

**Diagnostic Assessment Report**

**for Specific Learning Difficulties**

**SpLD Assessment Standards Committee (SASC) 2025**

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| The Diagnostic Assessment Report Format  **This is the required** report format[AG1]for a diagnostic assessment for Specific Learning Difficulties (SpLDs).  This report format was updated by the SpLD Assessment Standards Committee (SASC) in **May 2025**. It can be used from the date of publication and its use will be mandatory from **January 1st 2027**.    **This version of the report format should be read in conjunction with ‘Guidance notes to accompany SASC Report Format 2025’, available in a separate document which can be accessed from SASC Downloads,** [**www.sasc.org.uk**](http://www.sasc.org.uk) **Downloads.**  Additional guidance notes and explanatory detail are signalled by [AG] and consecutive numbering used in the Guidance Notes document. [www.sasc.org.uk](http://www.sasc.org.uk) Downloads. |

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| New Features of the Report Format  **This report format is the outcome of several recent key developments:**   * The publication of the UK Delphi dyslexia study [AG2], which provides a consensus definition and identification criteria, robustly evidenced-based and referenced to research. * The publication of SASC-commissioned guidance for the assessment of specific mathematics difficulties and dyscalculia [AG3], which includes a new definition and identification criteria, taking account of current research. * Ongoing requests for a degree of flexibility to be built into the report format [AG4], especially where emerging evidence from the background history and the assessment suggests a particular focus (e.g. on literacy or on mathematics attainment). * The listing (with published guidance from the SpLD Test Evaluation Committee - STEC) of test batteries (some embodying new test philosophies and test constructs) which extend the range of assessment options.   **As a result, this report format has several new features:**   1. There is now one report format, with all specific and separate guidance regarding the assessment of children under the age of 16 years and individuals aged 16 years or over, incorporated into the same document. 2. Each element of the report format is supported by a **rationale** derived from current research evidence and which can be used in reports. Assessors may wish to simplify or adapt any technical language to make this more accessible to report recipients. 3. The format provides guidance as to the **essential components** of an assessment for a particular possible SpLD. At the same time it allows assessors to extend the scope of the assessment according to the emerging needs of the individual being assessed. 4. The **Diagnostic Decision** section is designed to be a clear summary of the report outcomes. 5. To reflect different priorities and the emerging profile, there is some flexibility regarding the order in which the assessment areas **Language and Reasoning, Attainment**, and **Cognitive Presentation** may be reported**.** Other sections of the report should be written in the order given in this format. 6. The **Extended Investigation** section provides a space to discuss and summarise the outcomes of any extended screening materials used, to further explore elements of motor coordination difficulties in children, and motor coordination or attentional difficulties in individuals aged 16 years and over. |

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| Principles of Assessment Reporting  **Reports should be:**   * **Accessible** - to ensure assessment reports and their conclusions and recommendations are easily understood by and useful to the individual assessed and to other relevant individuals, organisations and institutions. * **Reliable** - to ensure that the identification of a SpLD is a robust diagnostic conclusion based on converging evidence from the developmental history, background information, observation, discussion and results of the tests administered. The evidence required will closely relate to a referenced definition and to the relevant diagnostic criteria. * **Clear** - in reporting test results, there will be an emphasis on interpretative comment, showing how and why key elements of test performance support/do not support the identification of a SpLD. * **Consistent** - to encourage a consistent and best practice approach in SpLD diagnostic assessment. Synopsis and commentary must contribute to a consistent picture throughout the report. If there are unusual results or irregularities in any area, these must be explained. * **Efficient and Useful** - although the total length and design of an assessment report will inevitably vary depending on choice of font, font size and spacing, number of relevant appendices etc., the writing style of the report should aim to achieve clarity, transparency and succinctness while presenting sufficient detail to support conclusions reached. Assessors should consider reader accessibility by using dyslexia-friendly formatting. |

