

A Risks and Probabilities Assessment Practice Framework Based on the Delphi Dyslexia Study

The Table below is divided into the nine consensus statements regarding dyslexia's definition, as presented in the Delphi dyslexia study (Carroll, J.M., Holden, C., Kirby, P., Thompson, P.A., Snowling, M.J. (2025), Toward a consensus on dyslexia: findings from a Delphi study. J Child Psychol Psychiatr. <https://doi.org/10.1111/jcpp.14123>). The remaining 33 consensus statements from the study are grouped under these eight points.

Factors associated with (1) risks to accurate identification and (2) greater probability of accurate identification are listed against each point.

This Table was originally published with the paper preprints (<https://osf.io/preprints/edarxiv/g7m8n>). A highly summarised version of this Table can be found in the published paper (Holden, C., Kirby, P., Snowling, M.J., Thompson, P. A., Carroll (2025) Towards a Consensus for Dyslexia Practice: Findings of a Delphi Study on Assessment and Identification, Dyslexia <https://doi.org/10.1002/dys.1800>) as this was considered more appropriate to a research paper.

However, many assessors contacted SASC to say how useful they found this extended Table in reviewing their own practice. SASC is therefore republishing this Table, with some small changes from the original in response to comments received and the final versions of the published papers. Further feedback from assessors is welcomed. Please contact sasc@sasc.org.uk

<i>Relevant Delphi Consensus Statements</i>	<i>Risks to Accurate Identification</i>	<i>Greater Probability of Accurate Identification</i>
<ul style="list-style-type: none"> Dyslexia is a set of processing difficulties that affect the acquisition of reading and spelling (S8). Working memory, processing speed and orthographic skills can contribute to the impact of dyslexia (S31). 		
<p>Cognitive processes that influence the skills required for literacy are likely to be impaired in dyslexia (S5).</p> <p>The term developmental dyslexia distinguishes dyslexia with a childhood onset from cases of acquired dyslexia with a neurological cause (such as brain injury) (S9).</p>	<p>Failure to rule out, take proper account of or suggest separate or additional intervention for other contributing explanations for literacy difficulty e.g. very limited exposure to English language learning, long periods of school absence, frequent changes of school, significant physical or psychological trauma, the impact of learning loss during the COVID 19 pandemic,</p>	<p>While there will be no core deficit or simple, consistent profile that characterises dyslexia, assessment is likely to establish weak performance on age-appropriate tests of phonological and orthographic processing skills, e.g. in non-word repetition, and new word learning, i.e. difficulties pronouncing or writing new or unfamiliar vocabulary. These weaknesses may also be features of co-occurring language</p>

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	inappropriate or highly inconsistent instruction/ intervention strategies etc.	<p>difficulties. Where identified, underlying language difficulties will be considered as problems requiring further assessment for potential developmental language disorder (either as a stand-alone assessment outcome or identified as co-occurring with dyslexia) and appropriate support and/or intervention.</p> <p>Weaknesses are likely to be established in one or more of: working memory (especially verbal short-term memory), phonological awareness, processing speed and speeded naming e.g. of familiar objects and digits (RAN).</p> <p>Intracognitive test variances may be used with care to explore the individual manifestation and impact of difficulties experienced, to explore potential disparities in cognitive skills and to identify areas of strength and resilience.</p>
<ul style="list-style-type: none"> In dyslexia, some or all aspects of literacy attainment are weak in relation to age, standard teaching and instruction, and level of other attainments (S16). 		
The following features may be indicative of dyslexia in the early years: (a) a family history of dyslexia; (b) slow acquisition of letter names and/or sounds; (c) difficulty blending and segmenting sounds; (d) slow naming speed; (e) particular difficulty reading nonsense words, and (f) non-phonetic spelling errors (S34).	<p>No standard score in any test of reading fluency, spelling or writing lying within the low or below average range for age.</p> <p>Neither severity nor persistence of difficulties in word and nonsense word reading accuracy is established.</p>	There is relevant evidence that supports the identification of dyslexia, e.g. early identified speech and oral language difficulties, low progress despite effective classroom instruction and/or across cycles of planned additional interventions, reference to results from statutory or school based tests, evidence of previous support, prior provision of access arrangements and use of assistive technologies, behavioural

