

This is the new format for a diagnostic assessment report for Specific Learning Difficulties (SpLDs) for learners under 16 years of age. These changes reflect an extensive consultation process carried out over the past three years by SASC and its sub-committee STEC, involving key professional bodies and training providers in the field, to clarify how best, in the SpLD diagnostic assessment, to use professional observation and experience alongside test results in the identification of an individual with a specific learning difficulty.

Following the SASC consultation exercise in March 2019, some changes were made to the draft report formats in response to positive comments, questions and concerns raised by respondents. This final report format document should be read alongside the **Additional Guidance and Explanatory Detail** document, which provides, where necessary, additional clarification and explanation to aid assessors in using the report formats.

Changes have been made to encourage user-friendly and readable assessment reports that synthesise the evidence for a SpLD rather than report, one test at a time, the results of each test administered. It is expected that training will be offered by SASC authorised organisations for assessors wishing to explore how best to incorporate these changes into their report writing.

Rationale:

Changes have been made to encourage greater:

- **Accessibility** – to ensure assessment reports and their conclusions and recommendations are easily understood by and useful to the child or young person assessed and to other relevant individuals, organisations and institutions e.g. parents/carers, school/ educational settings and other specialists.
- **Consistency** – to encourage a consistent and best practice approach in diagnostic assessment.
- **Reliability** - to ensure that the identification of a student with a specific learning difficulty (e.g. dyslexia), 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.

- **Clarity** – in reporting test results, there will be a greater emphasis, within the body of the report, on interpretative comment, showing how and why key elements of test performance contribute to cognitive and attainment profiles that do or do not lead to the subsequent identification of the child or young person assessed with a specific learning difficulty. Synopses and commentary must contribute to a consistent picture throughout the report. If there are unusual results or irregularities in any area, they must be explained.
- **Efficiency and Usefulness** – 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. The new report format will contain an overview section of approximately **2 pages** designed to be a clear overview of the report outcomes.

In advance of the assessment, the **recipient(s)** of the report will have been agreed in writing between the parents/carer and the assessor. No report should be passed to other parties without the prior agreement of the parent/carer. 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.

Assessors should **take care to act and reach conclusions within the limits of their knowledge, skills and experience** and, if necessary, refer the person assessed to another relevant practitioner.

The **structure and core components** of an assessment report in which SpLD(s) are identified are listed below, alongside guidance notes.

Structure and Core Elements of a Pre-16 Report

See also SASC Revised Test Guidelines <http://www.sasc.org.uk/> and Additional Guidance

Core Element	Suggested page length	Guidance
Cover Sheet	1-2 pages	<p>Essential</p> <p>Confidential Diagnostic Assessment Report</p> <p>Student Name</p> <p>Date of Assessment</p> <p>Date of Birth</p> <p>Age at Assessment</p> <p>Address</p> <p>School / College</p> <p>Year</p> <p>Name of the author of this report and contact details</p> <p>The assessor and author of this report:</p> <ul style="list-style-type: none"> • Is a qualified specialist teacher and / or psychologist holding an approved qualification and either a current Specific Learning Difficulties (SpLD) Assessment Practising Certificate or is Health and Care Professions Council (HCPC) registered. • 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.

Impact	Briefly outline the key current impact and effects of the SpLD on the student's attainment areas identified in this assessment. Effects on classroom learning and test / exam performance will also be considered. If relevant, describe any compensatory strategies used by the student that may have affected performance.	
Diagnostic Outcome	Briefly and clearly outline and support the diagnostic outcomes of the report. Assessors must work within professional boundaries and competencies when reaching diagnostic decisions.	
Key Recommendations	Bullet-point the most crucial recommendations that may need to be actioned by others, e.g. for examination arrangements, specialist teaching support, etc. Further and fuller recommendations elsewhere in the report will be signposted.	
Background Information	2-3 pages	Please note: It is essential that all parties providing background information prior to the assessment are made aware that the information provided may be used in the report with their permission. If there is material they do not wish to appear in the report, they have the right to indicate this. This section summarises, under headings and in broad chronological order, information provided by parents/carers, educational staff, other specialists, and the student via screening, previous assessment reports, questionnaires, observations and discussion.
Essential subheadings:		
Health and developmental history	<p><i>It is particularly important to take a detailed history because SpLDs are developmental in nature and, apart from instances of acquired dyslexia following brain injury or disease, are not the result of a medical condition.</i></p> <p>This section covers the student's developmental history. Relevant medical information regarding early development, along with specific reference to vision and hearing, will be included. If appropriate, fine and gross motor coordination difficulties should be discussed in detail as should any persisting visual difficulties. If relevant, comment on any reported difficulties in the acquisition of spoken language, any previous assessment or intervention for speech and language difficulties, and any current difficulties in articulation, word-finding, pronunciation etc. If spoken language is an area of particular strength, this could also be highlighted. Medical and/or mental health issues/medication, with the permission of the parent/carer, should be reported with care and sensitivity, only as relevant for the purposes of the report. Input from parents/carers, educational and support staff etc. may be included.</p>	

