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**CONFIDENTIALDIAGNOSTIC ASSESSMENT REPORT**

|  |  |
| --- | --- |
| Name: | [NAME] |
| Date of Birth: | [DOB] |
| Date of Assessment: | [ASDATE] |
| Age at Assessment: | [AGE] |
| Address: | [ADDRESS] |
| University: | [UNIVERSITY] |
| Course: | [COURSE] |
| Course Year: | [CYEAR] |

The assessor and author of this report, Emma Jane Padamadan, GMBPsS, MSc, PGCPSE, APC SpLD:

* Is a qualified specialist teacher holding an approved qualification and a current Specific Learning Difficulties (SpLD) Assessment Practising Certificate.
* Certifies that this assessment has been conducted and the report written in accordance with the SpLD Assessment Standards Committee (SASC) current guidelines for diagnostic assessment and report writing.
* Has personally (i) administered in a confidential remote setting, (ii) scored and (iii) interpreted all the tests used in this assessment.

Graphical user interface, application, Word

Description automatically generated

Date: 11/10/2023 Signed

SpLD Qualification held, date of award and awarding institution: E801 PGCPSE, December 2006. Current Practising Certificate and issuing body: 50001164-IF5181.

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# [Overview](#_Overview)

This overview draws together the evidence for the outcomes and conclusions of [cNAME]’s assessment. Detailed information is given in the main body of the report and appendices.

## Referral

[cNAME] came forward for this assessment to gain an understanding of {HisHer} learning differences together with indicators of {HisHer} areas of strength. Additionally, [cNAME] wished to better understand {HisHer} profile of learning differences so that {HeShe} could develop more effective study strategies and access reasonable examination adjustments.This will enable [cNAME]’s University to make appropriate adjustments to support {HisHer} and for [cNAME]

to explore areas of support for identified specific learning differences that are provided by their university.

They described reported challenges as being(see BIQ)

[cNAME] should consider sharing elements of this report in order that future potential employers can make appropriate adjustments to support {HimHer}. [cNAME] may also consider applying for relevant funding for additional support in any future employment.

<https://www.gov.uk/access-to-work>

[cNAME] is nearing the end of her studies so referral for DSA support is not relevant here.

## Diagnostic Outcome

The reported background history together with the comprehensive interview and detailed exploration provides the evidence that [cNAME]Choose an item.This correlates with the full definition of Choose an item.provided in Appendix 3 of the main body of the report.

[cNAME] already has a diagnosis ofChoose an item.[cNAME] is Choose an item.

Onward referrals to explore difficulties with Choose an item.arerecommended.

## Profile

There is developmental history that is consistent with the findings of this assessment. [cNAME]gave {HisHer} strengths as:(See BIQ)

Characteristic of Choose an item.alongside the reported background history together with the comprehensive interview and detailed exploration conclude that[cNAME] showed Choose an item.Choose an item.as well as slower speeds of processing when recalling information.[cNAME] has both reported and demonstrated difficulty with the fluent application of literacy skills, an experience common to those with **Dyslexia**.

[cNAME]’s responses from both the *Adult Developmental Coordination Disorder/ Dyspraxia Checklist (ADC)* and the *Diagnostic Interviewfor DCD in Adults* identifiedorganisation and coordination difficulties characteristic of DCD as occurring throughout childhood and in adulthood.[cNAME] has difficulties with {HisHer} gross and fine motor skills. This affects {HimHer} in a number of significant ways including {HisHer} writing and typing accuracy and speed, which is indicative of **DCD (dyspraxia.)** This correlates with the full definition of DCD provided in Appendix 3 of the main body of the report.

The reported background history together with the comprehensive interview and [cNAME]’s responses to the *Diagnostic and Statistical Manual of Mental Disorders (DSM–5)* rating scale of ADHD items (using the *Diagnostic Interview for ADHD in Adults, DIVA5*), resulted in {HimHer} identifying Choose an item. of the nine attention deficit and Choose an item. of the nine hyperactive-impulsive characteristics as occurring both in childhood and as an adult. The reported symptoms are characteristic of Choose an item.This correlates with the full definition of ADHD provided in Appendix 3 of the main body of the report.

The reported background history together with the comprehensive interview and detailed exploration conclude that [cNAME] does not have a specific learning difficulty such as dyslexia. {HeShe} does, however, have some challenges that fit within the profile of social communication difficulties that may benefit from further exploration and support may be needed.

The reported background history together with the comprehensive interview and detailed exploration conclude that [cNAME] does not have a specific learning difficulty such as dyslexia. {HeShe} does, however, have some challenges can be attributed to English being an additional language for [cNAME].

The reported background history together with the comprehensive interview and detailed exploration conclude that [cNAME] has a specific learning difficulty-speed of processing.

[cNAME]’s**knowledge of words**(vocabulary) lays within the Choose an item.range.[cNAME] reported that they struggle with wordfinding difficulties in their current studies when expressing their thoughts and knowledge Choose an item.

When making connections between words and concepts (verbal reasoning)[cNAME] scored in theChoose an item.(Choose an item.).

When**making connections between words and concepts** (verbal reasoning) [cNAME] scored in theChoose an item.. However, this lower score is likely due to [cNAME]’s linguistic history and the fact that [cNAME] grew up in a population other than that of the population used in the standardised norms of this test. [cNAME] often ruminated on answers and reasoned that there could be many different answers to the stimuli provided. [cNAME] clearly has strong verbal abilities, and this was demonstrated in a test of vocabulary where [cNAME] gained a **-**Choose an item. score (Choose an item.).

[cNAME]’s **visual ability**(using logic, problem-solving and deduction to make connections between pictures and visual patterns) was within the Choose an item..

[cNAME]’s **working memory**(ability to maintain and manipulate information in active attention) was in the Choose an item.(Choose an item.).[cNAME]’s difficulties with working memory were evident when **Processing**(ability to control attention to perform, automatically, quickly and fluently, relatively simple repetitive cognitive tasks) in which their performance fell in the Choose an item..

A subset of working memory, [cNAME]’s **phonological memory** (ability to accurately identify, retain briefly, and repeat sequences of sound) was in theChoose an item..

[cNAME]’s **phonological awareness**(ability to accurately identify, discriminate between and manipulate the separate units of sounds in words, known as ‘phonemes’) was in the Choose an item..

[cNAME]’s reading efficiency fell in the Choose an item.., indicating that [cNAME]Choose an item.read words efficiently in a timed setting. This was reflected in [cNAME]’s Choose an item.

[cNAME] was very articulate throughout the assessment demonstrating strong general knowledge and critical thinking skills. [cNAME] found it challenging to link language and information (verbal reasoning) which was seen in {HisHer} performance during the Choose an item.reading tasks. [cNAME] found it challenging to comprehend text that was read aloud/ and silently.

## Impact

[cNAME]’s performance in some tests also showed that {HeShe} has vulnerabilities with verbal short-term memory, working memory, isolating sounds in words, putting sounds together to make a whole word and spelling. {HeShe} also displayed challenges with recalling everyday words from memory at speed and with accuracy. This is likely to impact {HisHer} literacy skills, and particularly with reading and writing in {HisHer} academic studies.

[cNAME] read lists of words and passages of text accurately. However, {HeShe} struggled to recall facts which, when combined with {HisHer} attentional difficulties, meant that {HeShe} found it hard to draw accurate, complete inferences from text. This mirrors [cNAME]’s comments about needing to re-read to absorb information from text; reading for meaning will be a demanding, time-consuming process for {HisHer}.

[cNAME] also reported difficulties with time management and organisation, in line with {HisHer} reported experiences of DCD.

[cNAME]’s written work had a pleasing tone; however, both {HisHer} handwritten and typed work were produced rather slowly, and {HisHer} ideas were not always presented in a logical order.This shows that {HisHer} concern about producing timely, legible work and being able to synthesise {HisHer} knowledge into succinct answers was well-founded and that academic writing will, at times, be frustrating for {HisHer}.

Choose an item.. It can be hard for tutors and peers to understand and appreciate how demanding, time-consuming, and tiring it is for a person with specific learning differences to work as expected unless there are appropriate adjustments in place. Learning differences can cause challenges with managing memory and organisational tasks which affects performance in the workplace, in examinations and everyday activities. However, whilst they are lifelong conditions, effective strategies can be put in place to support or help resolve areas of difficulty. [cNAME]’s specific learning differences have a long-term impact on her ability to carry out normal day-to-day work and study activities.

