

## SASC - Formats for Pre and Post-16 Years Diagnostic Assessment Reports for Specific Learning Difficulties (SpLDs)

### ADDITIONAL GUIDANCE AND EXPLANATORY DETAIL

The **SASC report formats for pre and post - 16 years diagnostic assessment** contain basic guidance as to the content of each section of the report. This document provides, where necessary, additional clarification and explanation to aid assessors in using the report formats.

The overall response to the SASC consultation exercise in March 2019 was, in general, positive and encouraging. Following this consultation, some changes were made to the draft report formats in response to a number of questions and concerns raised by respondents. The additional comments and explanatory details below apply to the **final versions of the report formats**.

It should be emphasised that the pre and post 16 years formats for writing a full diagnostic assessment report do not preclude or exclude other types of assessment or assessment reporting for similar or related purposes used by a range of professionals working in or for schools, colleges, universities and in occupational settings. For example, educational psychologists and specialist teachers working in schools often carry out much shorter formative, reviewable assessments that may indicate areas for intervention and the purpose of these assessments is not necessarily to reach particular diagnostic conclusions. The acceptability of such assessments as a requirement for the allocation of resources for intervention (e.g. for literacy support) varies across the UK and is dependent on local decision making processes. There is, additionally, a detailed model, in schools and colleges, provided by the Joint Council for Qualifications (JCQ), for assessing students for additional adjustments in public examinations.

However, where a response to intervention is stalling or failing, where attainment levels in literacy and / or mathematics are unexpectedly low, where there is a strong familial history of specific learning difficulties, or where a parent, student or adult requests a full assessment for *suspected* specific learning difficulties, the SASC recommended pre and post 16 years formats for a **full diagnostic assessment** should be used. Full diagnostic assessment may not necessarily lead to the identification of a specific learning difficulty such as dyslexia: it may identify other explanations for difficulties experienced or may indicate the need for onward referral.

Where a SpLD is identified, **a full diagnostic assessment acts as a passport** to aspects of government funding and institutional, organisational and workplace support, sometimes over a lifetime and often during participation in training activities and in education where the impact of a SpLD may most keenly be felt, such as during a degree course in higher education. The Department for Education has changed its evidence requirements for applications for Disabled Students' Allowances (DSAs). From February 2019, for a student at any age, a diagnostic assessment

that meets SASC guidelines produced by a specialist teacher assessor *with a current Assessment Practicing Certificate (APC) at the time of assessment and/or Health Care Professions Council (HCPC) registration* will be accepted as evidence for an application for the Disabled Students' Allowance. With the advent of the removal of the age limit on the student's age at the time of diagnostic assessment, reports produced by holders of an APC will have a longer lifespan. This ruling makes it all the more important that the recommended formats for diagnostic assessment reports encourage consistent practice and safe, well-evidenced SpLD identification decisions.

Core Element	Suggested page length	Additional Guidance and explanatory detail
<b>Cover sheet</b>	1-2 pages	<p><b>CONFIDENTIALITY AND DATA PROTECTION</b></p> <p>The draft formats suggest that reports should be headed <b>Confidential Diagnostic Assessment Report</b> but assessors could also choose to embed the word <i>confidential</i> into the background of the page.</p> <p>Under the General Data Protection Regulations (GDPR), assessors or the organisations they work for, should be using a <b>privacy policy</b> with clients which covers how the law protects clients, how long personal data is kept, what data is used for, where to get copies of the data (e.g. assessment report), how to give and withdraw consent for the use of special personal information, how to contact the assessor, and how to complain. Data Protection law says that assessors can use personal information only if they have a proper reason to do so. For most information gathered as part of a diagnostic assessment, specific client consent is not required because assessors could not fulfil their <b>contract</b> to produce a diagnostic assessment report without it. However, some information is classified as <b>special personal information</b> <a href="https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/special-category-data/">https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/special-category-data/</a> and assessors require <b>consent</b> to hold and use this type of information where it is relevant to the production of the assessment report. Assessors should let clients know at the time of the assessment and before finalising the assessment report if there will be information of this type in the assessment report. The client has the right to withhold consent for this type of information to be included in the diagnostic assessment report. The only exception to this would be if information given suggested a</p>