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| Principles of Assessment Practice  **The following important principles of assessment practice should always be observed:**   1. In advance of the assessment, the **recipient(s)** of the report should be agreed **in writing** [AG5] between the assessor, the adult client, the report commissioner (if applicable), or parents/carers of children. 2. Assessors will administer tests which [AG6] lie **within their expertise and training** and which:  * Are informed by the background information. * Prioritise test areas that add useful information relevant to the reason for referral and the emerging findings of the assessment. * Have the potential to contribute meaningfully to the conclusions of the report. * Avoid under or over-testing and inclusion of multiple tests in the same area, if no further information can be gained. * Consider the individual’s age and capacity to engage with the assessment process. * Reflect accepted definitions of SpLD.  1. Assessors should **always** **work within their professional competencies**. They should reach conclusions **only** within the limits of their qualifications, knowledge, skills and experience [AG7]**.** SpLD can co-exist with overlapping conditions and secondary issues may evolve due to the SpLD [AG8]. Therefore, if necessary, assessors should refer the individual assessed to another relevant practitioner.   It is important to be sensitive to the fact that parents/carers of children or individuals aged 16 years or over may not wish to pursue an additional diagnostic route. This may particularly be the case if, as a consequence of assessment, they consider that support needs will be met within an educational or workplace context. However, information about an onward referral route should still be included in the report.   1. Following completion of the assessment and/or the report, a feedback session constitutes good practice and is highly recommended. 2. If carrying out assessment via remote video platform [AG9], professional guidelines for this mode of assessment should be consulted and observed. |

Structure and Components of the Diagnostic Assessment Report

The **structure and components** of a diagnostic assessment report are listed below [AG10]. Additional guidance can be accessed in the comment boxes throughout this document.

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| Cover Sheet  **1-2 pages**  The following is essential content on the cover sheet.  **Confidential Diagnostic Assessment Report** [AG11]  Name:  Date of Birth:  Date(s) of Assessment:  Age at Assessment [AG12]:  Address [AG13]:  Name of the author of this report and contact details [AG14]:  The assessor and author of this report:   * Is a qualified specialist [AG15] teacher assessor and/or psychologist (delete as applicable) holding a current Specific Learning Difficulties (SpLD) Assessment Practising Certificate (APC) and/or is currently registered with the Health and Care Professions Council (HCPC) (delete as appropriate). * Has completed extended training, mentoring and/or professional development relevant to the areas of assessment and age range covered in this assessment [AG16]. * Certifies that this assessment has been conducted and the report written in accordance with the SpLD Assessment Standards Committee (SASC) current guidelines for diagnostic assessment and report writing. * Has personally (i) administered in a confidential face-to-face and/or remote (delete as appropriate) setting, (ii) scored and (iii) interpreted all the tests used in this assessment.   Name: (printed) Signature:  Date of report issue [AG17]  SpLD Qualification(s) held, date of award(s) and awarding institution(s):  Current Assessment Practising Certificate (APC) and issuing body and/or HCPC number [AG18] (delete as appropriate): |

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| Contents Page  **1 page**  Bear in mind that most assessment reports are detailed and read on a computer. A contents page [AG19] makes the document searchable. |

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| Diagnostic Decision  **1-2 pages**  The **diagnostic decision** [AG20] at the beginning of the report should start by signalling to the reader its purpose,e.g. *‘*The diagnostic decision at the beginning of this report provides a succinct synthesis of the assessment outcomes and recommendations.*’*  Reason for Assessment:  State succinctly the reason for the assessment.  Diagnostic outcome:  Briefly state the diagnostic or assessment outcome [AG21]. Assessors will support any diagnostic decision(s) reached by referencing a definition(s) e.g. of dyslexia (see Appendix 3).  Draw together the key evidence [AG22] from the assessment, alongside pertinent information from background history, which supports the diagnostic decision.  The impact of the underpinning diagnostic features will be briefly summarised.  **Where relevant** briefly and clearly outline any documented diagnosis of Developmental Coordination Disorder (DCD)/dyspraxia, Attention Deficit Hyperactivity Disorder (ADHD), an Autism Spectrum Disorder/Condition (ASD/ASC), or other clinical or associated medical condition, which is confirmed in the background information section of the report [AG23]. Persisting effects of pre-existing, confirmed diagnoses could be discussed here in relation to the current assessment, if applicable and relevant. Assessors should note the overlap of features of SpLDs and how these impact on the individual.  **Where relevant** draw together information emerging from the assessment which suggests a need for onward referral [AG24] for either a speech and language issue or other developmental condition such as social and communication difficulties.  If there is insufficient evidence [AG25] to confirm a specific learning difficulty at the time of this assessment, it should be clearly stated and explained with guidance given as to the way forward to help the individual.  Include a constructive comment about self-reported and identified strengths of the individual, to give the individual confidence to move forward.  Assessors can decide, depending upon the circumstances [AG26], whether to include scores and/or range descriptors in this section.  Action points:  Bullet-point the recommendations that need to be actioned by others immediately, e.g. organising support, access arrangements including examinations, onward referral, applications for funding etc. Signpost readers to the full recommendations section of the report. |