Familial history of SpLD or other developmental conditions	<p><i>Questions about familial history are asked because SpLDs are known to run in families.</i></p> <p>Report, with sensitivity, any family history of specific learning difficulties and /or developmental conditions. Specific family members should not be identifiable.</p>
Linguistic history	<p><i>English as an additional language, or a complex linguistic history, could help explain the pattern of results in an assessment.</i></p> <p>Where English is spoken as a second/additional language or there is a complex linguistic history, details should be included (e.g. languages spoken at home, length of time in the UK or English speaking country and/or difficulties with literacy in first language if known).</p>
Educational history	<p><i>Include reported difficulties in the educational environment.</i></p> <p>This section will describe any developmental and long-standing difficulties in learning to read, write and spell, including handwriting, incorporating classroom observations or reports from teaching staff. Any previous assessments, access or examination arrangements, SEN provision, Statement of SEN / Education Health Care Plan (or similar) and learning support / intervention should be summarised briefly. Key and relevant educational attainments can be summarised briefly. Disrupted attendance or frequent school changes should be noted. Areas of strength as well as difficulty should be included.</p>
Current Situation	<p>This section will summarise current concerns and difficulties as well as noting what is going well (based on information from questionnaires and discussion, including with the student).</p>

Sub-headings	<u>as relevant and ordered as most pertinent to the student</u>	
Literacy	Summarise any presenting concerns with reading, writing and spelling.	
Numeracy	This section will only generally be relevant where the person concerned is having difficulty with the mathematical components of study, although it may also be relevant to the identification of dyslexia or characteristics of other SpLD.	
Memory, attention and concentration	Comment on the parents'/carers,' teachers' and student's perceptions of any difficulties or strengths.	
Speech, oral language, communication	Comment on the parents'/carers,' and/or teachers' perceptions of any difficulties or strengths.	
Social skills	Comment on difficulties with social interaction and/or social communication.	
Organisation	Comment on strengths and weaknesses experienced in these areas, especially in relation to study skills and in the management of daily life.	
Other areas	Any other important strengths or difficulties could be included here e.g. difficulties with spatial orientation, directional left and right, telling the time, motor skills, etc.	
Test Conditions	1-2 paragraphs	<p>Essential</p> <p><i>Conditions in a test setting and behaviour during a test session may influence the student's performance. These can include environment, comfort, and any interruptions, as well as the health of the student, and levels of attention/motivation and/or signs of anxiety and fatigue.</i></p>

		<p>Include a brief statement about the test conditions and the student’s response to them so that results can be interpreted accordingly. Mention any adjustments made or requested such as use of glasses, contact lenses, coloured overlays, dimmed lighting, additional breaks etc.</p> <p>State the duration of the assessment and whether it was a continuous session. If one or more additional sessions were necessary, all assessment dates need to be reported on the cover sheet.</p>
<p>Main Body of Report <i>Essential</i></p>		
<p>Cognitive Profile</p>	<p><i>Essential</i></p>	<p><i>Gathering information about underlying verbal and non-verbal ability is a vital component of assessment as is information about other cognitive processing skills that are known to be implicated in SpLDs.</i></p> <p><i>For each area tested, describe the student performance and if relevant and appropriate, relate the performance to the strengths or concerns reported by the student. Relate performance to a level descriptor. Assessors may wish to note the standard score achieved in brackets. 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. Performance will be discussed, with particular reference to any important discrepancies.</i></p>
<p>Tests of ability and reasoning</p> <p>Verbal ability</p>		<p><i>Careful consideration should be given as to whether an overall ability score should be calculated.</i></p> <p>Measures of verbal ability may include vocabulary knowledge, verbal reasoning ability and general knowledge. Marked differences in subtest performance will be noted and consideration should be given as to whether composite scores should be calculated.</p>

