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**Specific Learning Difficulties (SpLD) Assessment Standards Committee (SASC) Consultation Paper on the identification of and effective intervention for literacy difficulties in children and adults. Implications for the assessment of dyslexia.**

**April 2022**

**SHORT SUMMARY**

This **SHORT SUMMARY** and its accompanying **FULL** version have been produced and authored by SASC. SASC is indebted to members of a Working Group, established in January 2021, and to respondents in the second phase of this consultation (see below) who offered their time freely and whose contributions and varied perspectives have informed its content. The consultationpaper tries to strike a balance between a range of perspectives held by academics and practitioners in this field but it does not represent the views of all members of the Working Group, nor of every participant in the second consultation phase.

SASC is now embarking upon a third stage of consultation, inviting responses to the full paper via an **ONLINE SURVEY,** [**use this survey link**](https://www.surveymonkey.co.uk/r/7YHZLH9). The deadline for responses is **Friday 6th May 2022.**

This **SHORT SUMMARY** outlines the key messages and recommendations of the **FULL PAPER** which brings together, in detail, evidence to support the conclusions and recommendations made here. [**Both papers can be downloaded from the SASC website - use this link**](https://www.sasc.org.uk/Downloads.aspx)**.**

**What will this consultation paper be used for?**

In the light of the issues discussed and recommendations made following the consultation, from June 2022, SASC will be considering changes to guidance regarding the assessment of dyslexia. It will carry out an impact analysis on the potential effect of any proposed changes and recommendations, and their potential effect on a range of stakeholders. The paper will also be used as a basis for a SASC response to the March 2022 HM Government SEND Review Green Paper, ‘Right Support, Right Place, Right Time.’[[1]](#footnote-1)

In the meantime, SASC invites all interested individuals and organisations to respond to this consultation paper via the online survey. The consultation provides an opportunity to reflect on practice, discuss the issues and ideas covered in this paper and to explore what potential changes to working and assessment practices might be beneficial and why. Consultation responses will be analysed carefully and subsequent amendments may be made to this paper.

SASC welcomes ongoing dialogue and will endeavour to respond to all queries and comments regarding the purpose of the paper. Email: [sasc@sasc.org.uk](mailto:sasc@sasc.org.uk)

**Paper Summary: Key Messages**

* *All* children and adults struggling with literacy acquisitionrequire appropriate, targeted and state-funded assessment, intervention, monitoring, and resources.
* Some Individuals present with a developmental trajectory of highly *persistent* difficulty with literacy (reading, spelling and writing). Such individuals require intensive, ongoing and specialised interventions, especially in childhood and when the difficulties co-occur with other neurodevelopmental issues.
* A label such as **dyslexia** enables a common language for understanding, intervention and support for persistent literacy difficulties but, when used in practice, should be linked clearly to underlying assumptions and scientific evidence. It is an ongoing task to better define dyslexia and lay out criteria for its identification. A complex and, as yet not fully understood, interplay of genetic, biological, cognitive and environmental factors is implicated in dyslexia. It is not necessarily an *unchanging* condition and often co-occurs with other developmental conditions. The recognition that the causes of dyslexia are multifactorial and overlap with the causes of general reading difficulties presents challenges and invites critical enquiry.
* Underlying factors that can play a longer-term role in highly persistent literacy difficulties, such as weaknesses in phonological awareness, may also be implicated in more general or temporary literacy difficulties, as well as in other conditions such as developmental language disorder. Good assessment and intervention practice therefore embodies a hypothesis-testing approach: at what risk is an individual of a *longer-term* developmental difficulty? What factors suggest this longer term trajectory rather than a temporary delay in literacy acquisition, or difficulties attributable to alternative explanations?
* Specific interventions are required to support resilience and management of difficulties in individuals with persistent problems. The role of assessment practitioners as gatekeepers in access to resources would work better if there were nationally agreed, state-funded, coherent and transparent pathways to increasingly specialised and intensive assessments and interventions for individuals who experience persistent literacy (and other) developmental difficulties. The naming and labelling of persistent trajectories of neurodevelopmental difficulty such as dyslexia should be considered as part of the ongoing identification and support of learning needs, **not** act as a condition for the allocation of resources.
* Ideally, teams of professionals, sharing expertise, would collaborate on assessment and interventions for individuals with dyslexia, and in instances where there seem to be a range of co-occurring difficulties (developmental, psycho-social, or medical) which are contributing to a complex picture of need. Specialist teachers, who work closely with children and adults with dyslexia, are skilled in developing pedagogical tools and strategies for supporting individuals with persistent literacy difficulties and other neurodevelopmental difficulties. They can collaborate with their psychologist colleagues and help train classroom teachers and teaching assistants.
* Scientific exploration of the validity of the term dyslexia (and alternative labels) for developmental literacy and associated difficulties will continue. Further opportunities for academics, assessment practitioners, policy makers and resource managers to share knowledge, expertise and experience would be very welcome.

