing children, information from the child's school should be routinely sought not only to ensure recommendations are more likely to be acted upon but because without such information little may be understood about the type of instruction/additional support offered to the child and the child's response to that provision.

## AG36: Risk and protective factors in SpLDs

Research now tends to focus on understanding the interactions and correlations between genetics and the environment, rather than considering them as opposing forces in the development of SpLDs.

‘Neural and genetic factors are best understood as risk factors that variably manifest depending on the home and school environment and child attributes like motivation,’

Grigorenko, E. L., Compton, D. L., Fuchs, L. S., Wagner, R. K., Willcutt, E. G., & Fletcher, J. M. (2020). Understanding, educating, and supporting children with specific learning disabilities: 50 years of science and practice. *American Psychologist*, *75(1)*, 37–51. <https://doi.org/10.1037/amp0000452>

See also discussion in Specific Learning Difficulties (SpLD) Assessment Standards Committee (SASC) Consultation Paper on the identification of and effective intervention for literacy difficulties in children and adults. Implications for the assessment of dyslexia. April 2022 pp22-24 [www.sasc.org.uk](http://www.sasc.org.uk) Downloads

## AG37: Exercising sensitivity

With individuals aged 16 years or over, caution must be exercised about including sensitive details, especially regarding place of study or work. Only details which are relevant to the diagnostic decision should be included.

## AG38: Statutory provision: terminology across the UK

In some of the devolved nations the term SEND is not used. For example, Scotland refers to Additional Support Needs (ASN) and Co-ordinated Support Plans, N. Ireland to an SEN Framework and Personal Learning Plans (PLPs) and Wales to Additional Learning Needs (ALN) and Additional Learning Provision (ALP).

## AG39: Anxiety

See new SASC guidance on mathematics anxiety. May 2025, [www.sasc.org.uk](http://www.sasc.org.uk) Downloads.

Reported difficulties with particular subject or activity related anxieties should be described, e.g. writing anxieties, performance or speech-related issues.

## AG40: Current situation and individual’s voice

The purpose of the current situation and individual’s voice section is to provide the most recent known information relevant to the overall chronological account of the individual’s developmental history, i.e. to bring the ‘story’ up-to-date. Depending on the circumstances of the individual, assessors may wish to incorporate this information into previous sections of the background information if this seems more appropriate.

## AG41: Parental perspectives: evidence from research

Harding, S., Chauhan-Sims, M., Oxley, E., & Nash, H. M. (2023). A Delphi study exploring the barriers to dyslexia diagnosis and support: A parent's perspective. *Dyslexia*, *29(3)*, 162–178. <https://doi.org/10.1002/dys.1743>

The Delphi method was employed to gain parental consensus as to the most significant barriers to diagnosis and delivery of support for children with dyslexia, as well as solutions to overcoming these barriers.

Thompson, C. (2025). Seeing, being seen and being able to see dyslexia in English schools: Parent and teacher perspectives. *Dyslexia.* Advance online publication. <https://doi.org/10.1002/dys.70003>

An analysis of interviews with parents and teachers, in order to understand the lived experience of families and teachers trying to support children with written language difficulties.

## AG42: Factors that establish a history of literacy difficulties in children under the age of 16 and individuals aged 16 or over.

* Failure to meet age-related targets in reading, writing and spelling accuracy or fluency.
* Skills are weak/unexpected in relation to level of other academic attainments.
* Skills are unexpected given effective classroom instruction and/or additional support.
* Lack of automaticity in speeded or time-pressured tasks involving elements of simultaneous listening, reading, writing, or expression (note-taking in class or lectures, minute-taking in meetings), and/or word-finding when making presentations or contributing to discussion.

See also:

Risks and Probabilities Assessment Practice Framework Based on the Delphi Dyslexia Study [www.sasc.org.uk](http://www.sasc.org.uk) Downloads.

This assessment practice framework was originally published with the paper preprint of the Delphi assessment and identification paper as Table 4. With a few minor alterations it is reproduced on the SASC website as a download and provides detailed guidance to assessors when interpreting assessment outcomes to arrive at diagnostic conclusions.

## AG43: Reporting planning, memory and attentional difficulties

**Children under the age of 16 years**

Parent and teacher-rated scales to investigate planning, memory and attentional difficulties should **not** be used by assessors in pre-16 years assessments.

However, where there are indicators of attentional/impulsivity difficulties, information gathered from questionnaires, school reports, or shared by parents/carers **can** be reported. This information can be noted and summarised but the language used in the report should refer to the specific characteristics/behaviours observed and reported and not to a potential diagnostic label, such as ADHD.

**Individuals aged 16 years and over**

For individuals aged 16 years and over, the views of the person assessed can be very briefly summarised in the background information section but if these issues are considered central to the assessment, they are best explored through structured interview schedules and screeners and reported in the Extended Investigation section of the report.

See the most recent SASC guidance (June 2021) on the assessment and identification of the characteristics of an Attention Deficit Hyperactivity Disorder (ADHD). [www.sasc.org.uk](http://www.sasc.org.uk) Downloads.

See also further advice on observing professional boundaries when reporting such difficulties (above).

Observations from parents/carers/teachers and the individual can also be used to illustrate any marked difficulties with memory, planning and organisation.

## AG44: Screeners, rating scales and interview frameworks

The outcomes of any screeners, rating scales or diagnostic interview frameworks used by the assessor or other person **prior to the date(s) of assessment** should be summarised briefly in the Background Information.

If screeners, rating scales or diagnostic interview frameworks (16 years and over) are administered **during** the assessment for the purposes of gathering further information, they should be reported under the Extended Investigation section of the report format.

For pre-16 years please see the Extended Investigation section, for further comment.

## AG45: Test selection and reporting

The division of the report format into assessment areas, does not always reflect neatly the way different test batteries and sub-test composites are constructed.

Depending on their assessment toolkit, assessors may need to report groups of tests that form composites in slightly different ways, not always strictly conforming to the headings in this format.

For example, in some assessment batteries, tests of **phonological awareness** are grouped with language skills, memory and/or processing tests. They can also form part of comprehensive reading assessment batteries. In the assessment of the youngest children, they can sometimes constitute standalone tests.

In this report format tests of phonological awareness are included under language and reasoning skills because phonological awareness refers to the detection and manipulation of speech sounds that is an integral part of the process of language development. However, phonological awareness could justifiably be grouped under processing and retrieval in the cognitive presentation section of the report since it is part of a larger phonological system used for speaking and listening. Phonological awareness is also a key and reliable predictor of reading ability, so it could equally make sense to include it in the reading section of the report.

The most important issue is to select sufficient tests that explore the criteria that define the SpLDs being investigated. Assessors should report tests under the headings given in this format that seem most appropriate to the individual tested and the test batteries being used.

Advice is given for choosing tests in each section and test assessment areas that are considered core to the assessment of a suspected SpLD are indicated.

Beyond these core test pathways, assessors are free to choose other tests as suggested in this report format and as recommended in the updated 2025 STEC Test List. [www.sasc.org.uk](http://www.sasc.org.uk) Downloads

## AG46: Choosing tests in this section: language and reasoning skills

Historically, tests of reasoning have been divided into different broad categories with a variety of names, verbal, non-verbal, perceptual, numerical, abstract, deductive, etc. Many assessors divide these tests broadly into two categories: verbal and non-verbal reasoning abilities.

However, there are cross-overs between these categories. Solving tests of ‘non-verbal reasoning’ often involves examinees silently or orally using language to work out and remember the ‘rule’ or logical process that governs the correct answer to the problem set.

There are also cross-overs between tests of receptive and expressive language and tests of verbal reasoning.

Similar test constructs (e.g. vocabulary, knowledge, comprehension, and oral fluency and expression) can be found in test batteries across these three areas, whereas other test constructs may only usually be found in one of these categories e.g. tests of similarities, opposites and analogies tend only to be found within broad tests of verbal reasoning.

