

**This is the new format** for a diagnostic assessment report for specific learning difficulties (SpLDs) for individuals 16 years of age and older. 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 person assessed and to other relevant individuals, organisations and institutions e.g. the Student Loans Company who administer the Disabled Students' Allowance, school, college or university support services and workplace supervisors, human resources managers or similar.
- **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 / dyspraxia / Developmental Co-ordination Disorder), 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. The evidence required will closely relate to a referenced definition of the relevant SpLD(s) and to the relevant diagnostic criteria.

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- **Clarity** – in reporting test results, there will be a greater emphasis within the body of the report on interpretive 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 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. Adults will need to have agreed to the release of the report to another person, e.g. a student support service at a university or an employer. Where possible, adults should have the opportunity to read and agree the background information section of a 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.

### Structure and Core Elements of a Post-16 Report

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

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



<i>Essential subheadings</i>	
<b>Referral</b>	Briefly state the reason for referral.
<b>Diagnostic Outcome</b>	Briefly and clearly outline and support the diagnostic outcomes of the report. Assessors must work within professional boundaries and competencies when reaching diagnostic decisions.
<b>Profile</b>	Briefly confirm that there is a developmental history that is consistent with the findings of the assessment. Summarise key aspects of the individual's cognitive profile pertinent to the diagnostic outcome. Include relevant strengths and achievements and identified weaknesses. While relevant aspects of test performance, with test descriptors, may be mentioned briefly here, test names and reference to specific tests should not be used in this section. Instead, refer to the <b>area</b> of assessment, e.g. verbal skills, phonological processing, working memory etc.
<b>Impact</b>	Briefly outline the current <b>effects</b> of the SpLD on literacy attainment and / or other skills, as evidenced in the assessment. Effects on study strategies, test / exam performance and work, as relevant, will also be considered. Describe any compensatory strategies used by the person assessed that may have affected performance.
<b>Key Recommendations</b>	Bullet-point the most crucial recommendations that may need to be actioned by others, e.g. for examination arrangements, specialist tutorial support, DSA, workplace support etc. Further and fuller recommendations elsewhere in the report will be signposted.
<b>Background Information</b>	2-3 pages This section summarises, under headings and in broad chronological order, information given by the individual assessed via screening, previous assessment reports and diagnostic interview. It is essential that assessors are clear about their responsibilities regarding the collection of personal data under UK data protection legislation and that the person assessed is made aware that if there is material they do not wish to appear in the report, they have the right to indicate this.
<i>Essential subheadings:</i>	

<p><b>Health and developmental history</b></p>	<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 individual's developmental history. Relevant medical information regarding early development along with specific reference to vision and hearing, will be included. If appropriate, early and persisting 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, <b>with the permission of the individual</b>, should be reported with care and sensitivity, only as relevant for the purposes of the report. Input from parents, tutors, support staff etc. may be included.</p>
<p><b>Familial history of SpLD or other developmental conditions</b></p>	<p><i>Questions about familial history are asked because SpLDs are known to run in families.</i></p> <p>Report, with sensitivity and the permission of the individual, any family history of specific learning difficulties and /or developmental conditions, such as autism. Specific family members should not be identifiable.</p>
<p><b>Linguistic history</b></p>	<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>It is helpful to note if English is the first and only language spoken fluently by the individual assessed. Where English is spoken as a second or additional language or there is a complex linguistic history, details should be included, especially if the individual reports difficulties in reading, writing and spelling in a first language. Describe how long the individual has been learning and speaking English, whether they were educated via this medium and the length of time they have lived in the UK or other English speaking country. What language does the individual currently consider to be their dominant language?</p>