## Key Recommendations

* Examination Access arrangements to be considered include:
* An additional 25% extra time.
* Use of a laptop for word processing and access to assistive reading technology.
* Rest breaks/Movement breaks.
* The use of noise cancelling headphones to aid concentration should also be considered.
* Use of a separate room if practicable, or a smaller room with others.
* As [cNAME] needs to make corrections to {HisHer} work as {HeShe} is writing, it is recommended that {HeShe} is allowed to type when the format of the examination makes this appropriate in addition to {HisHer} extra time allowance. **(MAKE SURE THESE MATCH WITH FULLER RECOMMENDATIONS-Delete as appropriate)**
* [cNAME] should have access toChoose an item.**(MAKE SURE THESE MATCH WITH FULLER RECOMMS)**
* Specialist teachers and psychologists can assess for ADHD for the purpose of identification of specific learning difficulties and educational needs as advised by SASC. To be seen by a medical practitioner,[cNAME] would need a referral from their GP into the specialist medical services; alternatively, they would need to be seen in a private clinic where there are specialists in ADHD.
* It is recommended that [cNAME] seeks a visual assessment from a suitably qualified optometrist offering comprehensive assessment and management of problems involving binocular vision (accommodation and convergence) disorders, and visual stress, in addition to the standard sight test comprising refraction and ocular health assessment. More information can be found through the Institute of Optometry www.ioo.org.uk or the British Association of Behavioral Optometrists www.babo.co.uk.
* [cNAME] should use the read aloud function in MS word as this is an effective proofreading tool for {HisHer}.
* [cNAME] should explore the Government’s Access To Work gateway to look at possible sources of funding for workplace adjustments and support with gaining employment.
* Choose an item.
* [cNAME] should have access to specialist support in study for developing writing skills and helping {HisHer} to manage aspects of {HisHer} social communication difficulties that may be impacting on {HisHer} studies.
* Developing the use of assistive technology for reading passages to aid reading comprehension.
* It is recommended that [cNAME] applies for the Disabled Students’ Allowance (DSA) to support these further study needs. For details of DSA see www.gov.uk/disabled-students-allowances-dsas. The Disability Advisor at [cNAME]’s universitywill be able to advise about this process.
* It is recommended that [cNAME] explore study skills and academic writing support provided by their university.
* It is advised that [cNAME] shares the report with their Disability Advisor an

Fuller and further recommendations can be found on page XX.

Please note that any recommendations implemented for [cNAME]’s degree course will be at the discretion of the Higher Education Institution and Needs Assessor, working within the framework of the Equality Act 2010.

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Please note: The *Overview* section of the report can be detached to provide a concise summary of the full report.

# [Background Information](#_Background_Information)

A detailed background history was gathered to provide evidence of [cNAME]’s strengths as well as {HisHer} previous and current needs.

## Health and Developmental History

The Visual Difficulties Screening Protocol was implemented and [cNAME] displayed difficulties in this area. This is further explored in the ‘Additional Diagnostic Evidence and Information’ section of this report.

The Visual Difficulties Screening Protocol was implemented and [cNAME] did not show significant difficulties with visual disturbance were found on this occasion.

[cNAME] explained that {HisHer} last sight test was in January 2021 and that {HeShe} wears glasses for distance/close work.

[cNAME] explained that {HeShe} experiences difficulties with eye health (state condition) which affects {HisHer} ability to

[cNAME] reported that {HeShe} has experienced physical developmental difficulties inchildhood.

[cNAME] did not report any significant issues with physical development as a child.

[cNAME] explained that they struggled with attention and concentration issues in childhood.

[cNAME] reported speech and language difficulties in childhood

## Familial History of SpLD or other developmental conditions

[cNAME] reported that Choose an item.This is of interest to the assessor as SpLDs can be genetic in origin.It was reported that immediate family members have experienced difficulties in developing literacy or numeracy skills or have found formal learning challenging.

## Linguistic History

English is [cNAME]’s first language.

[cNAME] has lived in the United Kingdom since…. years old. English is {HisHer} main language. {HeShe} can also speak …. and responds in English in conversation.

## Education and Work History

[cNAME] reports that they found their experience of school to be school to be Choose an item.

[cNAME] stated that they enjoyed subjects. Theyreport that they did not enjoy . [cNAME] Choose an item. LIST .

[cNAME] gave examples of difficulties in the following areas related to attention in childhood hood:

* Failing to give close attention to details or making careless mistakes in schoolwork or other activities.
* Sustaining attention in school and play-related tasks.
* Often appearing as though they are not listening when others are speaking to them directly.
* Not following through on instructions or failing to finish chores and duties related to schoolwork.
* Finding it difficult to organise tasks and activities at home or at school.
* Avoidance of tasks that require sustained mental effort or a lot of concentration.
* Losing things that are necessary for tasks and activities at school.
* Often easily distracted at school.
* Being hyper-sensitive to their surrounds (distracted by noise and their immediate environment).
* Forgetful in daily activities

[cNAME] gave examples of difficulties in the following areas related to hyperactivity-impulsivity in childhood:

* Fidgeting during school lessons or when at home.
* Feeling restless.
* Leaving their seat in situations where it is expected that they remain seated.
* Often always 'on the go' or act as if driven by a motor.
* Talking excessively, distracting others or being known as a 'chatterbox'.
* Blurting out an answer before a question has been completed.
* Difficulty in waiting their turn (impatient), for example at playtime, in group or classroom activities.
* Interrupting or intruding on others.
* Engaging in leisure activities quietly.

Examples of where [cNAME] has had problems with these difficulties in childhood are:

* Education.
* Family.
* Making and maintaining friendships.
* Free time/hobby.
* Self-confidence/self-image.

## Current Situation

## Current Concerns with Literacy

## Planning and Organisational Ability

[cNAME] repots that they struggle with the following areas when planning and organising their academic schedule and when managing their time.

## Memory,Attention and Concentration

[cNAME] gave examples of difficulties in the following areas related to attention in adulthood:

* Failing to give close attention to details or making careless mistakes in work.
* Sustaining attention in tasks (academic, work and personal).
* Often appearing as though they are not listening when others are speaking to them directly.
* Not following through on instructions or failing to finish chores and duties relates to work and studies.
* Finding it difficult to organise tasks and activities.
* Avoidance of tasks that require sustained mental effort.
* Losing things that are necessary for tasks and activities at university, home and socially.
* Often easily distracted by extraneous stimuli.
* Forgetful in daily activities.

[cNAME] gave examples of difficulties in the following areas related to hyperactivity-impulsivity in adulthood:

* Fidgeting during lectures.
* Feeling restless.
* Leaving their seat in situations where it is expected that they remain seated.
* Often always 'on the go' or act as if driven by a motor.
* Talking excessively.
* Blurting out an answer before a question has been completed.
* Difficulty in waiting their turn (impatient).
* Interrupting or intruding on others.
* Engaging in leisure activities quietly.

Examples of where [cNAME] has had problems with these difficulties are:

* Work/education
* Relationships (personal and/or family)
* Making/maintaining social contacts
* Self-confidence/self-image

## Number, Estimation,Calculation

**Otherareas e.g., Social and communication skills/social interaction, spatial orientation, sensory issues, motor skills, mental health concerns (with permission of person assessed)**

[cNAME] reported that they are concerned about their social and communication skills, which they feel is impacting their experiences in social, academic and everyday settings.

[cNAME] reported the following challenges that they face regarding social and communication skills on a day to day basis:

* Finding it challenging to understand how other people are feeling in conversation
* Being bothered by textures and feelings on fabrics or person-to-person touch
* Finding it difficult to work and function in groups
* Finding it challenging to figure out what others expect of [cNAME]
* Struggling to know how to act in social situations
* Struggling to make ‘small talk’ or to chat with others
* Having to isolate themselves, when their sensesfeeloverwhelmed, to help ‘shut them down.’
* Finding socialising and making friends ‘a mystery.’
* Having to cover their ears to block out painful noises (like vacuum cleaners or people talking too much or too loudly).
* Finding it very hard to read someone’s face, hand, and body movements when talking.
* Focusing on details rather than the overall idea.
* Taking things too literally, so I often miss what people are trying to say.
* Becoming distressed or upset when the way I like to do things is suddenly changed.

## [Test Conditions](#_Test_Conditions)

The assessment took place online using a remote video platform; the internet connection was stable. Screen sharing was used to show some assessment tasks to [cNAME]; this meant that all the tasks could be undertaken with no substantial variation to the standardisation instructions. Both the assessor and [cNAME] worked in quiet, private rooms, ensuring that they would not be interrupted, and written work was photographed and sent electronically to the assessor upon completion. They wore their glasses during the assessment.