**IN THE FULL VERSION OF THE REPORT…**

There are four main sections. Each ends with a summary. Key policy recommendations are made at the end of **SECTION D**.

Throughout the four key sections of the full paper, the reader is signposted to critical questions **highlighted in green.** These are intended as reflection points and the paper does not always provide, in the text, a definitive answer to these questions. However, where possible or appropriate, it does present pertinent evidence, suggestions for assessment practice, and relevant recommendations.

**SECTION A** introduces the **RATIONALE** for the consultation paper:

* There is no doubt that dyslexia, as a diagnostic label, has achieved public visibility. This has not prevented and should not preclude continuing critical assessment of and enquiry into its scientific underpinnings and its usefulness as a diagnostic category.
* There are three key ‘drivers’ for the production of this consultation paper, i.e. variation in diagnostic practice, the role of assessors as gatekeepers in access to resources and general issues in labelling.
* Greater clarity and consistency in defining and identifying dyslexia supports public understanding, improves assessor confidence and enables clearer policy-making.

**SECTION B** provides a brief summary of recent thinking and **RESEARCH** regarding conceptualisations of dyslexia and criteria for its identification. The scientific underpinnings of a dynamic, dimensional model for understanding developmental difficulties, including dyslexia, is described. **A model for the assessment of dyslexia** is proposed, including a **definition and suggested criteria for identification**. There is a full discussion of key issues in the **use of labels**, such as dyslexia, in the assessment of reading, spelling and writing.