In choosing tests of receptive and/or expressive language alongside tests of verbal and non-verbal reasoning, assessors are therefore advised to look carefully at the test constructs covered by different test batteries. The updated STEC test list provides an easily accessible method for this. [www.sasc.org.uk](http://www.sasc.org.uk) Downloads

Assessors may feel they need to use more than one test battery because they want to examine particular areas in more detail to help throw further light on the identification of a SpLD.

Normally assessors will test both receptive and expressive language skills.

There may be situations where assessors, after drawing on the background information supplied, and/or their informal impressions of the verbal skills of an individual being assessed, may decide that a full range of language tests is not needed. In some instances, there may already be in place, for example, a recent, comprehensive speech and language assessment. Additionally, if assessors have used tests, for example, of listening comprehension and oral skills which they feel have fully covered either language or verbal reasoning abilities, there is no need to add in further separate tests.

Tests of verbal and visual reasoning and of pattern design/construction can be used to assess strengths and weaknesses for the purposes of making appropriate recommendations for support. In the investigation of maths or motor difficulties tests of pattern design/construction can be particularly helpful in pinpointing areas of weakness.

Assessors will hold differing views about the utility and cultural appropriateness of tests of verbal and visual reasoning for particular individuals at particular life stages and caution should always be exercised in interpreting and reporting the results of these tests. Over-interpretative extrapolation of information from these tests is not encouraged.

Assessors should provide a clear rationale or evidence for omitting tests in this section, with reference to the background information, observations and other tests administered.

Please refer to the latest STEC Test List for further guidance and information. [www.sasc.org.uk](http://www.sasc.org.uk) Downloads

## AG47: Definitions of receptive and expressive language

**Receptive language** means how individuals understand and make sense of words and sentences that people say to them. This is also sometimes called understanding of language. Children learn to understand words and sentences gradually over time. Receptive language can involve the following skills:

* Listening, paying attention to and remembering what people say.
* Learning and remembering new words.
* Understanding different sentences, particularly longer or more complicated sentences.
* Understanding grammar such as word endings (e.g. words with ‘-ed’ on the end mean something happened in the past).
* Making sense of ‘hidden meanings’.

**Expressive language** means the words, phrases and sentences that individuals say. This is sometimes called ‘talking’. Expressive language skills don’t just include talking –individuals who use sign language or communicate using a communication device (sometimes called Augmentative and Alternative Communication, or AAC) still use their expressive language skills. Expressive language can involve the following skills:

* Learning and using new words.
* Putting words together in the right order in sentences.
* Using all the important words in a sentence, including little words like ‘a’ and ‘is’, and the correct grammar and word endings.
* Putting sentences together in a longer story in a way that is easy to follow and understand.

Drawn from Speech and Language UK <https://speechandlanguage.org.uk/>

## AG48: Research evidence: phonological awareness and reading problems

Snowling et al. argue that at a cognitive level, the best-established cause of reading problems is a deficit in processing phonological (speech sound) information.

Snowling, M. and Hulme, C. Do we really need a new definition of dyslexia? A commentary. *Ann. of Dyslexia 74*, 355–362 (2024). <https://doi.org/10.1007/s11881-024-00305-y>

## AG49: Developmental Language Disorder (DLD)

Definition of developmental language disorder from the Royal College of Speech and Language Therapists:

There has been ongoing debate about the most appropriate terminology to use for children who have difficulties with expressive and/or receptive language skills that impact on everyday life, for example, difficulties producing or understanding complex sentences, or learning new words. Until recently the terms ‘specific language impairment’, ‘language disorder’ and ‘developmental language impairment’ were used.

In 2016, an international group of 57 experts (the CATALISE panel) reached consensus on the criteria used for children’s language difficulties (Bishop et al. 2016b, 2017). See below for references to research evidence.

The panel agreed on the term ‘Language Disorder’ to refer to children with language difficulties that create obstacles to communication or learning in everyday life and is associated with poor prognosis. ‘Developmental Language Disorder’ was the agreed term for when the language disorder is not associated with a known condition such as ASD/ASC, brain injury, genetic conditions such as Down’s syndrome and sensorineural hearing loss.

Research evidence: oral language skills and DLD

Bishop, D. V. M., Snowling, M. J., Thompson, P. A., & Greenhalgh, T. (n.d.). CATALISE: A Multinational and Multidisciplinary Delphi Consensus Study. Identifying Language Impairments in Children. *PLoS ONE*, *11(7)*, e0158753. [**https://doi.org/10.1371/journal.pone.0158753**](https://doi.org/10.1371/journal.pone.0158753)

Bishop, D. V., Snowling, M. J., Thompson, P. A., & Greenhalgh, T. (2017). Phase 2 of CATALISE: a multinational and multidisciplinary Delphi consensus study of problems with language development: Terminology. *Journal of Child Psychology and Psychiatry*, *58(10)*, 1068–1080. <https://doi.org/10.1111/jcpp.12721>

For a further comprehensive review see:

Sansavini, A., Favilla, M. E., Guasti, M. T., Marini, A., Millepiedi, S., Di Martino, M. V., Vecchi, S., Battajon, N., Bertolo, L., Capirci, O., Carretti, B., Colatei, M. P., Frioni, C., Marotta, L., Massa, S., Michelazzo, L., Pecini, C., Piazzalunga, S., Pieretti, M., Lorusso, M. L. (2021). Developmental Language Disorder: Early Predictors, Age for the Diagnosis, and Diagnostic Tools. A Scoping Review. *Brain Sciences, 11(5)*, 654. <https://doi.org/10.3390/brainsci11050654>

NB Assessors should refer on to a Speech and Language Therapist in instances where DLD or other language-based difficulties are suspected.

## AG50: Testing Phonological Awareness

If not reported in this section phonological awareness must be reported in another suitable section of the report.

In this report format tests of phonological awareness are included under language and reasoning skills because phonological awareness refers to the detection and manipulation of speech sounds that is an integral part of the process of language development.

However, phonological awareness could justifiably be grouped under Processing and Retrieval in the cognitive presentation section of the report since phonological awareness is part of a larger phonological system used for speaking and listening. In children untimed tests of phonological awareness may be usefully compared to timed or speeded decoding tests and to RAN tests.

Phonological awareness is also a key and reliable predictor of reading ability, so it could equally make sense to include it in the reading section of the report. See **AG45** above: **Test selection and reporting.**

Childhood and school phonics training combined with good verbal skills can act as protective, environmental factors in phonological awareness skill development. As a result, in individuals aged 16 years or over, persisting deficits in phonological awareness as an indicator of dyslexia, although still relevant for many, may be less commonly observed.

**Phonological awareness, deafness and dyslexia**

Deafness impacts on speech and language and it is not surprising, therefore, that there is an impact also on literacy skills acquisition. This can be lessened to some extent where individuals are oral language users and use speech as their predominant way of communicating, rather than, or in addition to, sign language. Early identification of deafness in young infants also has a positive impact and leads to timely intervention. The route to developing phonological awareness in deaf children can be via the use of hearing aids, cochlear implants and speechreading. Poor reading is not an inevitable outcome for deaf readers.

It is acknowledged that it is likely that a proportion of deaf individuals are dyslexic, due to the genetic basis of dyslexia in the hearing population. One study (Herman and Kyle, 2017 see reference below) suggested that it is possible to distinguish between deaf children and dyslexic deaf children, but research is on-going.

Assessors should liaise with the individuals working in a professional capacity for the deaf child/adult as part of the background gathering information process. Important information can then be gained with regard to the nature of the hearing loss, the speech sounds impacted and the extent to which this affects the individual. This is crucial in understanding to what extent deafness and additional challenges are present.