The meeting took around Choose an item.hours,which allowed time to investigate [cNAME]’s learning differences, as well as to discuss the findings and recommendations that could be made. [cNAME] contributed willingly to the discussions and worked with determination throughout the assessment. The results of this assessment are considered to be a true and balanced reflection of {HisHer} abilities and challenges.

**Main Body of Report**

# [Cognitive Profile](#_Cognitive_Profile)

## Tests of Ability and Reasoning

## Verbal ability

These verbal tasks measure receptive as well as expressive language skills and assess the development of language, vocabulary, verbal reasoning and general knowledge. Verbal ability is assessed with two subtests.

As [cNAME]’s two verbal scores were similar, it was possible to calculate a combined *Verbal Ability* score that fell in the Choose an item.(Choose an item.).

As [cNAME]’s verbal scores had a significant discrepancy, it was not possible to calculate a combined *Verbal Ability* score on this occasion.

First, [cNAME] was asked to complete sentences by making connections and links between words and concepts. [cNAME]’s score was within theChoose an item.(Choose an item.)

[cNAME] was asked to verbally define a word to measure {HisHer} knowledge of words. {HeShe} scored (Choose an item.), falling in the Choose an item..

The results of these tasks would indicate that [cNAME] finds it challenging to link language and information despite having access to a competent/exemplary vocabulary knowledge.

*Given [cNAME]’s previous academic performance, it is important to consider {HisHer} scores on these tasks carefully. In both cases, {HisHer} scores may well have been reduced by {HisHer} difficulty in giving succinct explanations, which has been given in background information.*

## Visual/non-verbal ability

This timed task assesses the ability to scan and analyse visual information as well as to apply logic and reasoning when solving nonverbal problems by selecting a visual item to continue the presented sequence or pattern. {HisHer} score fell in the Choose an item.(Choose an item.). This would indicate that [cNAME] is competent/highly able when completing visual sequential problem-solving tasks. **(ASSESSOR TO ADD OWN COMMENTS AS REQUIRED)**

This would indicate that [cNAME] struggles to complete visual-sequential problem solving tasks. **(ASSESSOR TO ADD OWN COMMENTS AS REQUIRED)**

## Working Memory

Working memory (the ability to maintain and manipulate information in active attention) was assessed using a series of subtests. A pro-rated composite score was calculated because it was not possible to complete one of the subtests when assessing virtually. [cNAME] scored in the Choose an item.(Choose an item.).[cNAME] was asked to listen to, remember and repeat verbal sequences of digits and letters. [cNAME] was also required to hold onto sequences of digits or letters in order to say them in reverse order.[cNAME]Choose an item.[cNAME] applied great effort to the tasks presented in this battery of assessment. **(PLEASE ADD OTHER OBSERVATIONS FOR EXAMPLE, TIREDNESS/FATIGUE, STUDENT FEELING UNWELL).**

[cNAME] also completed some tasks that assessed {HisHer} phonological memory (the ability to accurately identify, retain briefly, and repeat sequences of sound). The first test was on the ability to repeat numbers and {HeShe} performed in the Choose an item.(Choose an item.). The second task was on the ability to repeat sequences of sounds and [cNAME] performed in the Choose an item.(Choose an item.).

The two tests were combined to give a [cNAME] composite score of Choose an item., falling in theChoose an item.. [cNAME] may have difficulty following instructions and what is being taught if there is a reliance on verbal information. When [cNAME] can only hear information, learning becomes challenging as {HeShe} has to rely upon {HisHer} short-term auditory memory. This will be tiring and so using visualisation strategies and {HisHer} strengths will greatly support {HisHer}.

Working memory skills are important in a wide range of activities commonly performed in a normal day. They play a significant part in most ‘multi-tasking’ activities, such as reading comprehension, note-taking, structuring ideas in written composition, recalling information from presentations or contributing quickly to discussion.Vulnerabilities in working memory are a common characteristic seen in people with specific learning differences such as Choose an item.

## Phonological Awareness

[cNAME] was asked to complete three phonological awareness tasks to assess {HisHer} ability to accurately identify, discriminate between and manipulate the separate units of sounds in words, known as ‘phonemes’. These included segmenting and removing sounds from words, putting together spoken sounds to make words and identifying individual sounds within a word. [cNAME] performed well in tasks that Choose an item.[cNAME]’s overall phonological awareness score fell in the Choose an item.( Choose an item.). [cNAME] found it most difficult to Choose an item.

A further two subtests were administered to explore [cNAME]’s ability further. The additional two subtests look at the ability to blend sounds to make a made up word. The second test is on the ability to separate sounds within made up words. [cNAME]’s overall alternate phonological awareness score fell in the Choose an item.(Choose an item.). [cNAME] performed better in the tasks that required {HisHer}Choose an item.

The composite score from the phonological awareness and alternate phonological awareness tasks would indicate that whilst [cNAME] is able to segment, blend and identify sounds in whole words, they struggle to recognise sounds when the target word is not familiar to them. This would suggest that [cNAME] uses their visual strengths to support phonological processing.

## Processing Speed

Processingspeed (theability tocontrolattention toperform,automatically, quickly andfluently, relatively simplerepetitivecognitivetasks) was assessed by determining [cNAME]’s rapid symbolic naming (the ability to retrieve well-known phonological responses fluently from long-term memory in response to a visual stimulus). [cNAME] was asked to retrieve the ‘name’ of a number or letter and translate them into spoken wordunder timed conditions. [cNAME]’s overall rapid symbolic naming performance fell in the Choose an item.(Choose an item.). [cNAME]’s performance in this task would indicate that they find it challenging to recall overlearnt information at speed.

The efficient processing of small units of sound and the recall of information are recognised as being important for the development of fluent reading and spelling skills. [cNAME]’s difficulties in these areas, particularly with {HisHer} visual short-term memory, are characteristic of Choose an item.

# Additional Diagnostic Evidence and Information

### [Developmental Coordination Disorder (DCD)/Dyspraxia](#_Developmental_Coordination_Disorder)

‘Developmental Coordination Disorder (DCD), **also** known as Dyspraxia in the UK, is a common disorder affecting fine or gross motor coordination in children and adults. There may be a range of co-occurring difficulties … [including] social and emotional difficulties as well as problems with time management, planning and personal organisation.’

*SASC Guidance on the assessment and identification of the characteristics of*

*Developmental Coordination Disorder/Dyspraxia March 2021*

DCD/Dyspraxia affects fine and/or gross motor coordination and individuals will vary in how their difficulties present. The difficulties may change over time dependent on lifestyle and experiences. To obtain an understanding of how [cNAME]’s reported coordination and organisational problems affected {HisHer}, {HeShe} was asked questions from both the *Adult Developmental Coordination Disorder/ Dyspraxia Checklist (ADC)* and the *Diagnostic Interviewfor DCD in Adults*.

From the *Adult Developmental Coordination Disorder/ Dyspraxia Checklist (ADC)*, [cNAME]’s total score on the Adult Checklist was 1. [cNAME] scored Choose an item. in childhood and Choose an item.in adulthood. The reported difficulties are clear indications of DCD.

For the *Adult Developmental Coordination Disorder/ Dyspraxia Checklist (ADC)* and the *Diagnostic Interviewfor DCD in Adults*. [cNAME] reported the following:

[cNAME] noted that in childhood, {HeShe} identified the following areas related to fine motor skills as challenging:

* Using construction toys or toys with small parts
* Recording information in class
* Changing for games
* Legibility of written work, resulting in comments from teachers and parents
* Using cutlery, spilling food, and drinking without getting messy.
* Taking notes or copying from the board in class without error
* Using scissors, rulers and cutlery or chopsticks
* Difficulty with painting, colouring and jigsaws
* Others commenting about the quality of handwriting and legibility

When reviewing {HisHer}/their gross motor skills development, [cNAME] explained that {HeShe} struggled with:

* Choice of sports chosen in and out of school: COMMENT including sports avoided and why
* Playing team games in primary and secondary school: COMMENT
* Learning to ride a bike:
* Using climbing equipment at the park
* Comments from others regarding their running style as a child: COMMENT
* Difficulty playing ball games: COMMENT
* Taking part in sporting events at school: COMMENT
* Tripping and falling: COMMENT (i.e. sports injuries or other injuries due to poor depth perception etc)

These motor difficultiesimpacted [cNAME] in participation of a range of activities in childhood:

* Avoidance of specific activities in school: LIST
* Participating in playground games: LIST
* Avoidance of club’s and activities after school
* Swimming COMMENT

These motor difficulties impacted [cNAME] in their childhood in the following ways:

* Feeling different from others
* Social difficulties resulting in bullying
* Feeling isolated
* Having one or two friends in primary and or secondary school COMMENT
* Weight gain in childhood due to difficulties with participation in games due to coordination difficulties
* Feeling tired or fatigued due to challengeswith coordination

As an adult, [cNAME] explained that the greatest challenges that they face of a day-to-day basis related to coordination challenges (gross/fine motor) are:

* Note taking in lectures
* Organisation of information and thoughts: COMMENT
* Maintaining a self-care regime
* Time management
* Money management
* Household tasks requiring good coordination: COMMENT
* Tripping and falling: COMMENT
* Driving
* Directions and finding their way around a new place
* Avoiding social situations
* Avoiding team sports and undertaking more solitary pursuits
* Learning new work related tasks
* Being described by others as ‘clumsy.’
* Diminished sense of independence as has to rely on others to carry out motor tasks (ironing, DIY)

The assessment evidence shows that [cNAME]’s DCD affects {HisHer} motor skills as well as the organisation and coordination of information.