Visual /non-verbal ability	Measures of non-verbal ability may include visual-spatial perception, pattern recognition, abstract reasoning skill, logic, problem solving and deduction. Marked differences in subtest performance will be noted and consideration should be given as to whether composite scores should be calculated.
Working Memory	Measures of working memory (ability to maintain and manipulate information in active attention).
Phonological Processing	Measures of phonological awareness (ability to accurately identify, discriminate between and manipulate the separate units of sounds in words, known as ‘phonemes’), phonological memory (ability to accurately identify, retain briefly, and repeat sequences of sound), and rapid symbolic naming (ability to accurately retrieve well-known phonological responses fluently from long-term memory in response to a visual stimulus).
Processing Speed	Measures of processing speed (ability to perform relatively simple repetitive cognitive tasks, quickly, accurately and fluently).
Additional diagnostic evidence and information	<i>At the assessor’s discretion and as appropriate</i> The results of screening checklists for visual / motor / attention / numeracy difficulties may be reported in this section. Assessors may also choose to include further tests as required. However, professional boundaries must be maintained.
Visual Difficulties (discomfort and disturbance)	See most recent published guidance on SASC website. Where there are indicators of visual difficulties (discomfort and disturbance), these must be noted but not diagnosed and the assessor should describe routes to further assessment with a qualified vision practitioner, e.g. optometrist.
Motor Difficulties	See most recent published guidance on SASC website. Where there are indicators of motor difficulties, these must be noted but not diagnosed and the assessor should describe routes to further assessment with a qualified practitioner, e.g. occupational therapist.
Attention-Related Difficulties	See most recent published guidance on SASC website. Assessors may identify patterns of behaviour that would indicate attention-related difficulties as a specific learning difficulty, but students should not be diagnosed with attention-related difficulties and recommendations must be made for referral to a specialist medical practitioner for further assessment.

Maths-Related Difficulties / Dyscalculia	Assessors may identify mathematics and number-related difficulties but care should be taken in labelling these difficulties. Sufficient converging evidence is required to distinguish between typical and 'normal' mathematical and number difficulties, those associated with dyslexia or other specific learning difficulties or developmental conditions and those arising from dyscalculia.
Attainment	<p><i>Essential</i></p> <p><i>Gathering information about areas of attainment is a core component of SpLD assessment.</i></p> <p><i>For each attainment area, provide a synopsis of performance and if relevant and appropriate, relate the performance to the strengths or concerns reported by the student. Relate performance to a level descriptor and assessors may wish to note the standard score achieved in brackets. Draw attention to areas of strength as well as difficulty.</i></p>
Reading	Where appropriate, commentary should cover qualitative analysis of errors (without reference to specific test items), evidence of strategies being used, for example: whole word recognition, decoding fluency, expression, ability to extract information from text etc.
Single-Word Reading	Assessment of reading will include a standardised graded, single-word reading test and a timed sight-word reading test. A non-word reading task, timed or untimed, should be included.
Prose Reading	A standardised test of reading comprehension of continuous prose. (Oral is preferred but as appropriate to the age/stage of the student.) When a silent reading comprehension task is used, it is strongly recommended that oral reading of continuous prose is also included and used for qualitative analysis. Where possible, reading speed/fluency and accuracy should be included.
Other information	Other subskills involved in reading might also be relevant at younger ages (e.g. letter-sound correspondence) and incorporated at the discretion of the assessor.
Spelling	A standardised graded single-word spelling test. The report should give a brief qualitative analysis of error type, without reference to specific test items.
Writing	A free writing task, appropriate to the age and level of study, should be given and analysed to provide information about qualitative features such as grammar, sentence complexity, coherence, vocabulary choice, spelling accuracy, writing speed and handwriting legibility. A copying task might also be given so that difficulties relating to motor skills and the process of composition can be teased apart.

Typing	It might be relevant to sample typing speed and accuracy.	
Numeracy	A standardised graded test of mathematics attainment may be included at the assessor’s discretion. However, a low score on such a test cannot be used as sole evidence of dyscalculia. Other measures of number, estimation and calculation would need to be included and analysed alongside a history of difficulty.	
Confirmation of diagnostic decision	Normally 2-3 paragraphs but probably not more than 1 page	<p>Essential This short section will include:</p> <ul style="list-style-type: none"> • A brief re-statement of the diagnostic outcome, affording the opportunity, if applicable, to map the evidence from the assessment to a recognised definition of the SpLD under consideration. • Further comments, as needed or appropriate. • A positive comment about working with the student <p>Assessors may also wish to sign and date the report again at this point.</p>
Recommendations <i>Subheadings as relevant</i>	1-3 pages	<p>Essential</p> <p>Recommendations must be tailored to the needs of the child or young person assessed. They may include some but not necessarily all of the following types of recommendations. Key recommendations given in the Overview section of the report need not be repeated here unless further detail or explanation is required.</p> <p>If appropriate, a recommendation should be made for onward referral for further specialist assessment, or to another relevant professional e.g. medical, vision, motor, mental health etc. In the case of possible social communication / Attention Deficit Hyperactivity Disorder (ADHD) / Developmental Coordination Disorder (DCD) - dyspraxia and / or visual difficulties, these may be noted but not diagnosed and the assessor should describe in the report routes to further professional assessment.</p>
Access Arrangements		<ul style="list-style-type: none"> • Access Arrangements recommendations appropriate to level of study, following guidelines for age and stage (if relevant) • Appropriate arrangements for the student (include the relevant evidence to support this) • Responsibility of the school to make final decision on access arrangements in accordance with up-to-date national guidelines • Monitoring and re-assessment in line with national guidelines