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<p>Useful indicators of the need to assess a school-age child for possible dyslexia include: reference to results, where they exist in school, from standardised phonics checks ; failure to meet age-related targets in reading, writing, and spelling; discrepancies between literacy and language performance, and slow or no progress across 6-12 months of planned intervention (S29).</p> <p>To assess the level of severity or persistence of dyslexic difficulties, an examination of how the individual responds or has responded to interventions and support provides important information (S30).</p> <p>Individuals with reading difficulties should be referred for specialist assessment if there is consistent lack of progress in reading or writing despite targeted assistance (S24).</p> <p>When assessing older children and adults, information about whether they had difficulties in literacy in the early school years supports identification of dyslexia (S37).</p> <p>While some older children and adults with dyslexia continue to experience word level reading problems, others mainly have difficulties in reading and writing fluency, and in spelling (S11).</p>	<p>The labelling of a difficulty is required, in early childhood, as a precondition for putting support and intervention in place.</p> <p>A history of educational and other interventions has not been explored or considered.</p> <p>One-off diagnostic assessment is undertaken with no access to school records, previous assessments or a background history.</p> <p>An individual has been identified as dyslexic in the presence of severe, general intellectual disability, without consideration of other descriptors for the difficulties identified.</p> <p>Poor oral language has been observed but not assessed and children may have developmental language disorder (DLD) rather than dyslexia.</p> <p>Failure to interrogate and explore critically the concept of intelligence and the relevance, construction and applicability of tests of intellectual abilities in the identification of dyslexia.</p> <p>Failure to consider whether the range of scores achieved at assessment lies within a normal, expected or unremarkable range of skill variation for age.</p>	<p>difficulties linked to difficulties in literacy achievement, reading aversion, slow reading, weak spelling and very late reading independence.</p> <p>In children, persistent difficulties in word and nonsense word reading accuracy or fluency (alongside difficulties in spelling/writing) are established and are characterised as unexpected when effective classroom instruction and/or additional support has been provided. In adults a history of such difficulties is established, where possible, and persisting difficulties are observed in tests of reading fluency and/or spelling.</p> <p>Standardised scores in tests of reading fluency, spelling or writing lie within the below average range for age, or are weak/‘unexpected’ in relation to level of other academic attainments. Where scores are considered ‘unexpected’ in a profile, the assessor has cited clear, consistent and transparent criteria for describing test results in this way. Such criteria could include: (1) scores in tests of reading fluency, or spelling in the context of writing production that are markedly weaker than scores for reading and spelling accuracy and/or reading comprehension (2) performance in school progress tests for mathematics, science, arts and technology is markedly better than for literacy based subjects,</p>