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| Background Information  **2-3 pages**  **Rationale:** As SpLDs are developmental in nature, it is particularly important to take a detailed history and summarise the key points relevant to the assessment. Apart from instances of acquired disability [AG27] following brain injury or disease, SpLDs are not the result of a medical condition.  This section summarises, under headings and in broad chronological order [AG28], information provided by parents/carers, educational staff, other specialists, and the individual. Information may have been obtained via screening, previous assessment reports, questionnaires, observations and discussion.  Health and developmental history  This section of the background information should cover the individual’s health and developmental history briefly and sensitively, and only as relevant to the assessment.  The following areas should be considered, commenting on whether or not there have been any early, historical or persistent difficulties relevant to the investigation of a SpLD regarding:   * Speech, language and communication, including social interaction [AG29]. * Fine and gross motor coordination. * Vision, including confirmation and outcome of a recent sight test, and any relevant prior history. * Confirmation of administration of the Visual History and Visual Difficulties Questionnaires [AG30] ideally in advance of the assessment. Report any indicators of visual discomfort and disturbance, which must be noted but not diagnosed. The assessor should describe routes to further assessment with a qualified vision practitioner, e.g. optometrist, in the recommendations section. * Hearing [AG31] including outcomes of any tests. * Attentional difficulties. * Other relevant diagnoses or referrals [AG32].   The following issues must be reported with care and **sensitivity**, only with the permission of the adult or parent/carer/professionals holding parental responsibility, and only as relevant for the purposes of the report:     * Prematurity, birth, pre and/or neo-natal complications. * Medical issues and medication. * Mental health issues and medication. * Adverse Childhood Experiences (ACE).   Family history of SpLD or other developmental condition(s)  **Rationale:** Questions about close family history are asked because SpLDs are known to run in families [AG33].  Report, with sensitivity, any close family history of persistent literacy, mathematics or other learning difficulties, including named SpLDs and/or developmental condition(s). Specific family members should not be identifiable.  Linguistic history  **Rationale**: English as an additional language, or a complex linguistic history, could help explain the pattern of results in an assessment [AG34].  Where English is spoken as a second/additional language or there is a complex linguistic history, details should be included (e.g. languages spoken in early childhood and currently at home, length of time in the UK or English-speaking country, language in which educated and/or difficulties with language, literacy and/or mathematics learning in first language if known). What language does the individual currently consider to be their dominant language?  Educational and, if relevant, work history [AG35]  **Rationale:**Experiences within the educational and/or workplace environment can constitute risk or protective factors [AG36] for the development of SpLDs.  The following will be briefly summarised incorporating, where relevant, classroom observations, reports from teaching staff or other workplace based information [AG37]:   * Consistent access to the school curriculum, including historical attendance levels. * Number of schools attended. * The impact of the Covid 19 pandemic. * Results of phonics checks or similar end of year/phase assessments. * Learning support / other intervention. * SEND status and any additional statutory provision [AG38]. * Non-statutory learning support / other intervention. * Any previous assessments and/or access arrangements. * Educational attainments, qualifications and work experience. * Subject or activity specific anxiety [AG39].   Current Situation and Individual’s Voice [AG40]  **Rationale:**It is important to capture what is going well (attainments and achievements) based on information from different sources, including questionnaires and discussion with the individual/parents/carers/teachers, [AG41] alongside key and relevant educational or workplace based difficulties. The views of the individual on their perception of their strengths and needs, where appropriate and pertinent to the assessment, should be sought and reported.  This section will summarise the following:     * Known information about current literacy, [AG42] (including reading fluency, accuracy and comprehension, writing and spelling), arithmetic and general mathematics attainment levels. Information relating to targeted interventions already put in place and the individual’s response. * Known information about any current planning/memory/attention/impulsivity/or other strengths and difficulties in relation to learning/performance, and in the management of daily activity [AG43]. * Known information about any current issues in articulation, understanding questions and instructions, understanding and using vocabulary, understanding non-literal language, oral expression and word-finding difficulties, and using language effectively. * Positive comments relating to the individual’s perception of their strengths and achievements. The views of parents/carers, teachers or other adults who know them well could be noted.   Further information, as relevant to the assessment [AG44] |

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| Test Conditions  **1-2 paragraphs**  **Rationale:**Conditions in a test setting and behaviour during a test session may influence the individual’s performance. These can include the test environment (remote or face-to-face), comfort, and any interruptions, as well as the health of the individual, and levels of attention/motivation and/or signs of anxiety and fatigue*.*  Include a brief statement about the test conditions and the individual’s response to them. Note any other adult present in the assessment context, especially if assessment has been conducted remotely via video platform. Mention any adjustments made or requested such as use of glasses, contact lenses, coloured overlays, dimmed lighting, additional breaks etc.  The assessor does not need to list potential issues if they feel confident that the assessment was reliable and valid without hindrance from external factors.  State the duration of the assessment and whether it was a continuous session. If more than one assessment session was necessary, all assessment dates need to be reported on the cover sheet.  If there is more than one testing session, in either this section or in Appendix 2 Summary Table of Test Results, note the tests used in each assessment session.  If the discussion of the background information gathered via a questionnaire/remote video platform/diagnostic interview was completed first in a separate session, this should also be recorded. It is recommended that the assessment sessions are contained within 4 weeks, unless there are unusual or extenuating circumstances. |