* Understanding ‘dyslexia’ as a developmental trajectory helps to focus attention on what is *specific* alongside what is *dimensional,* i.e. what mix of genetic, cognitive and environmental risk and resilience factors lead to typically presenting effects at any time-point. The label points to a range of cognitive difficulties that may be implicated in the development of literacy difficulties, as well as shared with other potential areas of learning difficulty, e.g. in mathematics difficulties, or in language disorders. In the presented model of risk **and** resilience, the concepts of probability and genetic diversity illustrate how multiple factors arising from the interaction of genes, the brain, cognition and environments, may accumulate to produce particular developmental trajectories which can be described as dyslexia. Caution needs to be exercised in presenting over-simplistic accounts of the potential influence of genetic, cognitive and environmental factors in explaining dyslexia.
* This model might require changes to recommended formats for diagnostic assessment, allowing for greater flexibility in test choice once the likelihood of particular trajectories has been established through diagnostic interview, the gathering of background information and baseline testing.
* A definition of dyslexia is presented and key identification criteria are outlined. Risk factors that may influence a dyslexic developmental trajectory include difficulties in phonological awareness and decoding skill, in auditory processing, in verbal short‐term memory and in rapid automatic naming. A range of environmental and health-related risk factors may also have a contributory role, e.g. visual difficulties and sensitivities, partial or temporary hearing loss etc. A resilience factor such as good verbal and oral vocabulary skills can act as a protective factor, helping to offset the impact of other cognitive and biological factors in the development of reading difficulties. While IQ/attainment discrepancy analysis in the identification of dyslexia is now largely rejected, critical questions remain about the notion and usefulness of the concept of ‘unexpectedness’ in the identification of dyslexia. This issue would benefit from further targeted research.
* Labels are sometimes rejected because developmental dyslexia is not a condition with a single clear cause and with clear boundaries. While we do not yet know enough about the precise mechanisms that give rise to the typical trajectories of dyslexia, and there is some variation in these trajectories, a common denominator in the profiles and life histories of those identified with dyslexia is persistent difficulties with literacy acquisition and fluency. A persistent and longer-term difficulty in reading fluency is most likely to be ***the*** key behavioural outcome of a dyslexic developmental trajectory, and may be accompanied by longer term problems in spelling accuracy and writing fluency, especially under timed conditions.
* In older children and adults, where underlying cognitive difficulties that influence dyslexia may also affect other aspects of learning, study and work, these will require investigation so that interventions can be tailored appropriately.
* Despite their drawbacks, labels continue to have a functional utility, acting as descriptive ‘short-cuts’ to enable conversations about factors that compromise learning and the allocation of resources to a problem. There are risks in abandoning or changing labels, particularly in resource allocation. Nevertheless, if we use labels we must interrogate the scientific criteria that underpin their use. This would be equally the case if another label, e.g. developmental literacy difficulty, or specific learning difficulty, was chosen. The concept of neurodiversity does not resolve all the problems associated with the attribution of labels, although it has great appeal to those who wish to challenge and resist the idea that any single label defines identity.
* One suggestion might be to acknowledge the use of broadly equivalentlabels, i.e. Developmental Dyslexia (DD) and Developmental Literacy Difficulty (DLTD). This would bring terminology into line with other recognised specific developmental difficulties, i.e. Developmental Coordination Disorder (DCD) and Developmental Language Disorder (DLD) and with some aspects of DSM-5 and ICD-11 revised definitions. It would also place the weight of identification in younger children around the central issue of the mechanisms surrounding the development of decoding and fluency problems in learning to read as well as other closely associated literacy issues such as spelling accuracy and writing fluency. Work would need to be done to ensure that alternative labels are accepted for Disabled Students’ Allowance applications.
* Time, and continuous lower- level assessment, such as provided in Assessment Through teaching (ATT) and Response To Intervention (RTI) frameworks, is required to ascertain whether or not literacy skill delays can be better explained by alternative, non-dyslexic developmental trajectories such as the temporary delays in the acquisition of literacy skills frequently associated with summer-born children. However, risks ‘accumulate to a diagnostic threshold’ (Snowling and Hulme 2020) and for children with persistent developmental profiles of literacy learning difficulty, there is also a need to ‘hypothesis-test’ i.e. to examine the risk, for any individual, of the potential need for longer-term support, more immediate and intensive interventions and a diagnostic label.
* For any individual, dyslexia may not always be experienced, at all points of development, as disabling, or only as disabling when appropriate interventions and support are not in place.

**SECTION C** discusses pragmatic **IMPLICATIONS FOR ASSESSMENT PRACTICE** of the model proposed in SECTION B.

* The pragmatic implications of this paper for assessment practice are explored in FAQs, covering labelling, the language of ‘risk’ and resilience’, discrepancy analysis, risk accumulation and thresholds for identification, interventions, and the use of the SASC Report Formats.
* Common medical, developmental, mental health, linguistic or socio-cultural issues reported or observed as possible areas of concern during assessment sessions, which may also need to be taken into account, are described. Examples are given of where onward referral to other specialist services may be required.

**SECTION D, CONTEXT AND POLICY**, looks at the broad **landscape of literacy difficulties** in the UK. It summarises the key political, structural and economic factors that influence access to assessment, intervention and support for literacy difficulties experienced by children and adults. This includes those identified with dyslexia/specific learning difficulties.