<b>Education and work history</b>	<p><i>Individuals with SpLDs often report difficulties in an educational and /or workplace environment.</i></p> <p>This section will describe any developmental and long-standing difficulties in learning to read, write and spell including handwriting. Any previous assessments, access or examination arrangements, SEN provision, Statement of SEN / Education Health Care Plan and learning support / intervention should be summarised briefly. Key and relevant educational attainments and qualifications can be summarised briefly, alongside school / college / university history and relevant work experience. Disrupted school / college / university attendance or frequent school / college/ university changes should be noted. Areas of strength and difficulty should be included.</p>
<b>Current Situation</b>	<p>This section will summarise the individual's study or work related concerns and difficulties as well what is going well.</p>
<b>Sub-headings</b>	<p><b><u>as relevant and ordered as most pertinent to the individual</u></b></p>
<b>Current concerns with literacy</b>	<p>Summarise any presenting concerns with reading, writing and spelling.</p>
<b>Planning and organisational ability</b>	<p>Comment on strengths and weaknesses experienced in these areas, especially in relation to study or work-related skills and in the management of daily life.</p>
<b>Memory, attention and concentration</b>	<p>Comment on the individual's perceptions of any difficulties or strengths.</p>
<b>Social and communication skills</b>	<p>This section can be relevant especially where there is diagnosed or suspected co-occurring autism / dyspraxia. Difficulties in social interaction, communication, maintenance of eye-contact, repetitive or self-soothing behaviours can be mentioned <b>with the express permission of the person assessed</b>.</p>
<b>Number, estimation, calculation</b>	<p>This section will only generally be relevant where the person concerned is having difficulty with the mathematical components of study or work, although it may also be relevant to the identification of dyslexia / SpLDs, especially if the person concerned is having difficulty with any mathematical components of their study or work.</p>
<b>Other areas</b>	<p>Any other important strengths or difficulties could be included here e.g., difficulties with spatial orientation, directional left and right, map-reading, driving, etc.</p>

<b>Test Conditions</b>	1-2 paragraphs	<p><b>Essential</b></p> <p><i>Conditions in a test setting and behaviour during a test session may influence the individual's performance. These can include environment, comfort, and any interruptions, as well as the health of the individual, and signs of attention, motivation, anxiety and fatigue.</i></p>
		<p>Include a brief statement about the test conditions and the individual'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 a second session was necessary, both assessment dates need to be reported on the cover sheet.</p>
<b>Main Body of Report</b>		<b>Essential</b>
<b>Cognitive profile</b>		<p><b>Essential</b></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 individual performance and if relevant and appropriate, relate the performance to the strengths or concerns reported by the individual. 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. <b>Qualitative observation and analysis of strategies and approaches to tasks</b> 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><b>Tests of ability and reasoning</b></p> <p><b>Verbal ability</b></p>	<p><i>Careful consideration should be given as to whether an overall ability score should be calculated.</i></p> <p>Measures of vocabulary knowledge, verbal reasoning ability and general knowledge. Marked differences in sub- test performance will be noted and consideration should be given as to whether composite scores should be calculated.</p>
<p><b>Visual / non-verbal ability</b></p>	<p>Measures of visual-spatial perception, pattern recognition, abstract reasoning skill, logic, problem solving and deduction. Marked differences in sub-test performance will be noted and consideration should be given as to whether composite scores should be calculated.</p>
<p><b>Working Memory</b></p>	<p>Measures of the ability to maintain and manipulate information in active attention.</p>
<p><b>Phonological Processing</b></p>	<p>Measures of <b>phonological awareness</b> (the ability to identify accurately, discriminate between and manipulate the separate units of sounds in words, known as ‘phonemes’), <b>phonological memory</b> (the ability to identify, retain briefly, and repeat accurately sequences of sound), and <b>rapid symbolic naming</b> (the ability to retrieve well known phonological responses fluently from long-term memory in response to a visual stimulus).</p>
<p><b>Processing Speed</b></p>	<p>Measures of <b>processing speed</b>, i.e. the ability to control attention to perform, automatically, quickly and fluently, relatively simple repetitive cognitive tasks.</p>
<p><b>Additional diagnostic evidence and information</b></p>	<p><i><b>At the assessor’s discretion and as appropriate</b></i></p> <p>The results of screening checklists for visual difficulties / Developmental Coordination Disorder (DCD) - dyspraxia / dyscalculia / Attention Deficit Hyperactivity Disorder (ADHD) may be reported in this section. Assessors may also choose to include further tests, as required. However, professional boundaries must be maintained.</p>
<p><b>Dyspraxia / Developmental Coordination Disorder DCD</b></p>	<p><b>See most recent published guidance on SASC website.</b> Assessors should follow the latest recommended protocol for investigating dyspraxia / DCD in adults.</p>
<p><b>Visual Difficulties (discomfort and disturbance)</b></p>	<p><b>See most recent published guidance on SASC website.</b> Where there are indicators of visual difficulties (discomfort and disturbance), these must be noted <b>but not diagnosed</b> and the assessor should describe routes to further assessment with a qualified vision practitioner, e.g. optometrist.</p>