Assessors should seek additional training in this area and maintain adherence to professional boundaries. See also:

Herman, R., Kyle, F. E., & Roy, P. (2019). Literacy and phonological skills in oral deaf children and hearing children with a history of dyslexia. *Reading Research Quarterly*, *54(4)*, 553–575. <https://doi.org/10.1002/rrq.244>

And a useful download:

<https://www.city.ac.uk/__data/assets/pdf_file/0005/564170/Reading-and-Dyslexia-in-Deaf-Children-Herman-Roy-Kyle-2017-FINAL.pdf>

## AG51: Relationship between language, phonological awareness and mathematical skill development

Correlations of phonological processing abilities with mathematics skills are generally stronger among younger children than among older children. Phonological awareness can impact on accuracy in basic arithmetic skills, whereas RAN is more closely associated with mathematics fluency.

See: Yang, X., Yan, M., Ruan, Y., Ku, S. Y. Y., Lo, J. C. M., Peng, P., & McBride, C. (2022). Relations among phonological processing skills and mathematics in children: A meta-analysis. *Journal of Educational Psychology*, *114(2)*, 289–307. <https://doi.org/10.1037/edu0000710>

In a further study, Matejko et al. found that phonological awareness had an impact on basic fact retrieval but not procedural arithmetic.

Matejko, A., Lozano, M., Schlosberg, N., McKay, C., Core, L., Revsine, C., Davis, S. N., Eden, G. F. (2022) The relationship between phonological processing and arithmetic in children with learning disabilities. *Developmental Science*

<https://doi.org/10.1111/desc.13294>

Peng, P., Lin, X., Ünal, Z. E., Lee, K., Namkung, J., Chow, J., & Sales, A. (2020) found a moderate relationship between language and mathematics. More complicated language and mathematics skills were associated with stronger relations between language and mathematics. The relation between language and mathematics was stronger among native language speakers than among second-language learners.

Peng, P., Lin, X., Ünal, Z. E., Lee, K., Namkung, J., Chow, J., & Sales, A. (2020). Examining the mutual relations between language and mathematics: A meta-analysis. *Psychological Bulletin*, *146(7)*, 595–634. <https://doi.org/10.1037/bul0000231>

## AG52: Why are tests of non-verbal/visual reasoning in this section?

While some early theories linked visual-perceptual deficits to dyslexia, measures of visual **reasoning** are not considered essential for identifying dyslexia today. The focus is now on language-based difficulties, particularly in phonological processing, and other cognitive skills that affect reading. Visual reasoning can be a compensatory strategy for some individuals with dyslexia, but it's not a primary indicator of the condition.

However, a clear weakness in pattern or design recognition/construction may support the identification of specific mathematics difficulties and tests of non-verbal /visual reasoning may be useful in an assessment primarily focusing on the exploration of difficulties in mathematics.

Assessors who wish to **further** explore specific aspects of **visual-spatial processing** can do so in that section of the format.

**Reporting measures of visual reasoning in a mathematics-focused assessment**

If assessors feel it is more appropriate, measures of visual reasoning/pattern or design recognition/construction which may assess grouping and ordering skills, pattern recognition, abstract reasoning skill, logic, problem solving and deduction could be reported in the Visual-Spatial Processing section, rather than in the Language and Reasoning section. This may be more appropriate in a mathematics-focused assessment.

Assessors who wish to **further** explore specific aspects of **visual-spatial processing** can do so in the Visual-Spatial Processing section of the format.

## AG53: Reading and mathematics difficulties

Relevant research:

Gomez, A. L., Pecina, E. D., Villanueva, S. A., & Huber, T. (2020). The undeniable relationship between reading comprehension and mathematics performance. *Issues in Educational Research*, *30(4)*, 1329-1354

## AG54: Choosing tests in this section: reading

Evaluating literacy skills is important for understanding potential specific learning difficulties (SpLDs). However, the types of reading assessments to be considered will be guided by background information and the main focus of the assessment.

An untimed graded single-word reading (SWR) test offers the chance to evaluate an individual’s decoding skills both qualitatively and quantitatively. Performance on this type of assessment can be enhanced by an individual’s strong vocabulary and sight word recognition. Incorporating a non-word reading test into the assessment, therefore, can help with a more in-depth analysis of an individual’s decoding skills. Speeded tests of sight-word and non-word reading provide a measure of an individual’s reading efficiency/fluency and can be compared with untimed, graded single word reading and cross-checked through a test of reading comprehension and/or timed tests of prose reading when reading for meaning.

Across all ages, effective comprehension is essential for purposeful reading, and a standardised measure of reading comprehension will be included. In some circumstances it might be useful to administer a short listening comprehension assessment, formal or informal, to contrast with the outcomes of a reading comprehension test.

**For a child or young person being assessed because of literacy concerns**, the assessment of reading will likely include all or most of the above measures.

**Where, however, reading and other literacy skills are well established**, or where, for example, an individual is being assessed primarily because of concerns regarding mathematics or another area of difficulty, the assessor can select the further tests they consider most appropriate based on the background information and emerging findings of the assessment, e.g. a timed single word reading test could always be useful if distinct problems with automaticity are noted in other areas of assessment. Similarly, it may be useful to test reading comprehension if an individual is struggling to understand written problems in mathematics.

**Individuals aged 16 years or over:** There is an increasing recognition that age-related norms for ‘typical’ reading speeds can vary considerably according to the specific demands of the reading task and different test standardisations. See SASC paper ‘Reading and writing speeds and SpLD assessment’ (2020) [www.sasc.org.uk](http://www.sasc.org.uk) Downloads

Please refer to the latest STEC Test List for further guidance and information. [www.sasc.org.uk](http://www.sasc.org.uk) Downloads

## AG55: Note on cloze reading tests

Cloze reading tests are not sufficient in themselves for a diagnostic assessment.

## AG56: Choosing tests in this section: spelling and writing

There is, currently, a wide variety of spelling tests and a smaller number of standardised writing tests available (see STEC Test List [www.sasc.org.uk](http://www.sasc.org.uk) Downloads).

Alongside a standardised graded single-word spelling test, a test of **irregular** word spelling can add information about how well an individual can apply spelling regularities and patterns and/or their knowledge of sight or whole word spellings. A **writing task** can also offer the opportunity to analyse patterns of spelling errors.

It should be noted that whilst there is good evidence that orthographic **skills** are impaired in dyslexia, it is less clear from current research evidence that orthographic processing, as a **specific cognitive construct**, is a cause of dyslexia separable from literacy learning experience and/or phonological or more general information processing difficulties. Given the limited current research in this theoretical area, and bearing in mind the need to make report conclusions as accessible as possible, reporting difficulties in orthographic skills is most clearly and usefully achieved in this section of the report through considering the potential impact on spelling and writing skills, including morphological knowledge.

However, assessors wishing to further explore orthographic processing as a cognitive issue may wish to use the tests currently available to add additional information in the Processing and Retrieval section of the report.

For further information and investigation of the concept of orthographic processing the following studies may be helpful:

What is the evidence base?

Mather, N (2024) *It's Time for a Multiple Deficit View of Dyslexia*. <https://eric.ed.gov/?id=EJ1441905> argues that orthographic processing is an additional risk factor for a dyslexia diagnosis, alongside phonological processing, rapid automatized naming (RAN), and working memory.

Zarić, J., Hasselhorn, M. & Nagler, T. Orthographic knowledge predicts reading and spelling skills over and above general intelligence and phonological awareness. *Eur J Psychol Educ* *36*, 21–43 (2021). <https://doi.org/10.1007/s10212-020-00464-7>. This is a small-scale study of typically developing German elementary-school children (*N* = 66). ‘The results show that word-specific as well as general orthographic knowledge contribute to both reading and spelling performance, over and above intelligence and phonological awareness. Furthermore, it reveals that both word-specific and general orthographic knowledge explain more variance of spelling compared to reading.’

Georgiou, G.K., Martinez, D., Vieira, A.P.A. et al. (2021) Is orthographic knowledge a strength or a weakness in individuals with dyslexia? Evidence from a meta-analysis. *Ann. of Dyslexia, 71*, 5–27. <https://doi.org/10.1007/s11881-021-00220-6>. This is a meta-analysis of 68 studies focused on non-typical (dyslexic) participants. Results suggest that individuals with dyslexia experience an orthographic knowledge deficit that is as large as that of phonological awareness and rapid automatized naming reported in previous meta-analyses.