<p>Educational Setting</p>	<ul style="list-style-type: none"> • Individual/small group support as available • Guidance for classroom teachers in supporting students 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 • Monitoring of progress, as appropriate
<p>Individual /Specialist Teaching</p>	<ul style="list-style-type: none"> • Recommendations for individual / specialist teaching support appropriate to findings of assessment • Use of multisensory teaching methods, teaching to the student’s strengths • Development of strategies to support student’s learning • Use of assistive technologies • Useful references and resources: literature, audio, web, app etc.
<p>Home</p>	<ul style="list-style-type: none"> • Suggestions regarding supporting homework, coursework • Suggestions regarding supporting literacy (and numeracy), as appropriate • Useful references and resources: literature, audio, web, app etc. • Use of assistive technologies
<p>Appendices <i>Essential</i></p>	
<p>Appendix 1: Explanation of Statistical Terms</p>	<p>1-2 pages</p> <p>Short, accessible explanations should be provided of statistical terms used in the report. These are likely to include standard scores and the concepts of the normal distribution of standard scores and of standard deviation. Confidence intervals should be explained carefully to avoid the common misconceptions associated with their use.</p> <p>Test descriptors should be explained and related to a range of scores. For example, ‘<i>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</i>’. It should be noted in the report that, ‘<i>Some test manuals use different types of score or level descriptor, but to maintain consistency and clarity for the readers of the report, scores used in this assessment follow the descriptions given in the table below.</i>’</p>

<p>Examples of Range Descriptors: Choose one of these as best fits the student profile</p>		<table border="1"> <thead> <tr> <th>Standard Score</th> <th>Descriptive Ranges</th> </tr> </thead> <tbody> <tr> <td>131 and above</td> <td>Well above average</td> </tr> <tr> <td>116 – 130</td> <td>Above average</td> </tr> <tr> <td>111 – 115</td> <td>High Average</td> </tr> <tr> <td>90 – 110</td> <td>Mid Average</td> </tr> <tr> <td>85 – 89</td> <td>Low average</td> </tr> <tr> <td>70 - 84</td> <td>Below average</td> </tr> <tr> <td>69 or less</td> <td>Well below average</td> </tr> </tbody> </table>	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		<table border="1"> <thead> <tr> <th>Standard Score</th> <th>Descriptive Ranges</th> </tr> </thead> <tbody> <tr> <td>131 and above</td> <td>Very High</td> </tr> <tr> <td>121 - 130</td> <td>High</td> </tr> <tr> <td>116 – 120</td> <td>Above Average</td> </tr> <tr> <td>111 – 115</td> <td>High Average</td> </tr> <tr> <td>90 – 110</td> <td>Mid Average</td> </tr> <tr> <td>85 – 89</td> <td>Low average</td> </tr> <tr> <td>80 – 84</td> <td>Below Average</td> </tr> <tr> <td>70 – 79</td> <td>Low</td> </tr> <tr> <td>69 or less</td> <td>Very Low</td> </tr> </tbody> </table>	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
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<p>Appendix 2: Summary Table of Test Results</p>	<p>1 page preferred</p>	<p>Wherever possible, report scores in a consistent format:</p> <ul style="list-style-type: none"> 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 Percentile scores are not mandatory 																																						
<p>Appendix 3: Definition(s) of SpLD(s) as applicable</p>	<p>1 page</p>	<p>Refer to a recognised and referenced definition and see SASC website for updated definitions. Include only those relevant to the report.</p>																																						
<p>Appendix 4: Test References and Descriptors</p>		<p>In an accessible format and preferably arranged in the order presented in the assessment report, fully reference and describe briefly each test and what it measures. Give the age-range of the test standardisation and the form(s) used. Disclosing sensitive details of the test (e.g. items, timing) should be avoided.</p>																																						
<p>Appendix 5: Further References</p>		<p><i>Optional</i> Fully reference other resources as needed.</p>																																						