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| Assessment Areas  The selection of tests [AG45] chosen will:   * Use the background information. * Prioritise test areas that add useful information relevant to the reason for referral and the emerging findings of the assessment. * Have the potential to contribute meaningfully to the conclusions of the report. * Avoid under or over-testing and inclusion of multiple tests in the same area, if no further information can be gained. * Consider the individual’s age and capacity to engage with the assessment process. * Reflect accepted definitions of specific learning difficulties.   For each area tested performance will be discussed, noting results that indicate areas of strength or challenge, and how these may impact on learning or other areas of life. It may be useful to compare sub-test results in one section with those in a preceding section. If relevant and appropriate, relate the performance to the strengths or concerns reported by/about the individual.  Relate performance to a level descriptor. Assessors should note the standard score for any single sub-test in brackets. If all relevant sub-tests have been discussed and a composite score can be calculated, it may be reported and discussed at an appropriate point, even if the sub-tests have been reported separately in different sections. If a pattern of test scores is exceptionally low, assessors must use their discretion and be sensitive in their reporting of performance.  Qualitative observation and analysis of strategies and approaches to tasks should be noted e.g. verbalisation to support processing, any issues with word retrieval impacting on speed in verbal tasks, reliance on prompting to elicit more detail etc. Other issues such as forgetting instructions or needing them repeated, problems in maintaining sustained attention, distractibility, etc. should be reported alongside test outcomes for the specific test(s) affected. |

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| **Language and Reasoning Skills** [AG46] | |
| * **Areas of assessment** * **Receptive language and listening comprehension** * **Expressive language** [AG47] * **Phonological awareness** [AG48] * **Reasoning** | **Rationale**   * These skills are the foundation for reading, spelling and mathematics learning. * Poor phonological awareness is strongly implicated in specific learning difficulties such as dyslexia. * Very poor oral (receptive and expressive) language skills are implicated in developmental language disorder (DLD) [AG49]. Poor early language skills are implicated as a risk factor for dyslexia. * Good receptive and expressive language skills in the context of poor reading or mathematics attainment can indicate that the specific identified difficulties are unexpected. Such strengths may act as protective factors in the management of those difficulties. * Strengths in reasoning skills can indicate that specific identified difficulties in reading, spelling or mathematics attainment are unexpected. Such strengths may act as protective factors in the management of those difficulties. * A clear weakness in pattern or design recognition/construction may support the identification of specific mathematics difficulties. |
| **This section will include:**   * A standardised measure of **receptive and/or expressive language** skills to assess vocabulary knowledge, language structure and the ability to put thoughts into words **and** sentences in ways that make sense. * Standardised measures of **phonological awareness** [AG50]to indicate the ability to accurately identify, discriminate between and manipulate the separate units of sounds in words, known as ‘phonemes’. If not reported in this section phonological awareness must be reported in another suitable section of the report (see **AG50** Testing Phonological Awareness). In a mathematics-focused assessment [AG51], it may not be necessary to assess phonological awareness if there is not a concern around literacy. | **This section could also include:**   * A test of **listening comprehension** to provide useful information to contrast with tests of reading comprehension carried out elsewhere in the assessment. |
| **Where there are no, or insufficient indicators of unexpectedness, or where global learning difficulties are suspected, this section will include:**   * A measure of **verbal** **reasoning** to assess the capacity to make conceptual links and relationships and/or * A measure of **non-verbal/visual reasoning/pattern or design recognition/construction** which may assess grouping and ordering skills, pattern recognition, abstract reasoning skill, logic, problem solving and deduction [AG52]. | |