McMurray,S and McVeigh, C. (2016). The case for frequency sensitivity in orthographic learning. *Journal of Research in Special Educational Needs,* *16(4)*. 243-253. <doi:10.1111/1471-3802.12079>, looks at the interrelationship of phonology, orthography and morphology throughout literacy development, drawing distinctions between children who are good readers and good spellers, children who are good readers and poor spellers, and children who are poor readers and poor spellers.

McMurray, S. (2020). Learning to spell for children 5-8 years of age: the importance of an integrated approach to ensure the development of phonic, orthographic and morphemic knowledge at compatible levels. *Dyslexia, 26:4.* 422-458. <https://doi.org/10.1002/dys.1663>. This article proposes that there may be an optimum period for ensuring the interaction between phonemic, orthographic and morphemic knowledge (5–6 years to 7–8 years; 3 years of formal schooling) during which time significant gains can be made for all children. This optimum period is particularly important for children who are at risk of long‐term spelling difficulties because they spell by sounds alone as a result of insensitivity to orthographic and ortho‐morphemic patterns.

Deacon, S. H., Benere, J. Castles, A.(2012)

Chicken or egg? Untangling the relationship between orthographic processing skill and reading accuracy, *Cognition*, *122:1.* 10-117, ISSN 0010-0277, <https://doi.org/10.1016/j.cognition.2011.09.003>. Three year longitudinal study of children grades 1-3. Results suggest that, between Grades 1 and 3, children acquire orthographic processing skill through their reading and that this ability, as characterised by the most common tasks used to date, does not play an independent role in supporting reading acquisition.

Burt, J. S. (2006). What is orthographic processing skill and how does it relate to word identification in reading? *Journal of Research in Reading, 29(4)*, 400–417. <https://doi.org/10.1111/j.1467-9817.2006.00315.x>. An analysis of the reading literature indicates that there is no theory in which orthographic processing skill (OPS) meaningfully plays a role as an independent skill or causal factor in reading acquisition. Rather, OPS indexes fluent word identification and spelling knowledge, and there is no evidence to refute the hypothesis that its development relies heavily on phonological processes.

## AG57: Assessing writing skills: considerations

**Writing** involves many different aspects from generating ideas of what to write about, composing phrases and sentences, deciding how to spell words, and finally forming each letter which involves pen control to make the letter strokes on paper. This involves the ongoing coordination of various cognitive, language, perceptual and motor processes as the writing is produced. It can be useful to divide the elements into the ‘lower level’ transcription aspects (related to handwriting/typing) and the ‘higher level’ compositional aspects (content and structure of the text). The teaching and learning of transcription skills usually occurs in primary school. Beyond primary school the focus is usually on the higher level compositional aspects of writing. However, transcription difficulties can continue to impact on writing throughout education and in the workplace.

It can be useful to consider the possible interaction between these different elements and how they impact on each other. For example, slow handwriting speed may impact on compositional quality, fast handwriting speed may impact on handwriting legibility, poor legibility may impact on how the quality of the written content is judged.

**Writing speed:** Writing speed (whether handwriting or typing) will depend on the various demands of the writing task, in terms of whether it involves copying or free writing and in the latter case, the demands of the set topic. For some topics material can be generated easily and quickly, while others are more demanding and require greater effort to generate ideas. In order to tease out a measure of the speed of transcription from the speed of composition in the context of an assessment (where time is limited and the student may feel anxious), it is appropriate to present tasks with lower cognitive demands so that the focus is on the time taken to produce the letters and words through the act of handwriting/typing. It is therefore more appropriate to refer to this aspect of writing as ‘handwriting speed’ (or ‘typing speed’).

**Handwriting legibility:** The ease with which handwriting can be deciphered may also depend on the demands of the writing task, the instructions provided and also by the individual’s spelling ability. The accuracy of letter formation is one of the main determinants of legibility. This can be affected by a speed instruction and also the length of time an examinee is required to write. There is usually a trade-off between speed and accuracy, such that trying to write quickly may result in poorer letter formation. Fatigue (and sometimes pain) can be experienced when writing continuously for more than a few minutes, which can also impact on the accuracy of letter formation.

**Quality/composition:** To assess the compositional aspects of writing the assessor needs to present a topic and give the examinee a set time to generate ideas of what to write and to transcribe these ideas (which involves handwriting/typing and spelling). This is often referred to as ‘free writing’, as the examinee is ‘free’ to come up with their own content, in contrast to the constraints of a text copying task. The quality of the written content and aspects of composition include the number of ideas included and the development/extension of these, coherence of the text, sentence structure and grammar, the choice of vocabulary and spelling. The topic set and instructions provided will influence performance. Some topics will allow for text to be easily and quickly generated, drawing on material familiar to the examinee, others will be more demanding in terms of requiring them to spend time thinking about what to write and how to structure the text. There may be minimal instructions provided, or a number of set instructions on how the text should be structured.

**Ways of assessing writing:**

* Basic aspects of compositional quality can be assessed using standardised tests.
* Examinees can be asked to provide a copy of a piece of writing produced outside of the assessment session, such as a classwork assignment or piece of coursework, which is analysed qualitatively.
* A short piece of writing set on a particular topic for a set amount of time during the assessment session, appropriate to the circumstances of the learner can be analysed qualitatively.

The nature of the topic and the time allowed may influence performance. There are many aspects that could be considered in choosing something appropriate, including the subject being studied by the examinee, the type of assessments on their course and the particular writing genre/style that would be expected. Assessors could obtain very different results depending on the choices that they make, making it important to bear all this in mind when qualitative analysis is carried out.

Assessors may prefer to exclusively use a standardised test of writing, others may combine this with a qualitative analysis of a further set piece of writing. There may be situations where assessors feel only the qualitative analysis is required or useful.

For handwriting speed the number of legible words can be counted (and standard scores computed) and for handwriting legibility the percentage of illegible words can be reported. This could be supplemented by further qualitative comments on speed, legibility and the relationship between the two.

**Copying tasks**

Copying tasks are less demanding than free writing tasks, as the generation of ideas and compositional aspects are removed. However, copying involves more than just ‘motor skills’. It involves reading the text, keeping track of what has been copied, retaining the words in memory while they are written etc. The motor skill component involves controlling the pen to form letters on the page.

Although aspects of the speed and accuracy of pen control can be assessed from a copying task, it can also be helpful to assess this aspect separately through a different task that eliminates the other demands of copying (for example, using the ‘Graphic Speed’ task from DASH-2).

It should also be recognised that different copying tasks will have different demands. For example, a short sentence copying task has very different demands to copying a longer text/paragraph. The latter relies more on visual tracking and working memory. The content of the material to be copied will also impact on performance, in terms of the familiarity of words and spelling complexity. Handwriting speed can be measured on a copying task by counting the number of legible words (and standard scores computed when using a standardised test that includes a copying task).

## AG58: Tests of typing speed

Care should be taken in making comparisons and drawing inferences because most typing tasks are non-standardised. Copy typing tasks differ from compositional typing tasks.

## AG59: Specific difficulties in mathematics: research evidence

A comprehensive review of assessment of specific mathematics difficulties and dyscalculia was carried out by SASC in 2024-5 in association with leading academics, relevant stakeholders and assessment practitioners. A wide range of research evidence was considered, guidance drawn up and strong consensus for the recommendations established through a Delphi type exercise. See SASC Guidance on Assessing Specific Mathematics Difficulties and Dyscalculia 2025 [www.sasc.org.uk](http://www.sasc.org.uk) Downloads.

## AG60: Choosing tests in this section: mathematics

The exploration of mathematics in a diagnostic assessment is of particular importance where background information suggests challenges in this area. Assessors should be alert to the fact that literacy difficulties can impact aspects of mathematics. An assessment primarily focusing on literacy would not usually include all assessment areas of mathematics but it might explore specific areas of impact with the goal of making recommendations for support. Assessors will need the appropriate qualifications and training.