### [Attention Deficit Hyperactivity Disorder (ADHD)](#_Attention_Deficit_Hyperactivity)

*‘*Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder that is characterised by a persistent pattern of inattention or hyperactivity/impulsivity that interferes with normal functioning or development; is present in multiple settings (e.g., home, education, social life, work); symptoms interfere with, or reduce the quality of social, emotional, academic or occupational functioning.’

*SASC Guidance on the assessment and identification of the characteristics of an*

*Attention Deficit Hyperactivity Disorder (ADHD) (June 2021)*

[cNAME] explained that {HeShe} has difficulties with concentration and with attention. As a result, {HeShe} was screened for characteristics of ADHD using the *DIVA-5* (Diagnostic Interview for ADHD in Adults). This explores each of the diagnostic criteria identified by the *DSM-5* that characterise the inattentive, hyperactive and impulsive behaviours that can be seen in people with ADHD; these are looked at in terms of how the person may be affected both in childhood and at present and across a wide range of life experiences.

[cNAME] recognised that {HeShe} experienced Choose an item. out of nine characteristics related to inattention, both as a child and as an adult; {HeShe} was able to explain how these behaviours impacted {HisHer} life in education, at work and {HisHer} leisure time. {HeShe} also reported Choose an item.out of nine characteristics related to hyperactivity and impulsivity, both as a child and as an adult with examples of how these impacted {HisHer}. This shows [cNAME] has experienced Choose an item.throughouther lifespan.

It should be noted that specialist teachers and psychologists can screen for ADHD to identify specific learning difficulties and educational needs as advised by SASC. However, this process does not provide a medical diagnosis; for this, [cNAME] would need to be seen by a specialist medical practitioner. Further information about this as well as suggestions for living with and studying more effectively with ADHD are given in the Recommendations section.

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### [Visual Disturbance](#_Visual_Disturbance)

Visual disturbance is a condition that is not often identified in standard eye tests, but it can cause physical discomfort when reading and can result in skipping words. [cNAME] completed the *Visual Difficulties Screening Protocol;* {HeShe}Choose an item.**(Please delete as per responses from the background information questionnaire)**

* {HeShe} gets headaches.
* {HisHer} eyes feel sore, gritty or watery.
* {HeShe} feels tired or sleepy.
* {HeShe} becomes restless, fidgety or distracted.
* {HeShe} becomes less comfortable the longer {HeShe} reads.
* {HeShe} prefers dim light to brighter light.
* White paper seems too bright or glaring.
* Patterns form between the words on white pages.
* Print shimmers or appears coloured.
* Print appears to jitter or move on the page.
* {HeShe} screws up {HisHer} eyes.
* {HeShe} rubs {HisHer} eyes to relieve the strain.
* {HeShe} moves {HisHer} eyes around or blinks to keep text clear.
* {HeShe} uses a marker or {HisHer}finger to stop {HimHer} from losing {HisHer} place.
* {HeShe} covers or closes one eye.
* Loses {HisHer} place.
* {HeShe} re-reads or skips words or lines.
* Text appears blurred or goes in and out of focus.
* Objects in the distance appear more blurred after {HeShe} has been reading.
* Words, page or book appear double.

Due to {HisHer} reported difficulties, it is recommended that [cNAME] seeks a visual assessment from a suitably qualified optometrist offering comprehensive assessment and management of problems involving binocular vision (accommodation and convergence) disorders, and visual stress, in addition to the standard sight test comprising refraction and ocular health assessment. More information can be found through the Institute of Optometry www.ioo.org.uk or the British Association of Behavioural Optometrists www.babo.co.uk. (**Delete if very few symptoms)**

# [Attainment](#_Attainment)

## Reading

## Reading Accuracy

[cNAME] read words that were part of {HisHer} vocabulary from a list of words that became increasingly more complex. [cNAME]’s performance in this task fell in the Choose an item.(Choose an item.). [cNAME] approached the task . This would indicate that .

**(PLEASE ADD OBSERVATIONS REGARDING HOW STUDENT APPROACHED THIS TASK AND MEWTHODS USED – CHINKING, SOUNDING OUT, VISUALISATION, ‘AIR WRITING’, FOR EXAMPLE)**

## Reading Efficiency

[cNAME] was then administered two further tests to assess {HisHer} reading abilities: a test of sight word and nonword reading. Both types of word reading skills are required for efficient text reading.

The first test involved reading a list of common words under time pressure and assessed the speed and fluency (efficiency) of reading everyday vocabulary. [cNAME]’S score was Choose an item., falling in the Choose an item.. This would indicate that **(ADD COMMENT).**[cNAME] approached the task.

The second test involved the timed reading of nonwords, which requires the use of phonemic decoding strategies (such as, using the sounds of letters and spelling patterns to identify unfamiliar words). [cNAME]’s score fell in the Choose an item.(Choose an item.), indicating that **(ADD COMMENT).**

## Reading Comprehension

[cNAME] read a passage of continuous text aloud at an oral reading speed of words per minute. When asked to summarise the passage from memory, [cNAME]Choose an item.. Their reading pace was Choose an item.and they read with Choose an item.. [cNAME] approached the task with Choose an item.. This reflective of [cNAME]’s self-reported experiences with reading comprehension in their background information.

When reading other passages silently, [cNAME] read at a Choose an item. silent reading speed of ---words per minute.As [cNAME] progressed through the silent reading comprehension task, [cNAME]Choose an item. recall Choose an item.information from the text. This would indicate that [cNAME]**(Please comment)**

[cNAME]’s silent reading comprehension was in the Choose an item..

Both reading comprehension tasks showed the Choose an item.[cNAME] had in gaining a full appreciation of the material that {HeShe} read, Choose an item.

The impact of {HisHer} working memory vulnerability was evident. This will mean that when [cNAME] has to read and remember material, {HeShe} will find it hard to gain a full understanding within a reasonable time frame. These barriers to efficient reading are commonly experienced by people who have dyslexia.

## Spelling

[cNAME] was also asked to write a list of words that were more simple, everyday words and then progressed to more complex, less familiar words. [cNAME]’s performance fell in the Choose an item.range (Choose an item.). This would suggest that [cNAME]**(NOTE to assessor: Please comment on candidate performance in this task)**

## Writing and Typing

[cNAME] was asked to choose a topic to handwrite and type about for fifteen minutes; {HeShe} chose to write about {HisHer} course.

**NOTE to assessor: Please comment on the following-list not exhaustive:**

* **Written work - Grip type**
* **Written and Typed - Grammar/sentence complexity/coherence/vocabulary/spelling accuracy/writing and typing speed/legibility.**
* **Sensitively identify areas that might benefit from specific support.**
* **Copying task (if used to refer to motor skills and process of composition)**

# [Confirmation of Diagnostic Decision](#_Confirmation_of_Diagnostic)

[cNAME]’s performance across the range of testing activities reveals that {HeShe} has relative strengths in underlying ability, word reading, spelling, speed of processing information, reading comprehension, speed of writing, speed of reading, grammatical accuracy, legibility, reading speed and fluidity, phonological processing, working memory, short term working memory **(PLEASE DELETE AS NECESSARY AND ADD TO THIS LIST-NOT EXHAUSTIVE).**[cNAME] displayed vulnerabilities with underlying ability, word reading, spelling, speed of processing information, reading comprehension, speed of writing, speed of reading, grammatical accuracy, legibility, reading speed and fluidity, phonological processing, working memory, short term working memory **(PLEASE DELETE AS NECESSARY AND ADD TO THIS LIST-NOT EXHAUSTIVE)** {HeShe} also displayed challenges with**(PLEASE REPORT)**. The reported background history and the findings of the assessment also reveal a clear profile of dyslexia. {HeShe} showed characteristics of combined ADHD/ADHD Inattentive symptoms throughout {HisHer} lifespan. [cNAME] reported and displayed coordination and organisation challenges throughout {HisHer} lifetime in relation to DCD. It is common for these conditions to co-exist and in some areas to overlap in their manifestations. Please see Appendix 3 for the definition ofChoose an item..