		<p>risk to a child or vulnerable adult. If this was judged to be the case, the assessor would have a legal requirement to share this information with a statutory body e.g. social services.</p> <p>Practitioners will already have conducted a data protection impact assessment (DIPA) for the data they process, but if not or if collecting more information than formerly they may wish to carry one out. <a href="https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/accountability-and-governance/data-protection-impact-assessments/">https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/accountability-and-governance/data-protection-impact-assessments/</a></p> <p><b>Data protection statements on the cover sheet</b> (e.g. stating who the report will be shared with) are therefore <b>not</b> advised because these issues are best dealt with via a separate full data protection policy / privacy statement shared with and, if necessary, signed by the client / parent at the outset of the assessment.</p> <p><b>CONTACT DETAILS</b></p> <p>Assessors working in schools, colleges and universities may not wish to put their personal contact details on the report and may instead use their organisational address and contact details.</p> <p>Similarly, assessors working for an assessment agency, consultancy or other organisation will use the contact details of that organisation.</p> <p>Self-employed, independent practitioners must give their personal contact details in this section of the report.</p> <p>Assessor contact details should be placed on the front cover page or on the inside cover page.</p>
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<p><b>Contents Page</b> or other indication of structure of report</p>	1 page	<p>This is an <b>optional</b> component of the report in recognition that the use of a contents page may not be suitable for all reports. Where a contents page is not used it can be helpful to give some indication of the overall order and structure of the report.</p> <p>Assessors should ensure each page of the report is numbered.</p>
<p><b>Overview</b></p>	2-3 pages	<p>The <b>overview</b> section is intended to provide a potentially detachable synthesis of the report outcomes useful both to the child, parent, student and /or client and to organisations responsible for providing support and reasonable adjustments. <b>It is intended to fully replace the initial summary and final conclusion sections in older style reports, bringing key information together in one place in the report.</b> Following the SASC consultation exercise, the length of this section in the final report formats has been extended to <b>2-3 pages</b>, to provide, if necessary, the space to summarise more complex issues and / or highlight actions that require immediate attention. On rare occasions, where there are many complex factors involved in the assessment outcome, assessors may need to extend the overview beyond 3 pages but accessibility and readability should remain a priority.</p> <p>It is recommended that the overview section contains five sections: <b>Referral, Diagnostic Outcome, Profile, Impact</b> and <b>Key Recommendations</b>. The recommended order of these sections is different in the pre and post 16 draft formats to reflect the view that pre-16 years, models of assessment for support and intervention may take priority over reaching a diagnostic decision.</p> <p>Assessors may wish to use paragraphed sub-sections of an overview rather than the recommended sub- headings but, with the March 2019 DfE announcement that pre-16 reports may later be used as evidence for application for the Disabled Students' Allowance (DSA), it will be important to bear in</p>

		<p>mind that the purpose of the overview is not just for the person assessed but may also be used by schools, colleges, universities and other organisations providing adjustments and support.</p> <p><b>REFERRAL</b></p> <p>The reason for referral is briefly stated here as it provides the context for the assessment.</p> <p><b>DIAGNOSTIC OUTCOME</b></p> <p>In this section assessors may wish to support any diagnostic decision(s) reached with a short definition e.g. of dyslexia. Alternatively the reader could be referred to a fuller definition and explanation in <b>Appendix 3 – Definition(s) of SpLD(s)</b> as applicable.</p> <p>If no SpLD is identifiable this should be stated. The ‘diagnostic decision’ does not have to refer explicitly to a specific learning difficulty if there is insufficient evidence for this in the assessment. There may well be other explanations for difficulties experienced by the child / person assessed, which can be described. If necessary, suggestions can be made for non SpLD- specific support, individual management strategies and /or onward referral and investigation.</p> <p><b>PROFILE</b></p> <p>The profile section of the overview draws together <i>the evidence for</i> the outcomes and conclusions of the assessment by summarising key features of the developmental history, cognitive and attainment test outcomes and other qualitative diagnostic information relating to the child or person assessed, that support the conclusions or ‘diagnosis’ reached. This section requires a sensitive approach and careful choice of language used, balancing observed strengths with difficulties experienced, especially in the case of adults.</p>
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<p><b>Background Information</b></p>	<p>2-3 pages</p>	<p>The background information section of the report is an essential component of assessment. It provides the context for the assessment and prompts the assessor to explore areas to assess via testing and/or further questioning. It ensures that the causes of difficulties experienced are not better accounted for by any other medical, neurodevelopmental, psychological, educational, linguistic, cultural or social factors and experiences. It is therefore unlikely, even for a younger child, that this aspect of assessment can be covered and summarised in less than 2 pages of text, although there may be unusual assessment situations where background information is difficult to access. It is therefore the responsibility of assessors to provide as full a 'history' and context as possible. There are five sections of background information considered essential to all diagnostic assessments but a number of others that may or may not be relevant, depending on individual circumstances.</p>