Areas to test will depend on what mathematics difficulties have been identified through screening or information gathering. If there are concerns about mathematics, a good starting point for choosing tests depends on the age and presenting concerns relating to the person assessed. For example, a test of arithmetic could be included with potential consideration of tests of mathematics reasoning and problem solving, should these be deemed of relevance. The administration of an untimed, graded, age-appropriate and standardised test covering basic mathematics skills, ideally co-normed with other non-mathematics based tests, should be carefully considered for pre-16 based assessments and sometimes for post-16 assessments, unless this is not indicated as relevant, e.g. for an undergraduate on a Maths programme.

Testing in this section also provides the opportunity to explore maths attainment levels through qualitative analysis alongside quantitative measures.

If there are no recorded or, at assessment, emerging concerns about the individual’s mathematics attainment, **testing in this section can be omitted as deemed appropriate** and justified by the background information or unfolding test outcomes.

Assessors should refer to the SASC Guidance on assessing specific mathematics difficulties and dyscalculia 2025 ([www.sasc.org.uk](http://www.sasc.org.uk) Downloads) for examples of the risk factors that might be important to investigate.

**Further investigation of difficulties in mathematics**

Information gathered in this section provides the basis for further investigation of aspects of mathematics difficulty elsewhere in the assessment, as outlined in the sections of the report format covering **numerical cognition** and **visual spatial processing**. **Assessors will need the appropriate qualifications and training to pursue the assessment of mathematics difficulties.**

Assessors should explain briefly the reasons for administering or omitting tests in this section, with reference to the background information, observations and other tests administered.

Please refer to the latest STEC Test List for further guidance and information. [www.sasc.org.uk](http://www.sasc.org.uk) Downloads

## AG61: Automaticity

It is recognised that most arithmetic fluency tests focus on automaticity rather than computational fluency per se.

Therefore, observations and qualitative information are required to inform judgement on computational fluency.

Individual tests of a single operation (e.g. addition) may yield different results from a test that incorporates more than one.

## AG62: assessing specific mathematics difficulties and dyscalculia

Assessors should refer to the SASC Guidance on Assessing specific mathematics difficulties and dyscalculia 2025, [www.sasc.org.uk](http://www.sasc.org.uk) Downloads.

## AG63: Choosing tests in this section: speed of processing and retrieval

Slow processing speed can be a characteristic of specific learning difficulties such as dyslexia, dyspraxia/DCD, a SpLD in mathematics and developmental conditions such as ASD/ASC. It can manifest as difficulty retrieving information quickly and fluently, struggling with tasks under timed conditions, and having trouble keeping up with fast-moving conversations or instructions. There can be difficulties with reading, spelling and writing fluency, impacting academic performance and daily communications. Being presented with too much information at once can lead to being overwhelmed, making it harder to focus and complete tasks. It can affect executive functions like planning, organising and managing time, leading to challenges in daily routines and tasks.

Timed measures of processing and retrieval give important information about the efficiency of the individual’s ability to process straightforward information and are, therefore, important at all ages. Assessors are advised to consider different test constructs, as using more than one type of task can identify where any inefficiencies or contrasting strengths may lie. For example, retrieving and articulating well-known words from long-term memory, with or without a visual stimulus, is quite different from scanning or copying visual material.

Additionally, assessors should be aware that one type of task is rarely a ‘pure’ task. For example, a coding task using unfamiliar symbols contains elements of visual tracking, visual short-term memory, hand-eye coordination, fine motor control, attention and concentration. It may be possible to note if one aspect is more difficult than another, especially in the context of other results.

When processing speed issues are noted in the background information and verified through speeded tests of processing and retrieval, assessors should investigate their potential impact on all aspects of learning (including, in particular, mathematics and reading fluency) and sometimes, everyday life. If the impact is seen in tests of reading, spelling, mathematics or writing fluency, this contributes to converging evidence to support the identification of a SpLD such as dyslexia, DCD/dyspraxia or a SpLD in mathematics.

It is not appropriate to identify a SpLD in processing speed as a standalone diagnosis. Where there is no clear impact on literacy or mathematics, it is important to make an onward referral if another developmental difficulty is suspected. However, such referrals should never be based solely on a single score from a speeded test of processing or a speeded attainment test. There needs to be robust evidence of impact in a number of areas. Children and adults can achieve relatively low scores on a single or particular type of test of speed of processing and retrieval without any observable or longer-term impact on literacy or other life skills. Assessors should nonetheless clearly state and explain why there is insufficient evidence to confirm a specific learning difficulty and provide guidance as to the way forward to help the individual.

**Neither is it acceptable to identify a named SpLD, for example, dyslexia, based on a processing speed deficit as the single indicator, where there is no or little impact on literacy or any developmental history of this difficulty.**

Please refer to the latest STEC Test List for further guidance and information. [www.sasc.org.uk](http://www.sasc.org.uk) Downloads

## AG64: Research review RAN and dyslexia

Araújo, S., & Faísca, L. (2019). A Meta-Analytic Review of Naming-Speed Deficits in Developmental Dyslexia. *Scientific Studies of Reading*, *23(5)*, 349–368. <https://doi.org/10.1080/10888438.2019.1572758>

This study presents a meta-analytic review of serial rapid automatized naming (RAN) deficits in individuals with dyslexia relative to typical readers. A random-effects model analysis indicated a large impairment in speeded RAN in individuals with dyslexia compared with age-matched controls but a similar performance when compared with reading-matched controls. Poor RAN is a long-term and universal symptom of dyslexia, and the transparency of the writing system does not influence its severity.

## AG65: RAN tests, automaticity and mathematics attainment

The research linking RAN to mathematics attainment is currently inconclusive. Difficulties in mathematics in younger children appear to be more strongly correlated with lower performance on RAN tests than in older children or adults.

A relatively recent meta-study finds connections: Koponen, T., Georgiou, G., Salmi, P., Leskinen, M., & Aro, M. (2017). A meta-analysis of the relation between RAN and mathematics. *Journal of Educational Psychology, 109(7)*, 977–992. <https://doi.org/10.1037/edu0000182>

See also: Georgiou, G. K., Wei, W., Inoue, T., & Deng, C. (2020). Are the relations of rapid automatized naming with reading and mathematics accuracy and fluency bidirectional? Evidence from a 5-year longitudinal study with Chinese children. *Journal of Educational Psychology, 112(8)*, 1506–1520. <https://doi.org/10.1037/edu0000452>

## AG66: Memory – Terminology

Different terms (e.g. verbal working memory, auditory memory) are often used in tests and in the academic research literature. For clarity and reader accessibility assessors are advised to use terms consistently within the report. It might be necessary, in Appendix 4, to include a note to explain any differences in use of test terminology.

## AG67: Planning as a test construct

Assessors might find planning as a test construct embedded in certain test batteries and wish to explore it for certain individuals.

## AG68: Choosing tests in this section: memory and attention

Assessors will include measures of the ability to maintain and manipulate information in active attention for all suspected SpLDs, i.e. an assessment of verbal working memory.

Where concerns are literacy based, phonological memory will also be assessed.

Where concerns are mathematically based, assessors may consider including measures of attention, inhibitory control, and shifting attention.

In all instances, qualitative observations of the ability to filter information effectively to make decisions and solve problems should be included. For example, the ability to focus on the specific required elements of a task, to filter out distractors, to adapt to new task requirements, or to remember test instructions can all offer useful information.

Please refer to the latest STEC Test List for further guidance and information. [www.sasc.org.uk](http://www.sasc.org.uk) Downloads

## AG69: Using tests of attention

**Please note:** While the constructs of memory, attention and executive function are very much linked, assessors should be aware that scores indicating a difficulty in attentional control are not of themselves, sufficient and reliable indicators of a broader developmental difficulty with attention.