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| **Attainment Sections**   * Gathering information about areas of attainment is a core component of a SpLD assessment. * Difficulties can be experienced for a variety of reasons and the impact on areas of attainment should be explored. * Where appropriate, commentary should cover qualitative observation and evaluation of performance, including error analysis and compensatory strategy-use. | |
| **Literacy**  An assessment primarily focusing on difficulties in literacy will likely include all or most of the areas listed in this section.    An assessment primarily focusing on mathematics would not usually include all assessment areas of literacy but it might explore specific areas of impact with the goal of making recommendations for support. If there are no recorded or, at assessment, emerging concerns about the individual’s literacy attainment, testing in this section can be omitted as deemed appropriate and justified by the background information or unfolding test outcomes.  Please see **AG54 and** **AG56** *Choosing tests in this section: reading,* and *spelling and writing* for further guidance. | |
| **Reading** | |
| **Areas of assessment**   * **Single word reading** * **Speeded decoding** * **Prose reading** * **Reading comprehension** * **Comparison between listening and reading comprehension** | **Rationale**   * Persistent and sometimes severe difficulties in word and non-word decoding (reading accuracy) are typically observed in children with dyslexia learning to read and spell in English. Across all languages, difficulties in reading fluency are a key marker of dyslexia. * Reading difficulties can also predict mathematics difficulties [AG53]. |
| **This section will include** [AG54]**:**   * Reading speed, accuracy and fluency should all be included. * A standardised, graded, untimed, single-word reading test. * Measures of speeded sight-word reading and speeded non-word decoding to indicate the ability to recognise, decode and say aloud printed words and phonemically regular non-words accurately and fluently. * A standardised test of reading comprehension of continuous prose [AG55]. (Oral is preferred but as appropriate to the age/stage of the individual). When a reading comprehension task is read silently, it is strongly recommended that oral reading of continuous prose is also included and used for qualitative analysis. | **This section could also include:**   * The assessment of sub-skills involved in reading relevant at younger ages (e.g. alphabetic knowledge, letter-sound correspondence) and incorporated at the discretion of the assessor. * A standardised untimed non-word reading task to further analyse decoding skills. * A test of listening comprehension (carried out elsewhere in the assessment) to provide useful comparative information to ascertain whether comprehension issues are related only to reading skills. |
| **Spelling and Writing** | |
| **Areas of assessment**   * **Spelling skills** * **Transcription skills i.e. handwriting, copying, typing, (legibility, speed, accuracy)** * **Written expression - quality and composition** | **Rationale**   * Across languages and age-groups persistent weaknesses in spelling, despite standard instruction, are a likely indicator of dyslexia. * Orthographic skills (the ability to form and retrieve letters, letter sequences and spelling patterns) are commonly impaired in dyslexia. Analysing orthographic skills (spelling, copying, writing and typing), alongside compositional skills (written expression) is important for identifying the impact of strengths and challenges on the individual concerned and to inform intervention. |
| **This section will include** [AG56]**:**   * A standardised graded single-word spelling test. The report should give a brief qualitative analysis of error type, without reference to specific test items. * A prose writing task (standardised and/or for qualitative analysis only) of ability to sustain formal, compositional or academic writing skills under timed conditions. This would provide further information [AG57] about writing speed and/or features such as grammar, sentence complexity, coherence, vocabulary choice, spelling accuracy, fluency and error type, writing speed and handwriting legibility. Sensitivity should be shown in the language used to describe patterns of errors. | **This section could also include:**   * Tests of orthographic skills, if assessors wish to use them, to add to information derived from a qualitative analysis of the results of a spelling test. Caution should be exercised regarding test constructs since some may be more useful than others in particular contexts. * A sentence writing task. * Assessment of handwriting speed and legibility to assess transcription skills. * A copying task to tease apart difficulties relating to motor skills and to the process of composition. * A typing task to provide a comparison of handwriting and typing speed [AG58]. |
| **Mathematics**  An assessor primarily focusing on difficulties in mathematics will cover all the areas of assessment listed in this section. To do this, assessors will need the appropriate qualifications and training in assessing difficulties in mathematics.    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. 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.    Please see **AG61** *Choosing tests in this section: mathematics* for further guidance. | |
| **Areas of assessment**   * **Basic calculations** * **Graded computation** * **General mathematics attainment** * **Mathematics reasoning** * **Problem solving** | **Rationale**   * Assessing the level of mathematics attainment can provide an initial indicator of difficulties in mathematics learning. Where persistence and severity of mathematics difficulties seem marked, this may signal the possibility of a specific learning difficulty in mathematics [AG59]. |
| **Choosing tests in this section can depend on the emerging focus of the assessment** [AG60]. **Where a comprehensive, holistic assessment of mathematics difficulties is required, this will include standardised measures of:**   * Standardised **timed test(s) of basic calculation** to cover +, -, x, ÷ as appropriate to the age and level of the individual will assess the automaticity [AG61] of written responses. * A written untimed **test of graded computation** will explore the individual’s current levels across the four operations to see how far they can advance and to consider their approaches. * **General mathematics attainment**: A general mathematics assessment that includes progression will ascertain the individual’s current level of attainment in mathematics and their potential ceiling. * **Mathematics reasoning and problem solving**, including word problems will explore whether the difficulties are related to number, or mathematical terminology, or language more generally. This may or may not be included in tests of general mathematics attainment assessment as listed above. Consideration should be given to whether a selected standardised test assesses reasoning and whether additional qualitative assessment is required. | **This section could also include:**   * Standardised measures of **specific areas** of mathematics (e.g. geometry, algebra) to determine the impact across different areas of mathematics. * **Informal and/or Qualitative Assessments of Mathematics** Informal assessments may be used to supplement standardised assessments to compare performance in different contexts and to fill gaps not already assessed or where further information is needed.   **Please also note:** Low scores or poor performance on tests carried out in this section cannot be used as sole evidence of a specific mathematics difficulty/ dyscalculia. Other measures of numerical processing would need to be included and analysed alongside a history of difficulty [AG62]. Refer to sections of testing below: **Numerical Cognition and Visual-Spatial Processing.** |