		<p>For many older students and adults, the re-telling, in the assessment report, of a developmental, personal and educational history can be extremely important in enabling the person assessed to understand the trajectories that have contributed to the assessment decision. In the assessment of younger children, the same process is important for parents.</p> <p>What is reported should be <b>relevant to the diagnostic decision</b>. Information and unnecessary detail that might make the recipient of the report feel uncomfortable because it is intrusive, overly personal or based on supposition should not be included.</p>
<b>Test Conditions</b>	1-2 paragraphs	
<b>Main Body of Report</b>		<p>In the SASC consultation on the draft formats, strong views, <b>both for and against</b>, were expressed about the placement in the main body of the report, of the cognitive profile before the attainment and other sections of the report. There may be a particular situation where, in the light of the assessor's experience and the context of the assessment situation, an assessor chooses to reverse the order of the cognitive profile and attainment sections.</p> <p>In each of the three sections of the main body of the report, <b>cognitive profile, additional diagnostic evidence and information</b> and <b>attainment profile</b>, there is a greater emphasis on providing a series of <b>short, clear synopses</b> showing how and why key elements of test performance contribute to cognitive and attainment profiles that do or do not lead to the subsequent identification of the child, young or adult person assessed with a specific learning difficulty. The synopses must contribute to a consistent picture throughout the report. If there are unusual results or irregularities in any area, they must be explained. In older style reports, test performance was reported on a test-by-test basis. In the new formats, test performance is discussed area by area, e.g. tests of phonological awareness, tests of reading, tests of memory, tests of non-verbal ability etc. In relating test performance, the demands of tasks involved in the assessment can be briefly described, although test names and further details of each test administered will be given in the appendices. Performance should be related to a level descriptor and assessors may wish to note the standard score achieved in brackets. In addition to a</p>

		final overall table of test results in the appendix, some assessors may choose to use short summary data tables within each section or reported area (e.g. tests of reading) of the main body of the report.
<b>Cognitive profile</b>		See report formats
<b>Additional diagnostic evidence and information</b>		See report formats
<b>Attainment</b>		See report formats  <b>Reading and writing tests:</b> there is an increasing recognition that age-related norms for ‘typical’ reading and writing <i>speeds</i> can vary considerably according to the specific demands of the reading and writing task and different test standardisations. In particular, there are currently very few standardised measures of writing speed for adults and the available tests may focus more on aspects of legibility, copying and handwriting speed, than they do on the typical compositional and précis skills demanded in, for example, a higher education context. Typical higher level reading and writing skills and speeds are likely to differ according to the demands of the task. Assessors should take care to administer reading and writing tasks and tests that are appropriate both to the educational levels of the person assessed and to the difficulties being investigated. Where there is no standardised score to report, test outcomes and performance can be reported diagnostically.
<b>Confirmation of diagnostic decision</b>		This very short section of the report reaffirms the diagnostic outcome. It does not replace the conclusion section in older style reports but provides an ending to the assessment report that leads into further, more detailed recommendations for the child or adult assessed that have not already been described in the overview section. Assessors may wish to add an additional signature and date to the report at this point.



<p><b>Recommendations</b></p>	<p>Key recommendations given in the Overview section of the report need not be repeated in this section unless further detail or explanation is required. Recommendations must be tailored to the needs of the child, student or adult assessed and will vary from report to report. The sections of suggested areas of recommendations can be tailored or adapted as the assessor sees fit.</p> <p><b>Workplace recommendations (post 16 report format)</b></p> <p>Just as for those applying for DSA funding, where a student <b>study needs assessment</b> follows a full diagnostic assessment, in the workplace, it is usual practice for a <b>workplace needs assessment</b> to be organised for the employee, following the identification of a SpLD. Normally, the workplace needs assessment is conducted at the place of work and there would be a brief discussion with the line manager / HR and a detailed discussion with the employee. While arrangements do vary, it can be assumed that a workplace assessment should take place.</p> <p>In the diagnostic assessment, the assessor could usefully focus on recommendations tailored to the nature and type of the individual's work and the organisational processes involved in that work, e.g. recruitment arrangements, training, appraisals, promotion and job coaching relevant to the SpLD identified and the type of work undertaken etc. If the client has come forward for assessment privately, without the involvement of the employer, then the individual may choose not to have a workplace needs assessment. In this case, recommendations might be more detailed to give the employee a good idea of possible adjustments that might be made to take account of potential future as well as current workplace needs. If the assessor knows that the individual will be referred for the workplace needs assessment through Access to Work, rather than through the employer to a SpLD specialist, the recommendations might also be more detailed and specific.</p>
<p><b>Appendices</b></p>	<p>In general, assessors will create modifiable templates for this section and, once created, completion of this section of the report should not involve excessive time or work.</p>