The combination of these weaknesses had a notable impact on {HisHer} performance. When [cNAME] had to use these skills in a multitasking activity, such as reading and remembering what {HeShe} read or writing {HisHer} ideas down in writing, {HisHer} difficulties in sustaining these areas of processing simultaneously were evident.

However, [cNAME] should take encouragement from the fact that despite {HisHer} challenges, {HeShe} has strengths and tackled each task with {HisHer} best efforts. I hope that this assessment will help {HisHer} gain the adjustments and support {HeShe} needs for {HisHer} studies to take {HisHer} forward with success.

# [Recommendations](#_Recommendations)

## Onward Referral

Specialist teachers and psychologists can screen for ADHD for the purpose of identification of specific learning difficulties and educational needs as advised by SASC. (www.sasc.org.uk).  This assessment cannot provide a medical diagnosis. For this, you would need a referral from yourGP for anNHS ADHD assessment.Alternatively, you would need to be seen in a private clinic where there are specialists in ADHD.

An onward referral is recommended to [cNAME]’s General Practitioner to further discuss social & communication difficulties observed and information gathered during this assessment process.

It is recommended that [cNAME] seeks a visual assessment from a suitably qualified optometrist offering comprehensive assessment and management of problems involving binocular vision (accommodation and convergence) disorders, and visual stress, in addition to the standard sight test comprising refraction and ocular health assessment. More information can be found through the Institute of Optometry www.ioo.org.uk or the British Association of Behavioural Optometrists www.babo.co.uk.

## Higher Education

Please bear in mind that final decisions about examination arrangements lie with the institution. [cNAME] should contact {HisHer} **the Disability Advisor**at their University to discuss this report and the recommendations made.

The following adjustments are recommended, but if there are professional competencies required by those in the medical professions it may mean that they are not always possible. **(NOTE to assessor: delete this paragraph if not a medical profession)**

* Examination Access arrangements to be considered include:
* An additional 25% extra time.
* Use of a laptop for word processing and access to assistive reading technology.
* Rest breaks/Movement breaks.
* the use of noise cancelling headphones to aid concentration should also be considered.
* Use of a separate room if practicable, or a smaller room with others.
* As [cNAME] needs to make corrections to {HisHer} work as {HeShe} is writing, it is recommended that {HeShe} is allowed to type when the format of the examination makes this appropriate in addition to {HisHer} extra time allowance.

**NOTE to assessor: (MAKE SURE THESE MATCH WITH KEY RECOMMS in the overview section)**

* Despite taking time to proofread {HisHer} work carefully, [cNAME] is aware that small errors can remain. Therefore, in all assessed work, examinations and coursework, it is recommended that [cNAME] is not penalised for errors in spelling and writing where these do not interfere with the communication or the assessment criteria.
* [cNAME] should make an application for the Disabled Students’ Allowance (DSA) to fund some of {HisHer} study support needs such as individual specialist tutor support as well as items of equipment and software or consumables. {HisHer} Disability Advisor will be able to guide {HisHer} in making this application. The DSA would also fund the Needs Assessment where {HisHer} specific requirements will be discussed. Further details about the DSA are available at [www.gov.uk/disabled-students-allowances-dsas](http://www.gov.uk/disabled-students-allowances-dsas).
* [cNAME] would benefit from sessions with a Choose an item.. The content of these sessions would be negotiated but the focus could usefully be on the following:
* Devising more active reading strategies – this will help {HisHer} to be more focused and to identify important details in the material as well as to remember information more effectively.
* Building an academic word list for new vocabulary
* Looking at ways that {HeShe} can work more effectively in multiple-choice examinations.
* Reviewing how {HeShe} currently proofreads {HisHer} work and creating new approaches that will help {HisHer} to avoid making mistakes.
* Exploring ways of maintaining attention and focus.
* Discussing the effect of {HisHer} specific learning differences on {HisHer} life and any choices that {HeShe} might make in the future.
* It is recommended that [cNAME] explore study skills and academic writing support provided by [cNAME]’s university.
* Being provided with reading lists and lecture notes in advance would give [cNAME] more time to read and assimilate information as well as to prepare for and to focus in lectures.
* As far as possible, [cNAME] should be permitted to record spoken information for {HisHer} personal use, such as in tutorials, seminars and lectures not recorded by the University.
* [cNAME]would find it helpful to share the results of this assessment with {HisHer} tutors as they would then be in a better position to support {HisHer} needs.

## Assistive Software and Technology

Assistive technology is discussed as part of a Needs Assessment, but the following software could be helpful:

* Speech to text software could help [cNAME] draft written work [How to use Dictation & voice commands in Microsoft Word](https://www.youtube.com/watch?v=2zfnWTSObfc)
* *Microsoft Immersive Reader* is a free interactive reading tool designed to help students improve their reading, comprehension, and grammar skills [What is Immersive Reader?](https://www.youtube.com/watch?v=wHJJCLV-DNg&t=32s)
* Noise cancelling headphones would aid concentration.
* [*Grammarly*](https://www.grammarly.com/) or [Microsoft Editor](https://www.microsoft.com/en-gb/microsoft-365/microsoft-editor?activetab=tabs%3afaqheaderregion3) can be used to check spelling and grammar.
* [MyStudyBar](https://www.eduapps.org/mystudybar/) brings together a range of useful tools to support studying, reading and writing for Windows PCs. It includes tools for mind mapping, customising font and background colours, a talking dictionary, converting text to audio and speech recognition.
* [Wordweb](https://wordweb.info/free/) is a one-click English thesaurus and dictionary that can look up words in almost any programme.
* Mindmapping can help with planning written work [Mind Mapping with Tony Buzan](http://www.youtube.com/watch?v=MlabrWv25qQ).
* [*OneNote*](https://www.microsoft.com/en-gb/microsoft-365/onenote/digital-note-taking-app) *i*s an app to capture notes, lists, photos and audio.
* A digital voice recorder would allow [cNAME] to record and listen back to information. There are many free or affordable audio notes apps available on iPhone or Android mobiles such as [EasyVoiceRecorder](https://play.google.com/store/apps/details?id=com.coffeebeanventures.easyvoicerecorder&hl=en_GB&gl=US) or [Notability](https://notability.com/). Otter is also popular to transcribe lectures or meetings. [Otter: Transcribe Meeting Note App | Android, iOS & Windows Phone Download (appconner.com)](https://www.appconner.com/app-otter-transcribe-meeting-note?utm_source=bing&utm_medium=cpc&utm_campaign=211b_afcapp_uk_jay%209.20&utm_term=otter%20app&utm_content=1659_Otter)*Glean* is a useful piece of software allowing systematic reviewing and annotation of audio recordings and online lectures/meetings. More information, free trial downloads and demonstration videos are available on [www.](http://www.)glean.co.
* *Zotero* is a research referencing tool that helps to gather, organise and analyse sources [www.zotero.org/](http://www.zotero.org/).
* *Seeing AI* is a free downloadable App onto an Android or iPhone that enables the user to listen to text read aloud.Here is a video introduction: [Seeing AI App from Microsoft](https://www.microsoft.com/en-us/ai/seeing-ai)
* *Microsoft Office Lens* is a free downloadable App. It can be used to convert images to PDF, Word, PowerPoint, and Excel files, digitize printed or handwritten text, and save to OneNote for example, keeping notes organised in one place. Accessibility tools can also be used in this App.[Microsoft Lens: PDF Scanner on the App Store (apple.com)](https://apps.apple.com/us/app/microsoft-lens-pdf-scanner/id975925059)