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| **Cognitive Presentation Sections**  In the following sections, assessors will explore a range of key cognitive skills that could:   * Represent risk and protective factors in the development of SpLDs * Inform recommendations for teaching and self-management strategies. * Add converging evidence to support (or not) the identification of a SpLD. | |
| **Speed of processing and retrieval** | |
| **Areas of assessment**   * **Rapid automatised or symbolic naming** * **Coding, symbol search and cancellation tasks** * **Retrieval fluency** * **Orthographic processing** * **Visual-motor speed** | **Rationale**   * Speeded tests of processing and retrieval can be used to gain information about the individual’s ability to perform relatively simple, repetitive cognitive tasks quickly and accurately. * Processing speed can impact reading, spelling or numerical fluency. |
| **This section will include** [AG63]**:**   * Measures of rapid automatised (or symbolic) naming (RAN) [AG64], i.e. the ability to retrieve accurately well-known phonological responses (e.g. names of letters, numbers, objects, colours) fluently from long-term memory in response to a visual stimulus. RAN tasks are a measure of processing speed (the ability to perform relatively simple repetitive cognitive tasks, quickly, accurately and fluently) [AG65]. * Whilst it could be relevant to test RAN in an assessment focusing primarily on mathematics, assessors may use their discretion as to whether to include it. | **This section could also include:**   * Coding, symbol search and cancellation tasks, i.e. the ability to accurately and fluently scan and identify or copy symbolic content from a stimulus. * Retrieval fluency tasks, semantic or phonological, i.e. the ability to retrieve, quickly and fluently, vocabulary, knowledge or categories of words in response to a stimulus. * Tests of orthographic processing. * Visual-motor speeded tasks, i.e. the ability to correctly search and /or reach for or mark a visual stimulus. |

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| **Memory and attention** | |
| **Areas of assessment**   * **Verbal working memory** [AG66] * **Phonological short-term memory** * **Inhibitory control** * **Shifting attention** | **Rationale**   * Problems in verbal working memory, phonological short-term memory, attention and planning can be present in individuals with specific and developmental difficulties. All these cognitive skills are important in mathematics, reading, and writing composition, at word, sentence and text level. * Verbal working memory is of particular importance in multi-step calculation processes where interim information and solutions must be held in mind. * Attentional skills usually correlate with mathematics performance and inhibitory control/information filtering/shifting is important to mathematics development [AG67]. |
| **This section will include** [AG68]**:**   * Measures of verbal working memory: the ability to maintain and manipulate/transform verbal information in working memory to complete tasks e.g. digits backwards, letters backwards, number-letter sequencing, combined or integrated tests of digits or letters forwards and backwards. * **And** (where concerns are literacy based), measures of phonological short-term memory: the ability to identify accurately, retain briefly, and repeat sequences of speech sound, e.g. digits forward, letters forward, non-word repetition tasks. | **This section could also include**:   * Measures of visual working memory. * Observational or standardised measures of attention [AG69], i.e. shifting (the ability to switch attention between mental sets, tasks or strategies) and inhibitory control/inhibition (the ability to inhibit a dominant response or resist interference) [AG70]. * Qualitative observations of the ability to filter information effectively to make decisions and solve problems. |

