

SASC – Format for a Post-16 Diagnostic Assessment Report for Specific Learning Difficulties

This is the new format required for a diagnostic assessment report for Specific Learning Difficulties (SpLDs) for learners over 16 years of age. The format reflects an extensive consultation process carried out over a number of years by SASC and its sub-committee, the SpLD Test Evaluation 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.

Changes were 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. Training has been offered by SASC authorised organisations for assessors wishing to explore how best to incorporate these changes into their report writing.

This Post-16 Years Report was written and should be read alongside the **Additional Guidance and Explanatory Detail** document, (www.sasc.org.uk Downloads) which provides, where necessary, additional clarification and explanation to aid assessors in using the report formats. **Some updates (September 2021) have been made to both the Pre-16 Years and Post-16 Years Report Formats and to the Additional Guidance and Explanatory Detail document. Updates are highlighted. Assessors should read this document alongside the Additional Guidance and Explanatory Detail document.**

Rationale:

Changes were 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

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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 support 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. 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 qualifications, knowledge, skills and experience** and, if necessary, refer the person assessed to another relevant practitioner. SpLDs can co-exist with overlapping conditions and secondary issues may evolve due to the SpLDs. See most recent published guidance on SASC website which might require further specialist assessment. It is also important to be sensitive to the fact that an adult might not wish to pursue an additional diagnostic route, particularly if, as a consequence of assessment, they consider that their support needs will be met within an educational or workplace context. However, information about an onward referral route should still be included.

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

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Core Element	Suggested page length	Guidance
Cover Sheet	1 -2 pages	<p><i>Essential</i></p> <p>Confidential Diagnostic Assessment Report</p> <p>Student Name</p> <p>Date of Birth</p> <p>Date(s) of Assessment</p> <p>Age at Assessment</p> <p>Address</p> <p>School / College / University / Workplace</p> <p>Course name / 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.

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		<i>X's assessment. More detailed information is given in the main body of the assessment report and in the appendices.'</i>
Essential subheadings		
Referral	Briefly state the reason for referral.	
Diagnostic Outcome	Briefly and clearly outline the diagnostic outcomes of the report, including any <i>pre-existing, confirmed</i> diagnosis of DCD, ADHD, an ASD, or other clinical or associated medical conditions. Any pre-existing, confirmed diagnosis available to the current assessor would also be referenced in the Background Information section of the report, with a note made of the date of the diagnosis, by whom, and a confirmation that the assessor has had sight of the report. Any persisting effects of this pre-existing, confirmed diagnosis could be discussed in the Impact section of the Overview. Assessors must work within professional boundaries and competencies when reaching diagnostic decisions.	
Profile	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. Include relevant strengths and achievements and identified weaknesses. While relevant aspects of test performance, with test descriptors, are useful here, test names and reference to specific tests should not be used in this section. Instead, refer to the area of assessment, e.g. verbal skills, phonological processing, working memory etc.	
Impact	Briefly outline the current effects 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.	
Key Recommendations	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.	
Background Information	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

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		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.
Essential subheadings		
Health and developmental history	<p><i>It is particularly important to take a detailed history and summarise the key points relevant to the assessment 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, and any other relevant diagnosis already given will be included. If appropriate, early and persisting motor coordination difficulties should be summarised, as should any persisting visual or attentional 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. Relevant medical and / or mental health issues / medication, with the permission of the individual, should be summarised and 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>	
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>	

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	<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>
<p>Education and work history</p>	<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>
<p>Current Situation</p>	<p>This section will summarise the individual’s personal, study or work-related concerns and what is going well (based on information from questionnaires and discussion with the individual).</p>
<p><u>Sub-headings as relevant and ordered as most pertinent to the student</u></p>	
<p>Current concerns with literacy</p>	<p>Summarise any presenting concerns with reading, writing and spelling.</p>
<p>Planning and organisational ability</p>	<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>
<p>Memory, attention and concentration</p>	<p>Comment on the individual’s perceptions of any difficulties or strengths.</p>