* Schools cannot compensate for all the material and socio-economic factors that may affect learning and reading readiness in young children. However, the educational system in many parts of the UK is not yet structured to ensure that far fewer children and adults experience the profound impact that lack of adequate literacy skill has on daily living, study and employment. Allstruggling readers require appropriate and targeted assessment, intervention, effective monitoring, and resources. With timely and sustained intervention, individuals have a greater chance of enjoying successful educational and occupational experiences and/or academic success. The current and inequitable ‘postcode lottery’ regarding state-funded access to assessment and support for those struggling with literacy acquisition, needs addressing.
* The most important interventions are those that narrow the attainment gap in reading and associated literacy skills between individuals with literacy difficulties and their peers. These interventions then need to go further, to foster enjoyment of literature and writing. At present, methods for reading instruction in schools tend to be based on research into typically developing children. In schools, there needs to be a greater focus on the range of ways in which non-typically developing children experience literacy instruction and learning, i.e. how factors such as the influence of heritable, biological, and cognitive risk factors for reading delay (e.g. in phonological awareness, processing speed, attentional and memory difficulties) interact with ‘environmental’ factors such as English’s complex orthography, and the type and timing of reading instruction, to compromise learning.
* All research confirms the vital importance of early and sustained assessment and intervention for those struggling with literacy acquisition. Despite, in schools, greater awareness of and provision for children with persistent literacy difficulties, the specific and longer-term needs of children with atypical developmental profiles in literacy acquisition, including those who may also experience co-occurring developmental difficulties, are often neglected. Timing and readiness are crucial to reading interventions but for many children, more specialist levels of assessment and intervention come too late. Progression needs to be much more carefully monitored and documented, so that children can consolidate their learning and information is passed on when children move within and between schools and education sectors.
* For many younger children with literacy difficulties, regular, light-touch, assessments and checks on progress can help establish and support changing needs over time. For others, there can come a point when it becomes clear that a more comprehensive, summative assessment may be useful to support longer term interventions. Such assessment should include attention to relevant aspects of the child’s developmental history and current literacy attainment, around which more personalised and tailored approaches to intervention can be focused.
* Labelling these difficulties, where there is evidence to do so, does have utility and validity. Labels such as dyslexia can act as a descriptive short-cut to enable appropriate management, support and adjustments for children who have significant problems that hinder everyday life and who are likely to require interventions into and/or through adulthood. There is little research evidence to confirm that the identification of children as dyslexic diverts resources away from other children with literacy difficulties in schools. There *is* an argument for avoiding the over-early application of diagnostic labels, but there is also a need to ensure that children at risk of dyslexia are not denied this identification and the access to future resources that it might facilitate, when evidence from assessment could support this identification.
* The Graduated Approach within the SEND Code of Practice is inconsistently applied and implemented. Good quality, state-funded, timely diagnostic assessment and targeted support for those with persisting and complex difficulties in literacy and other associated learning difficulties should be available at all levels of the education system and especially at primary school level. At present the most consistent and best funded intensive support for individuals identified with specific learning difficulties is at higher-educational level. While this is a welcome testament to the success of such provision, there is a relative paucity of resources and specialist support where it is most needed, i.e. at primary and secondary school level, and in the prison and young offender systems.
* To be most effective nationally, understanding the needs of children with specific literacy and other learning difficulties would need to be embedded in the Initial Teaching Training (ITT) Core Content Framework, or be a required post- ITT additional qualification for teachers working in early-years settings and primary schools. Under-use and employment of trained, specialist staff, including psychologists and specialist teacher assessors, and lack of specialist training in theory and practice in teaching reading and associated literacy skills within the core ITT content framework, is undermining efforts to upskill classroom teachers. A model of progressive specialisation of assessment, teaching and learning in addressing the needs of children with complex and persistent difficulties in literacy learning is required. Teachers should be more fully involved in ongoing literacy assessments at the early stages of learning to read but there is also an important place for more specialised, state-funded assessment where difficulties persist and/or are more complex.
* In Higher Education the provision of support through application for the Disabled Students’ Allowance (DSA) is dependent on the prior identification of a specific learning difficulty (at *any* age) and, implicitly[[2]](#footnote-2), as a ‘disability’. Provision of DSAs has successfully supported large numbers of students with specific learning difficulties, and research shows that examination arrangements can help to level the playing field, without giving an unfair advantage. However, the ‘disability’ label reinforces the unhelpful idea that dyslexia/specific literacy difficulties remain unchanging in their effects and in different contexts that place varying demands on an individual.
* Support for individuals with dyslexia in the workplace is driven by the Equality Act, and is better observed in organisations with larger numbers of employees and well-informed Human Resources departments. While there are some excellent projects, in the young offender and prison systems there is a lamentable lack of high-level specialist provision in assessment and in teaching literacy. Organisational problems within these institutions circumscribe the effectiveness of the schemes that do exist.

This section ends with **10 key** **recommendations** for ways in which progressive specialised assessments and interventions should be adopted to support individuals struggling with literacy acquisition, including those with more persistent and complex needs.