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| **Numerical cognition** [AG71]  **Tests in this section would be included ONLY in an assessment focusing primarily on mathematics difficulties.** | |
| **Areas of assessment**   * **Magnitude comparison** * **Magnitude estimation** * **Counting** * **Sequencing/ordering numbers** * **Mastery of mathematics language** | **Rationale**   * Performance on symbolic magnitude processing tests is strongly associated with mathematics achievement. * Difficulties with specific mathematics language can impact on mathematics attainment. |
| **Where age-appropriate tests are available, this section will include**:   * **Measures of symbolic magnitude comparison i.e. comparing the value of numbers expressed as digits.** | Appropriate to age, **this section could also include** standardised measures of:   * Magnitude estimation: i.e. assigning numbers to stimuli to reflect their perceived magnitude. * Counting. * Sequencing/ordering numbers. * Non-symbolic magnitude comparison (timed) i.e. the ability to perceive and estimate quantities without using language or symbols, like numbers [AG72]. * It may be appropriate to include standardised measures and /or qualitative observations and analysis of mastery of mathematics language. These measures can assess understanding of linguistic elements that have a mathematical meaning, e.g. number words, mathematics terminology etc.   Qualitative assessment and observations from mathematics attainment tests can be used to supplement standardised assessments or could replace them where standardised assessments are not available for or appropriate to a particular age group. |

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| **Visual-spatial processing**  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 this section, rather than in the Language and Reasoning section. This may be more appropriate in a mathematics-focused assessment. | |
| **Areas of assessment**  **Inclusion of any of the suggested areas of assessment in this section in a literacy-based assessment are at the discretion of the assessor. Guidance is given below for tests that should be included in a mathematics-based assessment.** | **Rationale**   * The processing of visual-spatial information enables us to make sense of what we see and to interact efficiently and appropriately with the world around us. It is crucial to our performance of everyday tasks in academic and workplace environments. * The ability to store accurate spatial representations in memory and to marshal these when solving problems is important in the development of mathematical understanding and problem-solving. Mental rotation and visual working memory are particularly important in mathematics. * Spatial skills impact across all areas of mathematics, not just shape and space. For example, they are involved in spatial representations of numbers and concepts, aligning procedures and mental visualisation. Difficulties in visual-spatial processing skills can impact on reading and writing. |
| **In an assessment focusing primarily on mathematics, this section will include** [AG73]**:**   * **Visual working memory** [AG74]**:** The ability to temporarily maintain relational visual information for a current or imminent task.  **And at least one of the following:** * **Spatial processing:** The ability to hold spatial relations in memory and use the information to carry out tasks effectively. * **Mental imagery/visualisations** (qualitative analysis and informal observations only) * **Mental rotation skills** [AG75] | **Assessors may also consider tests or qualitative observations of the following:**   * **Non-verbal reasoning** – the ability to reason using visual items, such as symbols, patterns and pictures. * **General visual perception** – which could be very briefly explored if there were any concerns in the background information or during the assessment process, e.g. informal tests such as **visual closure, form constancy, visual discrimination**. * **Miscellaneous visual processing skills**: visual matching tasks, visual digit span, visual attention span. |
| **Extended investigation** | |
| 16 years and over: [AG76] this section is designed to provide a space for assessors to discuss and summarise the outcomes of any extended screening materials used to further explore elements of motor coordination and/or attentional difficulties. Screeners should only be used with the age-groups for which they were designed.  Pre-16 years [AG77], this section is designed to provide a space for assessors to discuss the possibility of difficulties with motor coordination. Where indicated by the background information, emerging profile or direct observations, additional tools approved by SASC can be administered and reported on here. Assessors should not use other screeners for ASD/ASC, DLD and ADHD but can use referral letters [AG78] as an addendum to the main report to facilitate onward referral to specialist, qualified assessment. | |