## AG70: Inhibitory control and shifting attention

Inhibitory control within the numerical domain is associated with factual knowledge and procedural skill. Within maths word problems, it also involves disregarding irrelevant information. A further example is with fractions – inhibiting the perception that 4 is larger than 2 when comparing ¼ and ½.

Attentional facilities usually correlate with mathematical performance (LeFevre, Berrigan, Vendetti, Kamawar, Bisanz, Skwarchuk et al., 2013).

Inhibitory control is important to maths development (Spiller, Clayton, Cragg, Johnson, Simms & Gilmore, 2023; Friso-Van den Bos, Van der Ven, Kroesbergen & Van Luit, 2013).

In more general terms, qualitative observations of shifting attention and inhibitory control might note:

* Where an individual is struggling to focus, or to block out some information and attend to other information.
* Place keeping problems when doing copying tasks.
* Losing place when talking (‘why did I start telling you about this’ etc.).

Assessors can consider these issues by appraising the potential impact of these factors on test performance.

**References:**

LeFevre, J., Berrigan, L., Vendetti, C., Kamawar, D., Bisanz, J., Skwarchuk, S., & Smith-Chant, B. L. (2013). The role of executive attention in the acquisition of mathematical skills for children in Grades 2 through 4. *Journal of Experimental Child Psychology, 114(2)*, 243-261. <https://doi.org/10.1016/j.jecp.2012.10.005>

Spiller, J., Clayton, S., Cragg, L., Johnson, S., Simms, V., & Gilmore, C. (2023). Higher level domain specific skills in mathematics; The relationship between algebra, geometry, executive function skills and mathematics achievement. *PLOS ONE, 18(11)*, e0291796. <https://doi.org/10.1371/journal.pone.0291796>

See also: Traverso, L., Viterbori, P., Gandolfi, E., Zanobini, M. & Usai, M. C. (2022). The contribution of inhibitory control to early literacy skills in 4‐ to 5‐year‐old children. *Early Childhood Research Quarterly, 59*, 265-286. ISSN 0885-2006, <https://doi.org/10.1016/j.ecresq.2021.11.010>.

## AG71: Using and choosing tests: numerical cognition

Assessors are advised that they must have the requisite knowledge, experience and training to tackle assessment in this section. They are advised to refer to Table 3 *Knowledge, understanding and skills required to carry out a diagnostic assessment of mathematics difficulties.* SASC Guidance on Assessment of Mathematics Difficulties [www.sasc.org.uk](http://www.sasc.org.uk) Downloads.

It is vital that assessors are aware that there are limited appropriately standardised tests to explore these constructs.

Please refer to the STEC Test List for further guidance and information. [www.sasc.org.uk](http://www.sasc.org.uk) Downloads

**NB:** 'numerical' is used here in its widest sense i.e., *'***of, or pertaining to, number**'.

Numerical cognition is a recognised term that encompasses different types of estimation, comparison, quantifying tasks, as outlined by Garcia-Sanz et al. (2023)who argue that numerical cognition is an essential skill for survival, as it allows living organisms to distinguish quantities and quantify the environment.

Garcia-Sanz, S., Grabulosa, J. M. S., Kadosh, R. C., Aguilar, N. M., Gutiérrez, A. M., & Ripoll, D. R. (2023). Effects of prefrontal and parietal neuromodulation on magnitude processing and integration. *Progress in brain research,*282, 95-121. <https://doi.org/10.1016/bs.pbr.2023.10.004>

## AG72: Non-symbolic magnitude comparison

Non-symbolic magnitude comparison is an intuitive sense of ‘more’ or ‘less’ that helps people make judgments about quantities based on visual, auditory, or spatial cues, rather than on explicit counting or measurement.

## AG73: Choosing tests in this section: visual-spatial processing

Some aspects of these skills may already have been explored through the non-verbal reasoning tasks in the Language and Reasoning section of the report.

However it can be useful (especially in assessments primarily focused on mathematics or motor/writing difficulties or where spelling difficulties seem not to be related to underlying phonological difficulties) to explore **other** elements of visual-spatial perception and processing. These could include:

* A standardised test of visual working memory – with a possible extension to a test of visual working memory for sequences.
* A standardised test of visual working memory for observed actions and the ability to reproduce them.
* A standardised test of memory for scenes.
* A standardised test of memory for designs – with or without a motoric reproduction element.
* A measure of visual attention span i.e. of the ability to simultaneously process visual items (e.g., strings of letters, numbers, symbols or a comparison of relative aptitude with different stimuli) presented in a multi-element series - standardised or non-standardised.

Please refer to the latest STEC Test List for further guidance and information. [www.sasc.org.uk](http://www.sasc.org.uk) Downloads

## AG74: Research evidence: visual working memory

Olivers, C. N., & Roelfsema, P. R. (2020). Attention for action in visual working memory. *Cortex, 131*, 179-194. <https://doi.org/10.1016/j.cortex.2020.07.011>

See also: Dell’Acqua, R., Sessa, P., Brigadoi, S., Gervain, J., Luria, R., & Doro, M. (2024). On the functional independence of numerical acuity and visual working memory. *Frontiers in Psychology, 15*, <https://doi.org/10.3389/fpsyg.2024.1335857>

## AG75: Spatial visualisation and mathematics: research evidence

The mapping of numbers to space is central to how we operationalize, learn, and do mathematics (Hawes Ansari, 2022, p. 465)

Hawes, Z., Ansari, D. What explains the relationship between spatial and mathematical skills? A review of evidence from brain and behavior. *Psychon Bull Rev 27*, 465–482 (2020). <https://doi.org/10.3758/s13423-019-01694-7>

The visualisation of space and other spatial skills are significantly correlated for individuals at all educational levels (Atit, Power, Pigott Lee, Geer, Uttal, Ganley Sorby, 2021)

Atit, K., Power, J.R., Pigott, T. et al. Examining the relations between spatial skills and mathematical performance: A meta-analysis. *Psychon Bull Rev 29*, 699–720 (2022). <https://doi.org/10.3758/s13423-021-02012-w>

## AG76: The Extended Investigation

For use with individuals aged 16 years and over, there are a range of specialist screeners, rating scales and diagnostic interview frameworks available for use in post-16 assessments to investigate issues in attention/impulsivity, motor coordination and visual difficulty/disturbance.   
  
These tools should only be used:

* When assessors have appropriate training and can use the screening tools in the context of a thorough understanding of the developmental condition(s) being investigated;
* Ideally, when there is an opportunity, where necessary, to discuss outcomes with a supervisor, team, colleague or mentor;
* As a prelude to further referral, where considered necessary, and/or to inform assessment conclusions and decisions.

It is recommended that SASC template referral letters for DCD, speech and language difficulties, ASD/ASC and ADHD are used to summarise information gathered. However, there may be some assessors working within local authority, school or college/university-based teams where there are other local pathways and methods for referral.

In individuals 16 years and over, SASC recommends that practitioner psychologists and specialist teacher assessors holding current registration (HCPC and APC) and who have relevant training, can identify patterns of behaviour that together indicate the presence of **characteristic features** of DCD/dyspraxia. In individuals 18 years and over **characteristics of** ADHD, as a specific learning difficulty can be identified. Assessors may not diagnose ADHD.

Further SASC guidance on the assessment of suspected ADHD and DCD/dyspraxia has been compiled in association with leading academics and practitioners in these fields and assessors are encouraged to be thoroughly conversant with these updates to best practice guidelines. [www.sasc.org.uk](http://www.sasc.org.uk) Downloads.

## AG77: Motor coordination investigation

As of May 2025 there are two relevant tools for the investigation of significant motor coordination difficulties in children, i.e. the Movement ABC-2 checklist <https://www.pearsonclinical.co.uk/en-gb/Store/Professional-Assessments/Motor-Sensory/Movement-Assessment-Battery-for-Children-Checklist---Second-Edition/p/P100009222> and the Intelligence and Development Scales 2nd edition (IDS-2) gross and fine motor skills tests.