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<p>While qualitative observations and skilled professional judgements are important in the identification of dyslexia, standardised test results provide objectivity, consistency and reliability (S39).</p> <p>Discrepancy between intellectual ability and literacy attainment is a useful indicator of a specific learning difficulty but is not sufficient for a diagnosis in and of itself (S41).</p> <p>When an individual has generalised learning difficulties (intellectual disabilities) applying a dyslexia label may result in too narrow an approach to intervention (S40).</p>	<p>In the absence of weak scores for reading, spelling or writing fluency, too great a weight is given to co-normed comparisons that show the statistical rarity of discrepancies between scores e.g. between verbal and/or non-verbal abilities and processing or other cognitive skills.</p> <p>In cases of individuals of high cognitive ability, the impact of compensated performance on functioning in current context is not taken into account.</p> <p>Mild discrepancy between intellectual ability and literacy attainment is the only indicator used to establish the specific learning difficulty.</p> <p>Tests are selected for use which are out of date, weakly standardised or are inappropriate for the age-group, or cultural and linguistic background of the individual tested.</p> <p>Standard error of measurement is not taken into account when interpreting standardised tests results and/or there is over-reliance on a single measurement of a construct.</p>	<p>e.g. English language and literature, foreign languages or humanities.</p> <p>When an individual has severe and generalised learning difficulties, the comparative usefulness of the identification of dyslexia has been considered alongside other possible descriptors.</p> <p>Tests selected for use are standardised across an appropriate demographic range of age, ethnic, gender and socio-economic categories. The assessor is mindful of implicit biases in assessment practice, test use and test construction and understands how to critically evaluate and compare tests for reliability, validity and relevance.</p> <p>Assessor checks carefully for test content that might not be readily understood in the cultural context in which it is used.</p>
<p>● Across languages and age groups, difficulties in reading fluency and spelling are a key marker of dyslexia (S4).</p>		
<p>Persistent and sometimes severe difficulties in word and non-word decoding (reading accuracy) are typically observed in children with dyslexia (S10) [where L1 is English; in languages that are</p>	<p>None or very weak indicators of persisting or current difficulties in reading fluency observed.</p>	<p>Assessment establishes persistent lack of fluency and automaticity in reading, despite appropriate instruction.</p>

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<p>more regular than English, reading speed is a more sensitive index. In non-alphabetic languages, visual-orthographic processing may play a more prominent role (McBride et al. 2022, Catts et al., 2024)].</p> <p>There are differences in the manifestations of dyslexia, depending on how a language is written (orthography), its sound-structure (phonology), grammar and morphology (S3).</p> <p>Assessment of second or additional language learners requires an extra emphasis on knowledge and understanding of how a first language(s) (L1) might affect performance in tests of literacy attainment and cognitive processing in a second language (L2) (S33).</p>	<p>No consideration is given as to the impact of a complex or non-native linguistic history where the language used in test administration is not the primary spoken or written language used by the person assessed.</p>	<p>Indicators of persisting difficulties in reading fluency are established from individual testimony, qualitative observations and standardised tests. However, fluency is carefully assessed (slow reading speed may not, in itself, be a sufficient indicator of persistent difficulties in fluency). Fluency difficulties can be established through speeded tests of reading efficiency (single words and nonsense words) and cross checked through speeded tests of prose reading when reading for meaning. Similarly, performance on timed and untimed spelling tests can be compared to performance on speeded or free writing tests and subsequent diagnostic error analysis of spelling errors. Other markers of fluency difficulties are noted, observed or tested, e.g. lack of automaticity in speeded or time-pressured tasks involving elements of <i>simultaneous</i> listening, reading, writing, or expression e.g. note-taking in class or lectures, minute-taking in meetings, and/or word-finding when making presentations or contributing to discussion.</p> <p>In assessment consideration is given to how knowledge and understanding of a first language(s) (L1) might affect performance in tests of literacy attainment and cognitive processing in a second language (L2). Interpretation of test results from individuals with EAL or a complex linguistic history takes</p>

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		linguistic and cultural factors into account as well as any adjustments that were necessary in the process of test administration. Errors that are clearly attributable to linguistic 'interference' are discounted.
<ul style="list-style-type: none"> The nature and developmental trajectory of dyslexia depends on multiple genetic and environmental influences. (S14). 		
<p>A history of dyslexia in the family is a significant risk factor for dyslexia; however, the causes of dyslexia include multiple interacting genetic and environmental factors (S1).</p> <p>Children who come to school with speech or language difficulties are at risk of literacy difficulties, including dyslexia (S35).</p> <p>Multiple sources of information should be combined in assessment, including, for children, interview/questionnaires with parents or caregivers and liaison with the school, direct observation, and standardised age-normed tests or criterion-based assessments (S28).</p> <p>Good assessment and intervention practice embodies a hypothesis-testing approach. Assessors should ask themselves what risk factors are at play, including risk of a longer-term difficulty (S25).</p>	<p>A careful background history has not been taken.</p> <p>Identification is based on a single area of cognitive weakness in a profile.</p>	<p>The exploration of family histories is used as a valid tool for establishing evidence to support identification.</p> <p>Where information is available, a range of potential factors affecting learning is considered, including environmental factors such as the impact of modes of reading instruction, the family environment for reading, and the classroom, study, and/or work environment. Environmental influences on literacy acquisition are explored as potentially presenting both protective and exacerbating factors for the literacy difficulties experienced.</p>
<ul style="list-style-type: none"> Dyslexic difficulties exist on a continuum and can be experienced to various degrees of severity (S19). 		