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| 1. **Identify the needs of children at greater risk of longer-term difficulties in literacy acquisition.** 2. **Implement a progressively more specialist plan for screening, assessment, teaching and learning for those who require additional and longer-term support in literacy acquisition i.e.**  * A new national strategy would set out plans for frequent light-touch but *diagnostic* re-assessment of learners struggling with literacy acquisition at regular time points between 4-9 years. * The KS1 Phonics Screening Check needs to be re-thought, moving it away from a pass/fail test, which encourages ‘teaching to the test’ towards the use of **diagnostic tools**, adding in an oral language and listening comprehension elements, to check readiness to read. This would alleviate pressure on teachers to ‘teach to the test’ and means that literacy instruction could be designed with the child’s needs in mind, not the test requirements. * The outcomes of this diagnostic test could then be used as an early indicator of those children who require additional and immediate intervention. It could be followed up with a similar teacher-led and designed assessment the following year and a plan for intervention integrated into whatever scheme the school uses for those children struggling with literacy acquisition. * Greater resource provision needs to be put into developing children’s oral vocabulary and communication skills. These skills also require monitoring at regular intervals to assess a child’s readiness for more formal reading instruction. However, if a child has good or very good oral vocabulary and articulation skills but is still struggling with the initial stages of alphabetic knowledge acquisition and sound-symbol mapping, other possible reasons for lack of progress must be investigated, with dyslexia considered as a possible explanation. * By 8/9 years old, any child still not showing signs of significant progress in literacy acquisition, despite standard interventions, should be more comprehensively assessed to ascertain the nature and level of their literacy difficulties. Both specialist teacher assessors and psychologists are qualified and experienced in carrying out these types of assessments and they are best done by practitioners employed or contracted by the schools they are working with. Intensive high level support and intervention will now be likely to be required. * At this stage there may or may not be sufficient evidence to attribute a diagnostic label, but the possibility of a further summative diagnostic assessment should be discussed with parents/carers and their views sought as to when this would best take place. There may be a case for further delaying this full assessment until the outcome of higher level interventions is known. However, the option of a state-funded diagnostic assessment carried out by an appropriately qualified psychologist or specialist teacher-assessor should be available.  1. **To avoid premature summative or diagnostic testing, inform a decision to commission / put in place a diagnostic assessment by one or more of the following factors:**  * Relative to age-expectations, the child‘s difficulties in reading accuracy, fluency and/or reading comprehension have been persisting or worsening for at least six months, despite appropriate, sustained and monitored interventions put in place. * A child appears to be able to sustain progress in literacy acquisition or academic progress in subjects heavily dependent upon literacy acquisition only with a high level of support and intervention. * A child is showing signs of distress and/or behavioural difficulties that appear to be linked to difficulties in literacy attainment. * A child’s difficulties in literacy contrast markedly with other aspects of their achievement profile. * A range of co-occurring difficulties (developmental, psycho-social, medical) is contributing to a complex picture of need, requiring specialist recommendations for intervention. * Other (non-developmental) explanations for persisting difficulties have been considered e.g. frequent school moves, frequent school absence due to ill-health, trauma, the impact of learning loss during the COVID 19 pandemic, inappropriate or inconsistent instruction/intervention strategies etc.  1. **Incorporate an understanding of the needs of late developers and more persistent ‘non-responders’ at both primary and secondary level into any new national strategy for teaching literacy.**      1. **Encourage specialist teacher-assessors and psychologists carrying out summative assessments to have a close working and collaborative relationship with the school attended by the child assessed and the teachers involved with the child.** 2. **Employ specialist teachers in schools to provide (and train others in) a range of techniques and strategies to harness the child’s interests, talents and abilities to re-engage with what is often an arduous reading process, to encourage a belief in their ability to write and to enjoy reading. There needs to be a significant boost to funding for specialist teaching and assessment services and professional training for teaching assistants and classroom teachers.** 3. **Develop the role of assistive technologies (ATs) in supporting children and adults with developmental reading and associated literacy difficulties.**      1. **For older children and adults with persisting and significant difficulties in literacy skills and in a range of cognitive processing, attention and /or memory skills, explore strategies to manage these difficulties.** 2. **Reconsider the evidence levels required for putting in place, for example, access arrangements in examinations and short-term study support at H.E. Level, as opposed to that required for funding for more intensive, longer-term study or other technological support for students with severe, persistent and complex dyslexia and other co-occurring neurodevelopmental difficulties.** 3. **Given the scale of the problem and the depth and complexity of literacy need outlined in the Ofsted and HM report into the Youth offender and prisons system in the UK, ensure highly specialised, intensively funded and sensitively and creatively delivered assessment, literacy and learning in these institutions.** |