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| Recommendations  **2-4 pages**  Reflecting the findings of the report, recommendations must be tailored to the needs of the individual assessed providing specific examples of how they might be supported at home, in an educational or a workplace setting.  With regard to the age and other factors of the individual assessed, recommendations will be made to support the individual in the **short term** [AG79] and also address possible **longer term** considerations, including the potential need to re-evaluate the individual’s progress in the light of changing circumstances. For young children, addressing immediate support needs may be more relevant and pertinent than longer term needs.  Action points  Action points are the most crucial recommendations that are likely to require immediate attention and are described at the beginning of the report in the diagnostic decision section. They do not need to be repeated here unless additional information is required.  There are likely to be a range of further recommendations to support the individual, which  may include some but not necessarily all of the following types, depending on the assessment context and what is likely to be available within any particular educational/workplace setting:  Onward Referral [AG80]  Where necessary and the background information/report evidence supports this, onward referral following local pathways can be suggested.  Access Arrangements  Recommendations appropriate to level of study, following guidelines for age and stage [AG81]. Recommendations may include guidance on appropriate arrangements for the individual (include the relevant evidence to support this) as well as a need, in future, for monitoring and re-assessment.  Educational / Workplace Support  Recommendations should broadly relate to the outcomes of the assessment in the order in which they have been explored.  Assessors can usefully distinguish between recommendations that can be implemented within the ordinarily available provision [AG82] of the educational or workplace setting and those that will require additional resources.  It can be useful to include examples of recommendations (including monitoring of progress) that can be made:   * 1. Within **ordinarily available provision** [AG83].   These recommendations could be made available to all those who need them (at low cost or no cost) e.g. peer to peer reading support, spelling word banks, writing frames, extended borrowing time in H.E. libraries.   * 1. As **targeted recommendations**:      * Study support, access to alternative recording, workplace adjustments etc. * Classroom based individual/small group support. * Guidance for classroom teachers in supporting individuals with SpLDs including recognition of cognitive weaknesses and their impact. * Useful references and resources: literature, audio, web, app etc. * Use of assistive technologies, as appropriate [AG84]. * Advice can be given on how to apply for the Disabled Students’ Allowance. * Reference to, if known, university-specific inclusive support, teaching and learning practices. * Advice regarding post-university / workplace support e.g. workplace needs assessments [AG85]. * Practice placement advice (if relevant).   1. For **specialist support and intervention:** [AG86]**:**      * Recommendations for individual/tutorial support /specialist teaching/job skills coaching appropriate to the findings of assessment and subject to regular review. * Use of structured multisensory teaching methods, strengths and needs–based. * Development of study and learning strategies. * Higher level training in the use of specific assistive technologies.   1. For **home/individual implementation**   In discussion with the report recipients, suggestions may be made for:   * Supporting homework, coursework, homeworking [AG87]. * Supporting literacy and/or numeracy, as appropriate. * Useful references and resources: literature, audio, web, app etc. * Use of assistive technologies.   At the end of this section assessors might wish to sign and date the report again. |

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| Appendices [AG88]  Appendix 1. Explanation of statistical terms  **1-2 pages**  In this section, short, accessible explanations should be provided of statistical terms used in the report. These will include an explanation of standard scores and the terms ‘statistical significance’, and/or prevalence, if used in the report.  Confidence intervals should be explained carefully but briefly to avoid the common misconceptions associated with their use.  **Standard Score Descriptive Ranges**. Choose **one** of the tables below and use these terms consistently. Test descriptors [AG89] should be explained and related to the normal distribution of standard scores. For example, ‘the broad average range for standardised tests (85 – 115) covers 68% of the population, which means that most people taking these tests will fall into this range.’ It should be noted in this section of the report that, ‘Some test manuals and other professionals use different types of score or level descriptor, but to maintain consistency and clarity for the readers of the report, scores used **throughout** this assessment follow the descriptions given in the table below.’   |  |  | | --- | --- | | **Standard Score** | **Descriptive Ranges** | | 131 and above | Very High | | 121 -130 | High | | 116 - 120 | Above Average | | 111 - 115 | High Average | | 90 - 110 | Mid Average | | 85 - 89 | Low Average | | 80 - 84 | Below Average | | 70 - 79 | Low | | 69 or less | Very Low |  |  |  | | --- | --- | | **Standard Score** | **Descriptive Ranges** | | 131 and above | Well Above Average | | 116 - 130 | Above Average | | 111 -115 | High Average | | 90 - 110 | Mid Average | | 85 - 89 | Low Average | | 70 - 84 | Below Average | | 69 or less | Well Below Average |   Appendix 2: Summary Table of Test Results  **1-2 pages**  Assessment scores should be reported under the name of each test battery used (All subtests used should be reported **and** relevant/useful composites/indexes).  Report scores in a consistent format [AG90]:   * As standard scores with a mean of 100 and standard deviation of 15. Use a psychometric conversion table if standard scores in this format are not available in the test manual. * Include subtest scores and composite/index scores [AG91]. * Percentile scores are not mandatory. * Include confidence intervals [AG92] to indicate the degree of uncertainty associated with a given test result.   Appendix 3: Definition(s) of SpLD(s) as applicable  **1-2 pages**  In identifying a SpLD, provide the definition and its reference details here [AG93].    Appendix 4: Test References and Descriptors  **1-2 pages only**  In an accessible format, fully referenced, presented in the same order as the Summary Table of Test Results. Describe briefly each test and subtest used and what it measures [AG94], give the age-range of the test standardisation and the form(s) used.  Disclosing sensitive details of the test [AG95] (e.g. items, timing) must be avoided.  Appendix 5: Further References  **1 page**  Give details of any other references (for example, to the SASC Visual Difficulties Screening Questionnaire) |