<b>ADHD / Attention-Related Difficulties</b>	<b>See most recent published guidance on SASC website.</b> Assessors may identify patterns of behaviour that would indicate ADHD / attention –related difficulties as a specific learning difficulty, but students /clients should not be <i>diagnosed</i> with ADHD and information about onward referral to a specialist medical practitioner must be given.
<b>Maths-Related Difficulties / Dyscalculia</b>	<b>See most recent published guidance on SASC website:</b> 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
<b>Attainment</b>	<p><b>Essential</b></p> <p><i>Gathering information about areas of attainment is an important component of assessment as it may or may not provide evidence of the impact of a specific learning difficulty on the key skills required in everyday tasks, including study and work activities.</i></p> <p><i>For each test / sub-test, describe the individual performance and if relevant and appropriate, relate the performance to the strengths or concerns reported by the individual. 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>
<b>Reading</b>	<i>Where appropriate, commentary should cover qualitative analysis of errors (without reference to specific test items) and evidence of strategies being used, for example: whole word recognition, decoding fluency, expression, ability to extract information from text etc.</i>
<b>Reading Accuracy</b>	Assessment of reading should include a standardised graded, single word reading test.
<b>Reading Efficiency</b>	Timed sight word and timed or untimed non-word reading tasks should be included.
<b>Reading Comprehension</b>	A standardised test of reading comprehension (silent is preferred) using continuous prose. When a silent reading comprehension task is used, it is recommended that an oral reading of continuous prose is also included and used for qualitative analysis.
<b>Spelling</b>	A standardised graded single word spelling test. Where performance is weak, the report should give a brief qualitative analysis of error type, without reference to specific test items.

<b>Writing and typing skills</b>	<p>A free writing task appropriate to the level of study / work, 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. Pertinent aspects only of writing performance should be reported and should be related to the relevant educational / work environment and to the SpLD(s).</p> <p>A copying task should also be given so that difficulties relating to motor skills and the process of composition can be teased apart.</p> <p>It might be relevant to sample typing speed and accuracy.</p>
<b>Number / estimation / calculation</b>	<p>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 detailed history of difficulty.</p>

<b>Confirmation of diagnostic decision</b>	Normally 2-3 paragraphs but probably not more than 1 page	<p><b>Essential</b></p> <p><b>This short section will include:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Further comments, as needed or appropriate.</li> <li>• A positive comment about working with the student / client.</li> </ul> <p>Assessors may also wish to sign and date the report again at this point.</p>
<b>Recommendations</b>	1-3 pages	<p><b>Essential</b></p> <p><b>Recommendations must be tailored to the needs of the person assessed.</b> 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>
<b>Onward referral</b>		<p><b>If appropriate</b>, a recommendation should be made for onward referral for further specialist assessment, or to another relevant professional e.g. medical, vision, mental health etc. In the case of possible autistic, ADHD and / or visual difficulties, these may be noted <b>but not diagnosed</b>, although information about onward referral must be provided.</p>
<b>Sixth-form / Further Education / other Vocational Training</b>		<ul style="list-style-type: none"> <li>• Access arrangements recommendations following JCQ guidance (where applicable).</li> <li>• Recommendations for specialist teaching support.</li> <li>• Guidance for classroom teachers in supporting students with SpLDs.</li> <li>• Useful references and resources: literature, audio, web, app etc.</li> <li>• Use of assistive technologies.</li> </ul>