**APPENDIX 1** lists **REFERENCES** and resources.

**APPENDIX 2** offers a brief summary of **POLICY AND PRACTICE DIFFERENCES ACROSS THE THREE DEVOLVED ADMINISTRATIONS** of the UK, Scotland, Wales and Northern Ireland.

**APPENDIX 3** provides a short summary of **QUALIFICATION PATHWAYS** for the assessment of dyslexia and associated specific learning difficulties in the UK.

**APPENDIX 4** lists **MEMBERS OF THE SASC WORKING GROUP**, and **SECONDARY PHASE CONSULTANTS** and will, in due course, give details of the number of people who participated in the third, survey based consultation phase.

**WORKING GROUP MEMBERS AND SECONDARY PHASE CONSULTANTS**

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| **Name** | **Main role / Title** |
| **Caroline Holden** | **Chair:** SASC Working Group 2021-22 Dyslexia and SpLDs.  Specialist teacher/assessor (retired)  SASC Vice-Chair and Assessment Issues Co-ordinator |
| **Gillian Ashley** | Chief Executive British Dyslexia Association (BDA). Board Member SASC |
| **Sarah Crawford** | Specialist Senior Educational Psychologist Warwickshire County Council |
| **Julian Elliott** | Professor & Principal of Collingwood College in the [School of Education](https://urldefense.com/v3/__https:/eur01.safelinks.protection.outlook.com/?url=https*3A*2F*2Fwww.dur.ac.uk*2Feducation*2F&data=04*7C01*7C*7C4f01b948c4a2433af71708d8e19069ea*7C1faf88fea9984c5b93c9210a11d9a5c2*7C0*7C0*7C637507357660605062*7CUnknown*7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0*3D*7C1000&sdata=kybqNa*2B6kpDWMsP3gYKPH2wsKiMAkWTdnEz4GGVzhcs*3D&reserved=0__;JSUlJSUlJSUlJSUlJSUlJSUl!!PhOWcWs!kzA0FL6dx7hNkmRkWl0ntj9Jv2FTFFtiqOPSS-JYW6hHRfm-9945P4PQGDTY-9gYfy0$),Durham University |
| **Vivian Hill** | Professor & Programme Director of Educational Psychology Training at University College London, Institute of Education. Chair of British Psychological Society (BPS) Division of Educational and Child Psychology. |
| **Nicola James** | Educational psychologist and founder of *Lexxic*  Board member SASC |
| **Brian Lamb** | Visiting Professor of Special Educational Needs and Disability, Derby University |
| **Brahm Norwich** | Professor of Educational Psychology and Special Educational Needs in the Graduate School of Education, University of Exeter |
| **Gavin Reid** | Independent educational psychologist and author. Chair BDA Accreditation Board |
| **John Stein** | Emeritus Professor of Physiology, University of Oxford |
| **Joel Talcott** | Professor of Developmental Cognitive Neuroscience, Aston Brain Centre, Aston University |
| **Richard Wagner** | Robert O. Lawton Distinguished Professor of Psychology, Associate Director, Florida Center for Reading Research, Department of Psychology, Florida State University |
| **Jo Ward** | District Senior Educational Psychologist Staffordshire County Council |
| **Jane Warren** | Former Senior Teaching Fellow, University of Southampton Education School, now freelance specialist teacher assessor and trainer. SASC Board member, representing the Association of Dyslexia Specialists in Higher Education (ADSHE) |

In a **secondary consultation phase**, February-March 2022, the following organisations and individuals were invited to comment on the initial draft of the Report. Responses were reviewed and an amended draft of the Report prepared.