	<p><b>Appendix 1: Explanation of Statistical Terms</b></p> <p><b>Qualitative range descriptors:</b> Assessors will note that different tests use different range descriptors to describe standardised scores or scores expressed as percentiles. For example a standardised score of 89 on some tests is described as a ‘below average’ score and on others as an ‘average’ score. Scores above 121 are described in some tests as ‘superior’ - ‘very superior’ and in others as ‘very high’ - ‘extremely high.’</p> <p>Qualitative range descriptors can help communicate test results in context for readers of the report who are not trained assessors, such as the person tested, parents/carers, or advisors. Qualitative descriptors are associated with specific standard scores ranges to describe their approximate distance from the mean. Many tests offer these descriptors as suggestions only (they are not evidence-based). In the SASC report format guidance, choosing one set of preferred range descriptors minimizes the potential for confusion when scores are reported from more than one test and test type. In general a diagnostic decision and the potential for the allocation of resources should never be based on a single standardised score but on the weight of converging evidence, qualitative and quantitative, from the assessment as a whole.</p> <p><b>Appendix 2: Summary Table of Test Results</b></p> <p>In addition to the Summary Table of Test Results, some assessors will also choose to include a graphic or visual chart of test results and this is acceptable. However, where many test scores are low a graphic display could be more visually off-putting to the person tested than a statistical table.</p> <p><b>Confidence Intervals</b></p> <p>Confidence intervals may be included to indicate test reliability. Confidence intervals cannot be used to compare test scores unless tests are co-normed.</p>
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	<p><b>Appendix 3: Definition(s) of SpLD(s) as applicable</b></p> <p>An appropriate definition, referenced to research / review evidence should be given. SASC /STEC is currently working on diagnostic criteria for a range of SpLDs and reviews of the latest research into definitions and models of SpLDs. This will be made available on the SASC website as soon as it is completed.</p> <p><b>Appendix 4: Explanation of Tests and Tasks (with references)</b></p> <p>It is important that assessors do not inadvertently disclose sensitive test details (e.g. the wording of test items) when reporting performance in assessment reports. Feigning or preparation/ practice effects in cases where examinees have detailed prior knowledge of test constructs can affect and sometimes invalidate assessment outcomes.</p> <p><b>Appendix 5: Other references, as applicable.</b></p>
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**SASC Format for Report Writing**  
Synthesises the evidence and identifies the impact for the individual

The OVERVIEW summarises the reason for referral, provides a profile of strengths and weaknesses, states a clear diagnostic decision, and makes key recommendations based on the evidence, background information and observations that inform the diagnostic conclusion. It triangulates the evidence and describes the impact for the individual.

DETAILED BACKGROUND INFORMATION provides the context

Informs areas to probe

Informs Conclusions

**COGNITIVE PROFILE**  
includes relevant quantitative data and appropriate comment on performance. **Areas:** verbal ability, nonverbal ability, working memory, processing speed, phonological processing.  
*Provides information on key aspects of the cognitive profile.*

**ADDITIONAL DIAGNOSTIC EVIDENCE AND INFORMATION**  
includes relevant quantitative and qualitative data and appropriate comment on performance.  
**Areas:** (as relevant): motor coordination, attention, visual difficulties.  
*Explores further areas which might be causing difficulties.*

**ATTAINMENT**  
includes relevant quantitative data and appropriate comment on performance.  
**Areas:** reading, spelling, writing and maths, if relevant.  
*Identifies impact of test results*

CONFIRMATION OF DIAGNOSTIC DECISION

RECOMMENDATIONS: SECTIONS FOR THE INDIVIDUAL IN THE CURRENT AND FUTURE CONTEXT, AS APPROPRIATE

DETAILED TECHNICAL APPENDICES