## AG78: Template referral letters

For template referral letters see [www.sasc.org,uk](http://www.sasc.org,uk). Downloads.

Template referral letters can be found in the guidance for the assessment of DCD/dyspraxia, ADHD, ASD/ASC and visual difficulties. A separate referral letter for speech and languages difficulties/suspected DLD can also be downloaded.

## AG79: Making recommendations

Recommendations should always take into account the needs of the individual and their best interests. They should also be suitable for the individual’s current and future educational context, where possible in liaison with the school or educational context. It is important for assessors to be aware that an assessment report may be used for different purposes beyond the initial referral (e.g. as part of the information gathering process to inform an EHCP request or to inform support in the workplace). When submitting a report, assessors should be confident in standing by their professional opinion and recommendations. It would not be appropriate or usual to amend conclusions or recommendations after a report has been sent to the recipients.

Where possible regarding short term recommendations assessors should indicate a realistic and suitable time frame for their implementation and review. For children particularly, very careful consideration should also be given to recommendations regarding content, level and mode of support likely to be helpful and relevant to the individual.

Recommendations should be based on the evidence of need provided in the main body of the report and should not be a simple list of cut and pasted general guidance.

## AG80: Onward referral –see also AG7:

Where appropriate, the recommendations section of the report will signpost onward referral to an optometrist, a GP, CAMHS or other professional or agency.

For suspected ASD/ASC, ADHD, DCD/motor coordination difficulties or speech and language difficulties in children, assessors should be familiar with, follow and describe in the report, local pathways to onward referral in association with parents/carers, the school and any other professional agencies involved in assessment, e.g. speech and language therapists, G.P., CAMHS, local paediatric or occupational therapy services, etc. Where possible, it will be helpful to the parent/school to understand more about how such local referral routes operate and which professionals are likely to be involved.

For individuals aged 16 years and over, in cases of suspected ADHD/ASD/ASC, information about a route to specialist psychological, medical or psychiatric referral must be provided.

Template referral letters can facilitate onward referral and have been provided in the SASC guidance for visual, attentional, and motor coordination issues and, as a separate download, for speech and language issues. See [www.sasc.org.uk/downloads](http://www.sasc.org.uk/downloads).

It should be made clear to the report’s recipients that there are no guarantees that the referral letter’s recommendations will be acted upon.

## AG81: Recommendations for Examination Access Arrangements in a SpLD Diagnostic Assessment Report

Purpose of Access Arrangements:

Students with SpLDs may require reasonable adjustments during examinations, commonly referred to as access arrangements. The purpose of examination access arrangements is to ensure that students are not disadvantaged by their condition and can demonstrate their true academic potential.

Arrangements include extra time, a reader, a scribe, assistive technology, and rest breaks.

Professional Guidance:

Assessors must follow national and JCQ regulations, which are updated annually. Links to relevant guidance should be checked each year.

Role of the Assessor:

For JCQ exams, assessors must work with the centre, provide qualifications, complete Form 8 correctly, and liaise with the centre before assessing. Standalone assessments without centre input are not valid for access arrangements.

How to Recommend Access Arrangements:

1. Link to Assessment Results – Clearly connect test findings to the recommended arrangement.

2. Specify Arrangements – Detail exact needs (e.g., 25% extra time, use of a reader, scribe, rest breaks).

3. Provide Justifications – Use evidence-based reasons for each recommendation.

4. Consider Exam History – Mention previous successful use of arrangements.

5. Include Student and Teacher Input – Gather feedback to ensure practicality.

6. Align with JCQ/relevant Guidelines – Ensure all recommendations comply with current regulations.

A fuller and more detailed guide to the role of recommendations for examination access arrangements in a SpLD diagnostic assessment report is available from the SASC website [www.sasc.org.uk](http://www.sasc.org.uk) Downloads.

## AG82: Ordinarily available provision (sometimes known as universal/inclusive provision)

Most local authorities and county councils will produce their own universal provision document which can be consulted.

## AG83: Making recommendations for support within ordinarily available provision.

It is always helpful to provide concrete examples of how schools, colleges, universities and workplaces can bolster inclusive practices by using low cost or no cost adjustments and resources. A generic list of suggestions (e.g. dyslexia-friendly approaches) is not useful: a reason should be given for whatever is recommended which relates to the assessed needs of the individual (although in certain cases it could also be explained how the adjustment or resource could also benefit others in that setting).

## AG84: Assistive technology

It is advisable to recommend types of assistive technologies (e.g. speech-to-text) using named software/hardware products **only** as examples rather than specific recommendations.

In higher education and in the workplace, it will normally be the needs assessor who will make specific recommendations for assistive technology provision but there are generic, free access technologies that can be suggested.

## AG85: Workplace-focused recommendations

Just as for those applying for DSA funding, where a student study needs assessment follows a full diagnostic assessment, in the workplace, it is usual practice for a workplace needs assessment to be organised for the employee, following the identification of a SpLD. Normally, the workplace needs assessment is conducted at the place of work and there would be a brief discussion with the line manager / HR and a detailed discussion with the employee. While arrangements do vary, it can be assumed that a workplace needs assessment should take place.

In the diagnostic assessment, the assessor could usefully focus on recommendations tailored to the nature and type of the individual’s work and the organisational processes involved in that work, e.g. recruitment arrangements, training, appraisals, promotion and job coaching relevant to the SpLD identified and the type of work undertaken etc.

If the client has come forward for assessment privately, without the involvement of the employer, then the individual may choose not to have a workplace needs assessment. In this case, recommendations might be more detailed to give the employee a good idea of possible adjustments that might be made to take account of potential future as well as current workplace needs.

If the assessor knows that the individual will be referred for the workplace needs assessment through Access to Work, rather than through the employer to a SpLD specialist, the recommendations might also be more detailed and specific.

## AG86: Effective evidence-based interventions

Assessors should base recommendations for support on the best available effective evidence-based interventions.

The principles of effective, evidence-based intervention encompass:

There is good externally evaluated evidence from research in the public domain that the intervention will address the problem identified.

There are robust suggestions for monitoring and evaluating the effectiveness of the intervention.

**Useful sources of information regarding effective evidence-based interventions:**

The Education Endowment Foundation (EEF) <https://educationendowmentfoundation.org.uk/>

MetaSENse <https://www.educationalneuroscience.org.uk/metasense/>

The Nuffield Foundation. <https://www.nuffieldfoundation.org/>

Muter, V (2021) *Understanding and Supporting Children with Literacy Difficulties* Jessica Kingsley

Selby, L. (2024). *All About Dyslexia: A Practical Guide for Primary Teachers*. Taylor & Francis.

‌Selby, L. (2024). *All About Dyslexia: A Practical Guide for Secondary Teachers*. Taylor & Francis.

See also <https://louiseselbydyslexia.com/all-about-dyslexia-for-primary-and-secondary-schools/>

Mather, N. et al. *Dyslexia Interventions and Recommendations - An Online Companion Guide to the Tests of Dyslexia (TOD)*

## AG87: Making recommendations for implementation at home

Assessors should exercise caution and sensitivity in the advice given in this area, being careful not to overwhelm the parents/carers/child/individual aged 16 years or over with suggestions that may be difficult to implement.

## AG88: Appendix templates

In general, assessors will create modifiable templates for this section and, once created, completion of this section of the report should not involve excessive time or work.

## AG89: Qualitative range descriptors

Assessors will note that different tests use different range descriptors to describe standard scores, or scores expressed as percentiles.

Qualitative range descriptors can help communicate test results in context for readers of the report who are not trained assessors, such as the person tested, parents/carers, or advisors.

Qualitative descriptors are associated with specific standard score ranges to describe their approximate distance from the mean. Many tests offer these verbal descriptors as suggestions only (they are not evidence-based). Choosing one set of range descriptors minimizes the potential for confusion when scores are reported from more than one test and test type.