## Personal Recommendations

* [cNAME] seemed keen to understand {HimHer} better and to find new ways of supporting {HimHer}. {HeShe} may like to start with [Made By Dyslexia – Redefining Dyslexia](https://www.madebydyslexia.org/)
* [cNAME] should plan to tackle tasks in stages, dividing them up into small sections so there is variety in the activity, and {HeShe} can introduce natural breaks as needed.A useful website for supporting timed breaks in study is [www.francescocirillo.com/pages/pomodoro-technique](http://www.francescocirillo.com/pages/pomodoro-technique).
* [cNAME] may like to explore the Accessibility features on {HisHer} smart phone or iPad. These can be found under Settings > Accessibility. {HeShe} could explore altering the display, text size and spoken content to assist {HisHer} duringher studies and everyday life.
* [cNAME] seemed keen to understand {HimHer} better and to find new ways of supporting {HimHer}; {HeShe} might find some organisation applications useful. The following link has an article that lists the top 11 apps for ADHD. They include organisation apps that help to create detailed to-do lists and apps to help to reduce the use of your phone, which can be a distraction or timewaster. See [The 11 Best ADHD Apps for 2022 (healthline.com)](https://www.healthline.com/health/adhd/top-iphone-android-apps)
* [cNAME] might like to investigate the *Medincle* range of software; {HisHer} university may have a site license available for students to use. *Medincle* includes a medical spellchecker and a medical term supplement to the *Dragon* software and more. More information can be found at [www.medincle.com/](https://www.medincle.com/).
* <https://archive.org/>is a free digital library of books, movies and music.
* [UK education collection | RNIB Bookshare, accessible books for print disabled learners](https://www.rnibbookshare.org/cms/) is a bookshare service provided by the Royal National Institute for the Blind (RNIB), providing accessible textbooks for individuals experiencing sight loss, dyslexia, dyspraxia and Autism.
* Using English for Academic Purposes - A Guide for Students in Higher Education [Using English for Academic Purposes -](http://uefap.com/index.htm)[Using English for Academic Purposes (uefap.com)](http://uefap.com/)

## Further Support

The following websites might be helpful:

* [www.beatingdyslexia.com](http://www.beatingdyslexia.com) is a website full of useful information.
* [www.bdadyslexia.org.uk](http://www.bdadyslexia.org.uk) the British Dyslexia Association website.

* [www.dyspraxiafoundation.org.uk/dyspraxia-adults](http://www.dyspraxiafoundation.org.uk/dyspraxia-adults) is the website of the Dyspraxia Foundation that gives useful advice on living, studying and working with dyspraxia.
* [www.additudemag.com/](http://www.additudemag.com/) ADDitude is an organisation that aims to help people living with ADHD. They have published a wealth of useful information on their website.
* <https://adhduk.co.uk/>
* SimplyWellbeing (ADD) is a support group, at [www.simplywellbeing.co.uk](http://www.simplywellbeing.co.uk/) .
* [www.aadduk.org](http://www.aadduk.org) is a support service for adults who have ADHD providing local support groups, information about ADHD and solutions to living with ADHD.
* [www.autism.org.uk/about/diagnosis.aspx.uk/about/diagnosis.aspx](http://www.autism.org.uk/about/diagnosis.aspx.uk/about/diagnosis.aspx) The National Autistic Society has produced some helpful information about autism.
* [www.ambitiousaboutautism.org.uk/information-about-autism/preparing-for-adulthood](http://www.ambitiousaboutautism.org.uk/information-about-autism/preparing-for-adulthood) provides information for young people about education, work and living with autism.
* [www.nhs.uk/conditions/autism/adults](http://www.nhs.uk/conditions/autism/adults) - information about living with and getting a diagnosis of autism.

**Helpful reference books:**

* *ADD-Friendly Ways to Organize your Life*, J. Kolberg and K. Nadeau (2016). Abingdon, Oxon: Brunner-Routledge.
* *Answers to Distraction,* Edward Hallowell and John Ratey (2010). Bantam Books.
* *The Study Skills Handbook 5th Edition* by Stella Cottrell (2019). Macmillan International.
* *The Dyspraxic Learner: strategies for success* by Alison Patrick (2015). Jessica Kingsley Publishers.

## Workplace

[cNAME] might wish to have a Workplace Needs Assessment at {HisHer} place of

employment in the UK. Specific recommendations would then be made accordingly.

The Phoenix Psychology Practice LTD offer Workplace Recommendations, and

the resulting reports can be used to apply for Access to Work funding (contact

emma@phoenix-psych.com).

# [Appendices](#_Appendices)

### [Appendix 1:Explanation of Statistical Terms](#_Appendix_1:_Explanation)

**Scoring in this report**

Some test manuals use different types of score or level descriptors, but to maintain consistency and clarity for the readers of the report, the scores used in this assessment follow the descriptions given in the table below.

|  |  |
| --- | --- |
| **StandardScore** | **DescriptiveRanges** |
| 131+ | 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 |

**Percentile Rank**

Standardised scores can be translated into a percentile ranking, ranging from 1 – 99. The percentile rank gives the percentage of people of similar age in the standardisation sample whose scores would fall at or below those of the person tested.

Mid average percentile scores between 25 and 75 represent approximately the middle 50% of the population at the same age.

**Confidence Bands**

No test is 100% accurate. We can allow for this by saying that we have confidence (in the scores presented in this assessment at 95%) that the true result lies in a stated range. These ranges are calculated statistically.