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Number, estimation, calculation	<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>	
Other areas	<p>Any other important strengths or difficulties could be noted here (including those from relevant third parties). These could relate to marked difficulties in, for example, with spatial orientation, map-reading, motor skills, sensory issues, mental health concerns and/or difficulties with social interaction/social communication. Sensitive issues can be summarised briefly with the permission of the person assessed. The views of the individual, where appropriate and pertinent to the assessment, are highly recommended to be sought.</p>	
Test Conditions	<p>1-2 paragraphs</p>	<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 (remote or face-to-face), 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 more than one assessment session was necessary, all assessment dates need to be reported on the cover sheet. 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 a month.</p>
Main Body	<p>Essential</p>	

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of Report	
Cognitive Profile	<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>
Tests of ability and reasoning	<i>Careful consideration should be given as to whether an overall ability score should be calculated.</i>
Verbal ability	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.
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 the ability to maintain and manipulate information in active attention. This would include phonological memory (ability to accurately identify, retain briefly, and repeat sequences of sound).
Phonological Awareness	Measures of phonological awareness (ability to accurately identify, discriminate between and manipulate the separate units of sounds in words, known as ‘phonemes’).

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<p>Processing Speed</p>	<p>Measures of processing speed, i.e. the ability to control attention to perform, automatically, quickly and fluently, relatively simple repetitive cognitive tasks. This would include rapid symbolic naming (ability to accurately retrieve well-known phonological responses fluently from long-term memory in response to a visual stimulus).</p>
<p>Additional diagnostic evidence and information</p> <p>These could include difficulties that are:</p> <ul style="list-style-type: none"> • Motor • Attentional • Maths-related • Visual (discomforts and disturbances) • Social and /or communication-related 	<p><i>At the assessor’s discretion and as appropriate</i></p> <ul style="list-style-type: none"> • Depending on the areas of concern investigated in the assessment, this section of the report can be used to supplement and add detail to key information summarised in the background information section and highlight the difficulties noted by the assessor. In the case of motor and/or attentional difficulties, information given here could inform the diagnostic conclusion as well as route/s to onward referral and recommendations for support as appropriate. However, professional boundaries must be maintained. See most recent published guidance on SASC website. • Assessors investigating the specific area of numeracy may choose to report non-standardised tests used in this section. Assessors may identify mathematics and number-related difficulties but care should be taken in labelling these. 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. • If there are concerns with the results of the screening checklist for visual difficulties these would be reported in this section. 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. • Great caution and sensitivity should be applied by the assessor when social and communication difficulties are a possible aspect of the individual’s profile. The diagnosis of ASD can only be arrived at through a multi-professional assessment, therefore assessors should carefully consider the use of ASD checklists and these must only be used if the assessor can demonstrate appropriate professional qualifications and knowledge and is experienced in this area. • For a suspected ASD, assessors should follow, where appropriate, local pathways to onward referral in association with parents/carers, school (in the case of those aged 16 -18 years), disability officers (H.E.) and any other professional agencies involved in assessment.

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Dyspraxia / Developmental Coordination Disorder DCD	See most recent published guidance on SASC website. Assessors should follow the latest recommended protocol for investigating dyspraxia / DCD in adults.
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.
ADHD / Attention-Related Difficulties	See most recent published guidance on SASC website. Assessors may identify patterns of behaviour that would indicate ADHD / attention –related difficulties as a specific learning difficulty, but students /clients should not be diagnosed with ADHD and information about onward referral to a specialist medical practitioner must be given.
Maths-Related Difficulties / Dyscalculia	See most recent published guidance on SASC website: 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>Essential</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>
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.