<p><b>Higher Education</b></p>	<ul style="list-style-type: none"> <li>• Examination arrangements recommendations, if applicable and bearing in mind that final decisions about examination arrangements lie with the institution the student attends.</li> <li>• If student is eligible, how to apply for the Disabled Student's Allowance.</li> <li>• Recommendation for specialist teaching support.</li> <li>• Recommendation for use of assistive technologies.</li> <li>• Reference to, if known, university-specific inclusive support, teaching and learning practices.</li> <li>• Advice regarding post-university / workplace support e.g. workplace needs assessments.</li> <li>• Useful references and resources: literature, audio, web, app etc.</li> <li>• Practice placement advice (if relevant)</li> </ul>
<p><b>Workplace</b></p>	<ul style="list-style-type: none"> <li>• See Additional Guidance</li> </ul>
<p><b>Personal recommendations</b></p>	<p><b>Additionally, all assessments should include some personal recommendations</b> pertinent to the individual assessed and the assessment outcome (including where there is a diagnostic outcome of no specific learning difficulty) that are not covered by the more generic recommendations above.</p> <p><b>For example:</b></p> <ul style="list-style-type: none"> <li>• Advice regarding a specific study skill issue</li> <li>• Subject – specific study strategies that can support students with SpLDs / all students.</li> <li>• Strategies for managing specific work tasks and /or more general work -related stresses.</li> <li>• Useful references and resources: literature, audio, web, app etc.</li> <li>• Acknowledgement of support / intervention / work or study environments suggested by the individual as being beneficial.</li> </ul>

<b>Appendices</b>		<i>Essential</i>
<b>Appendix 1: Explanation of Statistical Terms</b>	1-2 pages	<p>Short, accessible explanations should be provided of statistical terms used in the report. These are likely to include <b>standard scores</b> and the concepts of the <b>normal distribution of standard scores</b> and of <b>standard deviation</b>. <b>Confidence intervals</b> 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 <b>broad average range</b> 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><b>Examples of Range Descriptors:</b> Choose a set of these descriptors as best fits the individual profile. See following page.</p>

		<b>Standard Score</b>	<b>Descriptive Ranges</b>		<b>Standard Score</b>	<b>Descriptive Ranges</b>
		131 or more	Well above average		131+	Very High
		116 – 130	Above average		121 -130	High
		111 – 115	High Average		116 – 120	Above Average
		90 – 110	Mid Average		111 – 115	High Average
		85 – 89	Low average		90 – 110	Mid Average
		70 – 84	Below average		85 – 89	Low average
		69 or less	Well below average		80 -84	Below Average
					70 – 79	Low
					69 or less	Very Low

<b>Appendix 2: Summary Table of Test Results</b>	1 page preferred	<p><b>Wherever possible, report scores in a consistent format</b></p> <p>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</p> <ul style="list-style-type: none"> <li>• <i>Include sub-test, and composite scores where appropriate.</i></li> <li>• <i>Percentile scores are not mandatory.</i></li> <li>• <i>Confidence Intervals may be included to indicate test reliability</i></li> </ul>
<b>Appendix 3: Definition(s) of SpLD(s) as applicable</b>	1 page	<p>Refer to a recognised and referenced definition and see SASC website for updated definitions.</p> <p>Include only those relevant to the report.</p>
<b>Appendix 4: Test References and Descriptors</b>		<p>In an accessible format and preferably arranged in the order presented in the overview and 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>
<b>Appendix 5: Further References</b>		<p><i>Optional</i></p> <p>Fully reference other resources as needed.</p>