In general, a diagnostic decision and the potential for the allocation of resources should never be based on a single standard score but on the weight of converging evidence, qualitative and quantitative, from the assessment as a whole, including the background information.

However, assessors need to be aware that the range of scores in any test battery used to describe typical and non-typical performance can vary between tests and test publishers. Tests, variously, can describe standardised scores of 89 and below, 85 and below or lower to describe below average performance. It is for this reason that one set of descriptors should be used.

## AG90: Presentation of statistical information

Using colours to highlight test scores

Avoid meaning-laden colour choices e.g. green for high scores and red for low scores.

Use of graphs

In addition to the Summary Table of Test Results, some assessors will choose to include a graphic or visual chart of test results, and this can be helpful. However, where many test scores are low a graphic display could be more visually off-putting to the person tested than a statistical table.

A standard score of zero is hypothetical and does not typically feature on any published scoring table, so it is recommended to set the lower value on the y axis at a nominal 10 points below the individual’s lowest score and the top value 10 points above. This also has the effect of bringing the profile into better relief.

## AG91: Why are composite or index scores used in SpLD assessments?

They group together results from tests that measure related skills. For example, phonological awareness can be measured through listening tasks, syllable tasks, onset-rime tasks, and phoneme awareness tasks - all of which are closely linked.

**Key points to consider:**

* **Composites can reduce errors**; Composite or index scores lower the risk of Type 1 errors (false positives).
* **Look for closely related measures**;composites are most reliable when they combine tests that are strongly related.
* **Composites help provide a simplified profile**; they can give a clearer picture of strengths and weaknesses.
* **Composites can lead to loss of detail**; some information from individual subtests gets lost, so it’s useful to report both individual scores and the composite score.
* **How composite scores are calculated matters**: Composite scores can be made by averaging, weighting, or more complex methods like factor analysis. Each method affects how the score should be interpreted.

For a **fuller discussion of these issues** see below:

**Using composite and index scores within the format structure**

When analysing and interpreting the statistical results derived from an assessment, assessors should use the data found in the test manuals to determine when score differences are meaningful (using prevalence or base rates), rather than merely statistically significant, or as can occur, mistakenly asserting that a score difference, or a single subtest result, is significant without any statistical evidence.

Both composite and index scores (terms which are sometimes used interchangeably) refer to a single score calculated by combining multiple data points.  Depending on their assessment toolkit, assessors may need to consider how to manage the reporting of information derived from composite or index test scores.  When the composite or index includes scores from related test constructs, it can likely be reported within a particular domain.  However, when a composite or index encompasses a broader range of variables or test domains/constructs, the overall score can be recorded in the Summary Table of Test Results (Appendix 2). The individual subtests will be reported in the section of the report format the assessor considers to be the most appropriate but the composite score, if used, can be discussed in the section in which the final sub-test is reported.

Please see the notes in Appendix 1 regarding the statistical reporting of scores.

The following guidance, used alongside information in test manuals, can assist in deciding which tests within a battery that offer composite scoring might be most useful and why.

**Understanding and reporting composite and index scores:**

Q. Why are composite or index scores constructed in the types of tests typically used in a SpLD assessment?

A. Because they generally refer to test properties which look at a particular domain or construct (e.g. phonological awareness) but are highly correlated. For example, tests of listening skills, syllable structure awareness tasks, onset-rime awareness tasks and phonemic awareness tasks are all ways of measuring the construct of phonological awareness.

Here are some considerations when choosing composite and index scores and assessors need to be aware of these when deciding whether or not to use and report them.

* Composite or index scores can reduce the probability of Type 1 statistical errors i.e. reaching a false positive interpretive conclusion where it is assumed the result is statistically significant when in reality it occurred purely by chance or because of unrelated factors.
* Composite or index scores are most reliable when the variables which are combined to form the score are related to one another. The weights assigned to individual components of the tests and correlations between the components of the tests are also important.
* Composite or index scores can provide a simplified picture of key strengths and weakness across an individual’s profile.
* In combining scores, some information is lost. It is usually therefore useful to discuss and report both the individual sub-test scores and the composite or index score.
* In interpreting the score, it is important to broadly understand how the composite or index score has been calculated, e.g. by simple averaging, weighting or factor analysis. Each of these different methods will have differing implications for the interpretation of the score. For example, the components of a test can be weighted for level of difficulty. This method can, for example, punish test takers for missing more difficult items but provide additional rewards for mastering particularly difficult items. Some composite or index tests involve sub-tests which examine skills measured by different metrics, e.g. in units of time, or in units correctly recalled. Here simple addition or averaging of scores would not be appropriate so another method of combining the score into a composite or index has to be used.
* Composite or index scores may be best suited to understanding a single domain or construct.

Much useful information to guide assessors in the use and reporting of composite and index scores can be found in test manuals and assessors are advised to read manuals carefully.

## AG92: Confidence intervals

Confidence intervals will be included in an assessment report's table of test results to indicate the degree of uncertainty associated with a given result.

Confidence intervals should not be used to compare test scores unless tests are co-normed, or this can result in a biased comparison.

It is important not to imply that CIs in a report can be used to ‘reassure’ an individual about their score and its likely variability. It should be made clear that CIs refer to the **precision of estimate** of ability (in a test construct) from a test score.

In general the reporting of CIs should be kept to a minimum because they will not be understood unless readers have considerable statistical knowledge. For example, reporting CIs for composites rather than individual standard scores is advisable.

For an excellent explanation of CIs, see:

<https://lakens.github.io/statistical_inferences/07-CI.html>

## AG93: Referencing definitions of SpLDs

Appropriate definition(s) will be given as relevant to the context of the report. Any definition must be current (within the past 15 years) and quoted and referenced in full.

The 2025 Delphi dyslexia study provides the most recent UK consensus definition of dyslexia.

There are two relevant papers:

Carroll, J. M., Holden, C., Kirby, P., Thompson, P. A., Snowling, M. J., & Dyslexia Delphi Panel (2025). Toward a consensus on dyslexia: findings from a Delphi study. *Journal of Child Psychology and Psychiatry, 0(0).* 1-12. <https://acamh.onlinelibrary.wiley.com/doi/10.1111/jcpp.14123>

Holden, C., Kirby, P., Snowling, M. J., Thompson, P. A., & Carroll, J. M. (2025). Towards a consensus for dyslexia practice: findings of a Delphi study on assessment and identification, *Dyslexia, 31(1)*. e1800. <https://doi.org/10.1002/dys.1800>

A SASC briefing paper, [www.sasc.org.uk](http://www.sasc.org.uk) Downloads, provides a suggested grouping of the definition statements.

The SASC 2025 guidance regarding the identification of a SpLD in mathematics provides the most recent consensus definition of specific mathematics difficulties/dyscalculia.

*SASC Guidance on Assessment of Mathematics Difficulties and Dyscalculia 2025* [www.sasc.org.uk](http://www.sasc.org.uk) Downloads.

Other definitions, e.g. regarding developmental coordination disorder (DCD)/dyspraxia or ADHD, can be found within the relevant SASC guidance.

Assessors are reminded that definitions of ADHD, DCD, and autism (Autism Spectrum Disorder (ASD) or Autism Spectrum Condition (ASC) should not be included in assessments for children (and in the case of ASD/ASC, in assessments for adults), as these diagnoses can only be reached by other specialist assessment professionals, usually working in multi-professional teams.

## AG94: Describing tests

It is important that assessors do not inadvertently disclose sensitive test details (e.g. the wording of test items) when reporting performance in assessment reports. Feigning or preparation/practice effects in cases where examinees have detailed prior knowledge of test constructs can affect and sometimes invalidate assessment outcomes.

## AG95: Sharing test materials remotely

When conducting an assessment remotely, it is vital to observe all cautions laid down by publishers around the sharing of test materials, especially hard copies and test forms that may require sending to the individual to be assessed. See most recent SASC guidance on remote assessment [www.sasc.org.uk](http://www.sasc.org.uk) Downloads.