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<p>All individuals struggling with literacy require appropriate, targeted intervention, monitoring, and resources (S22).</p> <p>The impact of dyslexia for any individual can change over time depending on circumstances and experiences (S14).</p> <p>Protective factors in dyslexia include early and sustained intervention, and good verbal, nonverbal and oral language skills (S15).</p> <p>Adult assessments should aim to uncover factors that have limited an individual's literacy during their lifetime to make recommendations about intervention and support (S38).</p> <p>In older children and adults, early and persisting literacy difficulties may have been missed or masked. It is important to investigate such histories to ascertain whether the current difficulties could be attributed to dyslexia (S36).</p> <p>After intervention and appropriate support, reading and the associated difficulties of individuals with dyslexia may no longer be experienced as disabling, although they may remain challenging (S20).</p>	<p>Early one-off identification neither addresses recommendations for immediate support in detail nor predicts changing impacts and circumstances and the need to re-assess and re-think support strategies, when required.</p> <p>Information available to the assessor fails to suggest persistence, a clear history of difficulties or, in older children and adults, an unexpected deterioration in literacy skill as a response to higher levels of academic or vocational demands, despite effective instruction.</p> <p>In adults the effect of residual difficulties on current performance in work or educational settings has not been considered.</p>	<p>During the very early years of reading instruction, screening with regular 'light touch' review is provided to identify those most at risk of persisting and/or complex difficulties and to put early intervention in place.</p> <p>Early screening or identification with pertinent, relevant recommendations for support and review is followed up by later re-assessment or monitoring to examine response to intervention and if necessary, to re-think support strategies, if required.</p> <p>Assessment takes into account developmental change and typical attainments in language and literacy at different life stages.</p> <p>Assessment, where appropriate, notes protective factors such as early and sustained support, strong verbal ability, high levels of motivation, persistence, self-management and self-esteem and accrued knowledge and life-experience in the individual's profile, and illustrates how these qualities can be utilised in a management plan.</p> <p>Where appropriate, academic or work-based functioning is noted as affected, such that progress is less good in literacy-based areas of the curriculum than that of age-equivalent peers in a similar setting or average academic / work – based functioning is sustainable only by</p>