### [Appendix 2: Summary of Test Results](#_Appendix_2:_Summary)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Standard Scores** | | 69 or less | 70  -  79 | 80  -  84 | 85 - 100 - 115 | | | 116-120 | 121 - 130 | 131 + | 95%  Confidence  Interval |
| **Test** | | Very low | Low | Below average | Low average | Mid-average | High average | Above average | High | Very high |
| **Underlying Ability** | | | | | | | | | | | |
| **WRIT** | **Verbal Analogies**  [WRITVA69]  [WRITVA70to79]  [WRITVA80to84]  [WRITVA85to89]  [WRITVA90to109]  [WRITVA110to115]  [WRITVA116to120]  [WRITVA121to130]  [WRITVA130]  **Vocabulary**  [WRITVC69]  [WRITVC70to79]  [WRITVC80to84]  [WRITVC85to89]  [WRITVC90to109]  [WRITVC110to115]  [WRITVC116to120]  [WRITVC121to130]  [WRITVC130]  **Verbal Ability**  [WRITVB69]  [WRITVB70to79]  [WRITVB80to84]  [WRITVB85to89]  [WRITVB90to109]  [WRITVB110to115]  [WRITVB116to120]  [WRITVB121to130]  [WRITVB130]  **Matrices**  [WRITMT69]  [WRITMT70to79]  [WRITMT80to84]  [WRITMT85to89]  [WRITMT90to109]  [WRITMT110to115]  [WRITMT116to120]  [WRITMT121to130]  [WRITMT130] | | | | | | | | | |  |
| [WRITVB95CI] |
|  |
| **Working Memory** | | | | | | | | | | | |
| **TOMAL2** | **Digits Forward** | [TOMAL2DF69] | [TOMAL2DF70to79] | [TOMAL2DF80to84] | [TOMAL2DF85to89] | [TOMAL2DF90to109] | [TOMAL2DF110to115] | [TOMAL2DF116to120] | [TOMAL2DF121to130] | [TOMAL2DF130] |  |
| **Letters Forward** | [TOMAL2LF69] | [TOMAL2LF70to79] | [TOMAL2LF80to84] | [TOMAL2LF85to89] | [TOMAL2LF90to109] | [TOMAL2LF110to115] | [TOMAL2LF116to120] | [TOMAL2LF121to130] | [TOMAL2LF130] |
| **Digits Backward** | [TOMAL2DB69] | [TOMAL2DB70to79] | [TOMAL2DB80to84] | [TOMAL2DB85to89] | [TOMAL2DB90to109] | [TOMAL2DB110to115] | [TOMAL2DB116to120] | [TOMAL2DB121to130] | [TOMAL2DB130] |
| **Letters Backward** | [TOMAL2LB69] | [TOMAL2LB70to79] | [TOMAL2LB80to84] | [TOMAL2LB85to89] | [TOMAL2LB90to109] | [TOMAL2LB110to115] | [TOMAL2LB116to120] | [TOMAL2LB121to130] | [TOMAL2LB130] |
| **ACI (pro-rated)** | [TOMAL2ACI69] | [TOMAL2ACI70to79] | [TOMAL2ACI80to84] | [TOMAL2ACI85to89] | [TOMAL2ACI90to109] | [TOMAL2ACI110to115] | [TOMAL2ACI116to120] | [TOMAL2ACI121to130] | [TOMAL2ACI130] | [TOMAL2ACI95CI] |
| **CTOPP2** | **Memory for Digits** | [CTOPP2MD69] | [CTOPP2MD70to79] | [CTOPP2MD80to84] | [CTOPP2MD85to89] | [CTOPP2MD90to109] | [CTOPP2MD110to115] | [CTOPP2MD116to120] | [CTOPP2MD121to130] | [CTOPP2MD130] |  |
| **Non-Word Repetition** | [CTOPP2NWR69] | [CTOPP2NWR70to79] | [CTOPP2NWR80to84] | [CTOPP2NWR85to89] | [CTOPP2NWR90to109] | [CTOPP2NWR110to115] | [CTOPP2NWR116to120] | [CTOPP2NWR121to130] | [CTOPP2NWR130] |
| **Phonological Memory** | [CTOPP2PM69] | [CTOPP2PM70to79] | [CTOPP2PM80to84] | [CTOPP2PM85to89] | [CTOPP2PM90to109] | [CTOPP2PM110to115] | [CTOPP2PM116to120] | [CTOPP2PM121to130] | [CTOPP2PM130] | [CTOPP2PM95CI] |
| **Phonological Awareness** | | | | | | | | | | | |
| **CTOPP2** | **Elision** | [CTOPP2EL69] | [CTOPP2EL70to79] | [CTOPP2EL80to84] | [CTOPP2EL85to89] | [CTOPP2EL90to109] | [CTOPP2EL110to115] | [CTOPP2EL116to120] | [CTOPP2EL121to130] | [CTOPP2EL130] |  |
| **Blending Words** | [CTOPP2BW69] | [CTOPP2BW70to79] | [CTOPP2BW80to84] | [CTOPP2BW85to89] | [CTOPP2BW90to109] | [CTOPP2BW110to115] | [CTOPP2BW116to120] | [CTOPP2BW121to130] | [CTOPP2BW130] |
| **Phoneme Isolation** | [CTOPP2PI69] | [CTOPP2PI70to79] | [CTOPP2PI80to84] | [CTOPP2PI85to89] | [CTOPP2PI90to109] | [CTOPP2PI110to115] | [CTOPP2PI116to120] | [CTOPP2PI121to130] | [CTOPP2PI130] |
| **PA Composite** | [CTOPP2PAC69] | [CTOPP2PAC70to79] | [CTOPP2PAC80to84] | [CTOPP2PAC85to89] | [CTOPP2PAC90to109] | [CTOPP2PAC110to115] | [CTOPP2PAC116to120] | [CTOPP2PAC121to130] | [CTOPP2PAC130] | [CTOPP2PAC95CI] |
| **Blending nonwords** | [CTOPP2BNW69] | [CTOPP2BNW70to79] | [CTOPP2BNW80to84] | [CTOPP2BNW85to89] | [CTOPP2BNW90to109] | [CTOPP2BNW110to115] | [CTOPP2BNW116to120] | [CTOPP2BNW121to130] | [CTOPP2BNW130] |  |
| **Segmenting nonwords** | [CTOPP2SNW69] | [CTOPP2SNW70to79] | [CTOPP2SNW80to84] | [CTOPP2SNW85to89] | [CTOPP2SNW90to109] | [CTOPP2SNW110to115] | [CTOPP2SNW116to120] | [CTOPP2SNW121to130] | [CTOPP2SNW130] |
| **Alt PA Composite** | [CTOPP2APC69] | [CTOPP2APC70to79] | [CTOPP2APC80to84] | [CTOPP2APC85to89] | [CTOPP2APC90to109] | [CTOPP2APC110to115] | [CTOPP2APC116to120] | [CTOPP2APC121to130] | [CTOPP2APC130] | [CTOPP2APC95CI] |
| **Processing Speed** | | | | | | | | | | | |
| **CTOPP2** | **Rapid Digit Naming** | [CTOPP2RDN69] | [CTOPP2RDN70to79] | [CTOPP2RDN80to84] | [CTOPP2RDN85to89] | [CTOPP2RDN90to109] | [CTOPP2RDN110to115] | [CTOPP2RDN116to120] | [CTOPP2RDN121to130] | [CTOPP2RDN130] |  |
| **Rapid Letter Naming** | [CTOPP2RLN69] | [CTOPP2RLN70to79] | [CTOPP2RLN80to84] | [CTOPP2RLN85to89] | [CTOPP2RLN90to109] | [CTOPP2RLN110to115] | [CTOPP2RLN116to120] | [CTOPP2RLN121to130] | [CTOPP2RLN130] |
| **Rapid Symbolic Naming** | [CTOPP2RSN69] | [CTOPP2RSN70to79] | [CTOPP2RSN80to84] | [CTOPP2RSN85to89] | [CTOPP2RSN90to109] | [CTOPP2RSN110to115] | [CTOPP2RSN116to120] | [CTOPP2RSN121to130] | [CTOPP2RSN130] | [CTOPP2RSN95CI] |
| **Attainment** | | | | | | | | | | | |
| **WRAT5** | **Word Reading** | [WRAT5WR69] | [WRAT5WR70to79] | [WRAT5WR80to84] | [WRAT5WR85to89] | [WRAT5WR90to109] | [WRAT5WR110to115] | [WRAT5WR116to120] | [WRAT5WR121to130] | [WRAT5WR130] | [WRAT5WR95CI] |
| **Spelling** | [WRAT5SP69] | [WRAT5SP70to79] | [WRAT5SP80to84] | [WRAT5SP85to89] | [WRAT5SP90to109] | [WRAT5SP110to115] | [WRAT5SP116to120] | [WRAT5SP121to130] | [WRAT5SP130] | [WRAT5SP95CI] |
| **TOWRE2** | **SWE** | [TOWRE2SWE69] | [TOWRE2SWE70to79] | [TOWRE2SWE80to84] | [TOWRE2SWE85to89] | [TOWRE2SWE90to109] | [TOWRE2SWE110to115] | [TOWRE2SWE116to120] | [TOWRE2SWE121to130] | [TOWRE2SWE130] |  |
| **PDE** | [TOWRE2PDE69] | [TOWRE2PDE70to79] | [TOWRE2PDE80to84] | [TOWRE2PDE85to89] | [TOWRE2PDE90to109] | [TOWRE2PDE110to115] | [TOWRE2PDE116to120] | [TOWRE2PDE121to130] | [TOWRE2PDE130] |
| **Index** | [TOWRE2IND69] | [TOWRE2IND70to79] | [TOWRE2IND80to84] | [TOWRE2IND85to89] | [TOWRE2IND90to109] | [TOWRE2IND110to115] | [TOWRE2IND116to120] | [TOWRE2IND121to130] | [TOWRE2IND130] | [TOWRE2IND95CI] |
| **ART2** | **Silent Comprehension** | [ART2SC69] | [ART2SC70to79] | [ART2SC80to84] | [ART2SC85to89] | [ART2SC90to109] | [ART2SC110to115] | [ART2SC116to120] | [ART2SC121to130] | [ART2SC130] |  |
| **Reading Aloud** | [ART2RA] wpm | | | | | | | | | |
| **Silent Reading** | [ART2SR] wpm | | | | | | | | | |
|  | **Handwriting**  **Typing** | [ART2HW] wpm | | | | | | | | | |
| [ART2TY] wpm | | | | | | | | | |
| Please note the test ceiling for the CTOPP2 and TOWRE2 is 24:11 years so these scores are quoted qualitatively. | | | | | | | | | | | |

**GRAPH OF RESULTS**

### [Appendix 3:Definitions of Specific Learning Difficulties](#_Appendix_3:_Definitions)

**Dyslexia** is a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling. Characteristic features of dyslexia are difficulties in phonological awareness, verbal memory and verbal processing speed. Dyslexia occurs across the range of intellectual abilities. It is best thought of as a continuum, not a distinct category, and there are no clear cut-off points. Co-occurring difficulties may be seen in aspects of language, motor co-ordination, mental calculation, concentration and personal organisation, but these are not, by themselves, markers of dyslexia. A good indication of the severity and persistence of dyslexic difficulties can be gained by examining how the individual responds or has responded to well-founded intervention.

In addition to these characteristics: The British Dyslexia Association (BDA) acknowledges the visual and auditory processing difficulties that some individuals with dyslexia can experience and points out that dyslexic readers can show a combination of abilities and difficulties that affect the learning process. Some also have strengths in other areas, such as design, problem solving, creative skills, interactive skills and oral skills.