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| **Anna Barnett** | Professor in Psychology, Centre for Psychological Research, Oxford Brookes University |
| **Karen Bartlett** | Learning Support Services Manager for West Berkshire Local Authority. Oversight of Advisory Services and support to the Specialist Resource Provisions attached to mainstream schools |
| **Dorothy Bishop** | Professor of Developmental Neuropsychology, University of Oxford. |
| **Lia Castiglione** | Head of Training at Communicate-ed, an educational training organisation, and an independent specialist teacher assessor. SASC Board member |
| **Kelly Challis** | on behalf ofThe Driver Youth Trust |
| **Dr Margaret Crombie** | Specialist teacher-assessor and member of the Cross Party Group of the Scottish Parliament on Dyslexia and is an honorary life member of Dyslexia Scotland |
| **Dr James Gilchrist** | Former academic in optometry & vision science, professional interest/expertise in vision, including role of vision in reading |
| **Dr Jenny Guise** | Practitioner Psychologist, a member of the HCPC, and holds a current APC. Founder and Director of Dysguise Ltd. Member of the Cross Party Group of the Scottish Parliament on Dyslexia and a member of the British Dyslexia Association Accreditation Board |
| **Anwen Jones** | Specialist Teacher Assessor |
| **Armande Fryatt** | Specialist teacher assessor. Member of STEC, SASC’s SpLD Test Evaluation Committee |
| **Lynn Greenwold OBE** | Chair SASC. Chair Professional Association of Teachers of Students with Specific Learning Difficulties PATOSS |
| **Katherine Kindersley** | Board member SASC**.** Director: Dyslexia Assessment and Consultancy |
| **Amanda Kirby** | EmeritusProfessor of Developmental Disorders at the University of South Wales, Newportand honorary Professor at the University of Cardiff |
| **Dr Philip Kirby** | Lecturer in Social Justice, School of Education, Communication and Society King’s College, London |
| **Pete Jarrett** | Chair of the BDA Dyscalculia Committee and member of the SASC working group on dyscalculia |
| **Linda Kerr, Anna Doherty, Basia McDougal, Briony Jenkins, Teresa Determann, Alan Waugh, Joan Caves, Jennie Guise, Lorna Harrison, Lis Johnstone, Heather Berrisford, Julie Ross, Heather Mair, Gerald McLaughlin** | all ofProfessional Assessors of SpLD in Scotland (PASS), who submitted a joint response |
| **Ros Lehany** | Director ADSHE Ltd (Association of Dyslexia Specialists in Higher Education). Partner Dyslexia Solutions LLP |
| **Mark Loveday** | Head of Service Chadsgrove School Support Services |
| **Dr Nancy Mather** | Associate Professor Disability and Psychoeducational Studies at the University of Arizona |
| **Jen McDermott** | Independent assessor. Board member SASC, representing the Professional Association of Teachers of Students with Specific Learning Difficulties (PATOSS) |
| **Cathy McGee** | CEO of Dyslexia Scotland |
| **Mike Gibson** | Education Advisor Dyslexia Scotland |
| **Anne McLoughlin** | Senior Lecturer Education, Dyslexia and Dyscalculia Course Leader,  Edge Hill University |
| **Rachael McMullen** | Board member SASC. Head of Dyslexia Support, Helen Arkell Charity |
| **Sally-Ann Morrison** | Praxis Educational Development and Assessment Services. Specialist SpLD Identification, Training and Support |
| **Dr Julie Ross** | SFHEA, AMBDA, ADSHE QA, PhD, PGDip Dyslexia and Literacy, Cert Ed, PGDip Sculpture, BA Hons |
| **Rachel Simpson** | Independent assessor. Chair of SASC’s SpLD Test Evaluation Committee (STEC) |
| **Maggie Snowling CBE, FBA, FMedSci** | President and Honorary Professor in the Department of Experimental Psychology, St John’s College, Oxford University |

This **third consultation phase**, in April 2022, will invite responses, via a questionnaire, from assessors and practitioners, including the SASC membership, relating to the preliminary draft of the Report. Final amendments will be made following this consultation and agreed by the SASC Board in May 2022.

1. <https://www.gov.uk/government/consultations/send-review-right-support-right-place-right-time> [↑](#footnote-ref-1)
2. This highlights the problem with support for specific learning difficulties in Higher Education being tied to DSAs. Although what counts as a disability is, in the final instance, a legal decision, to be in receipt of the DSA is, implicitly, to be defined as a ‘disabled student.’ [↑](#footnote-ref-2)