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		<p>extraordinary levels of effort or high levels of support.</p> <p>The possibility that, in older children and adults, early and persisting literacy difficulties may have been missed or masked is considered alongside other reasons for late emergence of reading, spelling or writing difficulties.</p> <p>Where evident, psycho-social effects of the experience of dyslexia are sensitively explored and, where permission is given by the person assessed, noted as requiring further specific support or management strategies. Test conditions are managed carefully and sensitively to take such issues into account.</p>
<ul style="list-style-type: none"> Dyslexia can affect the acquisition of other skills, such as mathematics, reading comprehension or learning another language (S17). 		
Secondary consequences of dyslexia may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge (S10).	Assessment exploring the possibility of dyslexia does not include the exploration of other, potentially allied key skills such as arithmetic, solving written mathematical problems, reading comprehension or difficulties learning another language.	Assessment considers the possible impact of dyslexia on the acquisition of other key skills especially arithmetic, solving written mathematical problems, and reading comprehension, which could also be at risk.
<ul style="list-style-type: none"> The most commonly observed cognitive impairment in dyslexia is a difficulty in phonological processing (i.e. in phonological awareness, phonological processing speed or phonological memory). However, phonological difficulties do not fully explain the variability that is observed (S7). 		
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<p>Accounts of dyslexia that attribute dyslexia to a single cause such as weak phonology, or problems in working memory, do not account for individual variability or the highly overlapping nature of dyslexia with other disorders of learning (S2).</p> <p>Orthographic processing refers to the ability to form and retrieve letters, letter sequences and spelling patterns, and is commonly impaired in dyslexia (S6).</p> <p>Assessing phonological processing and orthographic skills is important for identifying the impact of dyslexia on the individual concerned and to inform intervention (S32).</p>	<p>Assessment does not include tests of phonological and orthographic skills.</p> <p>Assessment over-confidently asserts a direct causal link between deficits in phonological or orthographic skills and the identification of dyslexia.</p>	<p>A variety of tests of phonological and orthographic skills in assessment are primarily used to establish strengths and weaknesses in these skills, and to inform intervention.</p>
<p>● Dyslexia frequently co-occurs with one or more other developmental difficulties, including developmental language disorder, dyscalculia, ADHD, and developmental coordination disorder (S18).</p>		
<p>In the early years of reading instruction, the identification of needs of children with literacy learning difficulties should be prioritised over detailed diagnostic assessment. Detailed diagnostic assessment should not be a precondition for putting intervention in place (S23).</p> <p>Ideally an assessment should seek input from other professionals in instances where there seem to be a range of co-occurring difficulties (developmental, psychosocial, or medical) (S26).</p>	<p>While screening of a limited set of skills may be useful when resources are limited, assessment for teaching/intervention has not considered other potential co-occurring difficulties affecting impact.</p> <p>Assessment and identification does not consider the possibility of an alternative or co-occurring difficulty (e.g. ADHD or DLD).</p>	<p>Co-occurring difficulties in cognitive, sensori-motor or behavioural domains which may affect patterns of impairment and response to intervention are considered. When appropriate, referral for further specialist assessment is recommended (e.g. problems in speech or language, motor skills, sustained attention, social and emotional regulation).</p> <p>Where below average performance in reading comprehension in the absence of decoding difficulties is observed, this is more likely</p>

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		associated with language difficulties and / or DLD e.g. a 'poor comprehender' profile.
Additional considerations		
<p>Assessment of dyslexia is required for many different purposes, e.g., identification for research, for planning intervention, or for supporting individuals in the workplace. The content of the assessment needs to be aligned to its purpose (S27).</p> <p>Guidelines are needed so that assessments for dyslexia are consistent, but it is difficult to achieve consensus on criteria within these guidelines (S42).</p>	Professional guidelines for completing assessments are not adapted for the contexts in which they will be used.	Assessor uses professional guidelines for completing assessments that are well adapted to and/or required by particular contexts. The potential long term usefulness of the assessment format is considered alongside the importance of assessing and addressing current needs.
While there is suggestive evidence of an association between non-right handedness (left or mixed handedness) and dyslexia, the information is not useful for identifying dyslexia. (S12).	Handedness is used as a criterion for identifying dyslexia.	Handedness is noted, alongside any handwriting difficulties, where these are problematic for the individual concerned but is not used as a criterion for identifying dyslexia.
Visual stress is a separate condition to dyslexia but it can make it difficult to process text and hence may exacerbate reading difficulties (S13).	Visual stress is described and assessed as if it were an integral component of dyslexia.	Where necessary, referral is made to a vision practitioner (e.g. optometrist) to explore any potential difficulties in vision that need to be considered in the assessment.
People with dyslexia may develop other skills as an adaptive process to compensate for literacy based difficulties. However, there is little evidence to support the idea that dyslexia confers advantages in, for example, creative or visual-spatial skills (S21).	Strengths in an individual's profile such as creative, entrepreneurial or visual-spatial skills are described as intrinsic to or 'gifts of' dyslexia.	Assessment investigates an individual's profile of strengths and weaknesses and considers how the strengths might support that individual.