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Reading Accuracy	Assessment of reading should include a standardised graded, single word reading test.	
Reading Efficiency	Timed sight word and timed or untimed non-word reading tasks should be included.	
Reading Comprehension	A standardised test of reading comprehension (silent is preferred) using continuous prose. When a silent reading comprehension task is used, it is recommended that informal oral reading of continuous prose is also included and used for qualitative analysis.	
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. Sensitivity should be shown in the language used to describe patterns of errors. It can be helpful to identify areas that might benefit from specific support and intervention.	
Writing and typing	<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). Sensitivity should be shown in the language used to describe patterns of errors. It can be helpful to identify areas that might benefit from specific support and intervention.</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>	
Number / estimation / calculation	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/s. • Further comments, as needed or appropriate.

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		<ul style="list-style-type: none"> • A positive comment about working with the student / client.
Recommendations <i>Subheadings as relevant</i>	1-3 pages	<p>Essential</p> <p>Recommendations must be tailored to the needs of the 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>
Onward referral	<p>If appropriate, a recommendation should be made for onward referral for further specialist assessment, or to another relevant professional e.g. medical, vision, mental health etc.</p> <p>Template referral letters can facilitate onward referral and have been provided in the SASC guidance for visual difficulties, other developmental conditions and ADHD. See www.sasc.org.uk Downloads.</p> <p>In the case of possible social communication /ASD/ mental health difficulties the assessor should describe in the report local routes to further professional assessment. In the case of ADHD, information about a route to specialist medical referral must be provided.</p>	
Sixth-form / Further Education / other Vocational Training	<ul style="list-style-type: none"> • Access arrangements recommendations following JCQ guidance (where applicable). • Recommendations for specialist teaching support. • Guidance for classroom teachers in supporting students with SpLDs. • Useful references and resources: literature, audio, web, app etc. • Use of assistive technologies. 	
Higher Education	<ul style="list-style-type: none"> • Examination arrangements recommendations, if applicable and bearing in mind that final decisions about examination arrangements lie with the institution the student attends. • If student is eligible, how to apply for the Disabled Student’s Allowance. • Recommendation for specialist teaching support. 	

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	<ul style="list-style-type: none"> • Recommendation for use of assistive technologies. • Reference to, if known, university-specific inclusive support, teaching and learning practices. • Advice regarding post-university / workplace support e.g. workplace needs assessments. • Useful references and resources: literature, audio, web, app etc. • Practice placement advice (if relevant)
Workplace	<ul style="list-style-type: none"> • See Additional Guidance
Personal recommendations	<p>Additionally, all assessments should include some personal recommendations 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>For example:</p> <ul style="list-style-type: none"> • Advice regarding a specific study skill issue • Subject – specific study strategies that can support students with SpLDs / all students. • Strategies for managing specific work tasks and /or more general work -related stresses. • Useful references and resources: literature, audio, web, app etc. • Acknowledgement of support / intervention / work or study environments suggested by the individual as being beneficial.
	<p>At the end of this section assessors might wish to sign and date the report again.</p>
Appendices	<i>Essential</i>
Appendix 1: Explanation of Statistical Terms	<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</i></p>

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		<p><i>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 a set of these descriptors as best fits the individual profile. Choose one of the tables below.</p>																																						
<p>Examples of Range Descriptors: Choose one of these as best fits the student profile</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 50%;">Standard Score</th> <th style="width: 50%;">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	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 50%;">Standard Score</th> <th style="width: 50%;">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
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<p>Appendix 2: Summary Table of Test</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. 																																						

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Results		<ul style="list-style-type: none"> • <i>Include subtest scores</i> • <i>Percentile scores are not mandatory</i> • <i>Confidence intervals are included to indicate test reliability</i>
Appendix 3: Definition(s) of SpLD(s) as applicable	1 page	<p>In identifying dyslexia, refer to a recognised and referenced definition. See SASC website for updated definitions of DCD/dyspraxia, dyscalculia and ADHD and a discussion of visual difficulties.</p>
Appendix 4: Test References and Descriptors	1-2 pages and no more than 2 pages	<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>
Appendix 5: Further References	1 page	<p><i>Optional</i></p> <p>Give details of any other references.</p>