British Dyslexia Association (2010)

**‘Developmental Coordination Disorder (DCD),** also known, in the UK, as dyspraxia, is a common but serious disorder affecting movement and coordination in children, young people and adults, with symptoms present since childhood. This lifelong condition is formally recognised by international organisations including the World Health Organisation. The person’s coordination difficulties will affect {HisHer} functioning in everyday activities, including in the classroom, at work and in leisure activities. Difficulties may vary in their presentation and will also change depending on environmental demands, life experience, and the support provided. There can be a range of co-occurring non-motor difficulties, social and emotional difficulties as well as problems with time management, planning and personal organisation, and these may also affect a person’s education or employment experiences. Although the motor difficulties persist throughout life, non-motor difficulties may become more prominent as expectations and demands change over time. With appropriate recognition, reasonable adjustments and support, people with DCD can be very successful in their lives. DCD can co-occur with other developmental and specific difficulties.’

*SASC Guidance on the assessment and identification of the characteristics of*

*Developmental Coordination Disorder/Dyspraxia March 2021*

***‘*Attention Deficit Hyperactivity Disorder (ADHD)** is a neurodevelopmental disorder that is characterised by a persistent pattern of inattention or hyperactivity/impulsivity that interferes with normal functioning or development; is present in multiple settings (e.g., home, education, social life, work); symptoms interfere with, or reduce the quality of social, emotional, academic or occupational functioning.’

*SASC Guidance on the assessment and identification of the characteristics of an*

Attention Deficit Hyperactivity Disorder (ADHD) (June 2021)

**Attention Deficit Hyperactivity Disorder (ADHD)** is a neurodevelopmental disorder which has features relating to both specific learning difficulties and mental health. There are three main presentations of ADHD: predominantly inattentive, predominantly hyperactive and impulsive or combined presentation which includes symptoms of both. These symptoms are present in multiple settings, such as at school, at home or at work, and affect or reduce the quality of social, academic or occupational functioning.

Common ADHD symptoms include:

Inattention

lack of focus

Poor time management

Weak impulse control

Emotional dysregulation

Hyperfocus

Hyperactivity

Executive dysfunction

Poor working memory

Similarly, to dyslexia, individuals with ADHD can show considerable strengths alongside their weaknesses and difficulties. These strengths may be associated with characteristics of ADHD such as the ability to hyperfocus, as well as increased creativity, imagination and problem-solving. When supporting people with ADHD it's important to understand and build upon their individual strengths, as well as support them in managing difficulties that stem from inattention, hyperactivity or impulsive behaviour. It's also important to recognise the mental health impacts of ADHD when creating a system of support, as ADHD is known to co-occur with mental health conditions such as anxiety and depression.

BDA (2022)

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**Specific Learning Difficulties (Speed of Processing)**

Specific Learning Difficulties may affect an individual’s ability to receive, process and recall information. It is a difference or difficulty with particular aspects of learning. The term SpLD is used to denote a range of learning difficulties.

The most common include:

* Dyslexia
* Dyspraxia or Developmental Coordination Disorder (DCD)
* Dyscalculia
* Dysgraphia

An individual may have one of these or they may exhibit signs of more than one SpLD.

About SpLDs

Specific Learning Difficulties range from mild to severe. Each person is affected differently.

Everyone has underlying brain skills that make it possible for us to think, remember and learn – known as their cognitive profile. These skills allow us to process the huge amounts of information we receive every day at work, at school and in life. We all have strengths and weaknesses in our cognitive profiles.

SpLDs are not connected to intellectual ability, social, economic, cultural or language background.

Having an SpLD does not mean an individual can’t achieve academically. However, it may be harder and may require far greater (usually unseen) effort and a distinct set of skills.

Understanding specific strengths and weaknesses can help an individual develop a ‘toolkit’ of strategies and techniques suited to their learning preferences, and to enable them to achieve their goals, academic or otherwise.

It is crucial to remember that a person with an SpLD may have many strengths which can outweigh any weaknesses!

Helen Arkell (2022)

<https://helenarkell.org.uk/about-dyslexia/what-is-an-spld>

### [Appendix 4: Test References and Descriptors](#_Appendix_4:_)

## Cognitive Processing

**The *Wide Range Intelligence Test (WRIT)***

*Glutting, J., Adams, W. and Heslow, D. (1999) Wilmington, Delaware: Wide Range Inc. Age range 4:00 – 84:11 years.*

*A*llows cognitive abilities to be assessed on two different scales, *Verbal Ability* and *Nonverbal Ability*. Three subtests were administered at this assessment: *Verbal Analogies* asks the participant to provide the best word to complete a verbally presented analogy and *Vocabulary* asks the participant to explain the meaning of a verbally presented word; both subtests measure receptive as well as expressive vocabulary. *Matrices* asks the participant to complete a visual sequence by selecting the correct image from several alternatives.

**The *Test of Memory and Learning-Second Edition (TOMAL-2)***

Reynolds, C.R., and Voress, J. K., (2007) Austin, Texas: Pro-ed Inc. Age range 5:00 – 59:11 years.

Contains four linked tests *Digits Forward, Letters Forward; Digits Backward* and *Letters Backward* which measure auditory short-term memory recall and the ability to manipulate data in working memory.

**The *Comprehensive Test of Phonological Processing, 2nd Edition (CTOPP 2)***

Wagner, R. K., Torgesen, J. K., Rashotte C. A. and Pearson, N. A. (2013) Austin, Texas: Pro-ed Inc.

Age range 6:00 – 24:11 years.

Comprises a variety of subtests, each relating to phonological awareness and phonological processing. It provides a measure of the ability to manipulate and process the sounds of language.

***Phonological Awareness***

There are three subtests. In ***Elision***the individual has to repeat a presented word, omitting or eliding small parts of the words. In ***Blending Words****,* the individual is presented with sounds and is required to blend the sounds into real words. In ***Phoneme Isolation***the individual is presented with a word and is required to isolate one sound or phoneme in the word.

Two additional subtests can be administered. In ***Blending Nonwords***, the individual is presented with sounds and is required to blend the sounds into made up words. In ***Segmenting Nonwords***, the individual is required to separate sounds within made up words.

***Phonological Memory***

***Memory for Digits***tests the ability to hold onto increasingly long sequences of numbers.

***Nonword Repetition,***using made-up words,tests the ability to hold onto increasingly long sequences of sound in memory.

***Rapid Symbolic Naming***

*These* tests assess the ability to retrieve known words from long term or permanent memory and articulate them fluently. There are two subtests, *Rapid Digit Naming* and *Rapid Letter Naming* both of which measure the ability to name random sequences of numbers and letters.

## Reading

**The *Word Reading* subtest from the *Wide Range Achievement Test, Fifth Edition (WRAT5)***

Wilkinson, G. S. and Robertson, G. J. (2017) Bloomington, Minnesota: Wide Range, Inc. Age range 5:00 – 85+ years. Green form.

A standardised test of single word reading out of context, which increases in difficulty as the subtest progresses. It is a test of accuracy in reading single words, measuring word recognition and also for most people, includes an element of word decoding.

***Test of Word Reading Efficiency-Second Edition* (*TOWRE-2)***

Torgesen, J.K., Wagner, R. K. and Rashotte, C. A. (2012) Austin, Texas: Pro-ed Inc. Age range 6:00 – 24:11 years. Form A.

Provides a measure of two kinds of reading skills which can be combined to give an overall measure of word reading efficiency. The *Sight Word Efficiency* subtest measures the ability to recognise familiar words as whole units (sight words), quickly and accurately. The *Phonemic Decoding Efficiency* subtest presents a set of made-up words, which measures the ability to read novel letter strings and so assess decoding skills.

***Adult Reading Test 2 (ART-2)***

Brooks, P., Everatt, J. and Fidler R. (2017) Hayling Island, UK: Adult Reading Test Co. Age range 16+.

Used toassess silent prose reading speed as well as comprehension of the passages. Passages are read silently; these increase in length and complexity. After this, a series of spoken comprehension questions are answered, from memory. The questions cover factual recall, the memory of specific terminology as well as inferential understanding. In addition, an appropriate passage was used to gain an informal measure of oral reading speed, oral reading accuracy and a gauge of comprehension.

## Spelling

**The *Spelling* subtest from the *Wide Range Achievement Test, Fifth Edition (WRAT5)***

Wilkinson, G. S. and Robertson, G. J. (2017) Bloomington, Minnesota: Wide Range, Inc. Age range 5:00 – 85+ years. Green Form.

Measuresthe ability to spell individual words written to dictation in the context of sentences, which increase in difficulty as the test progresses. Accuracy and fluency are observed.

## Writing

Timed free writing skills related to academic writing demands were assessed in an informal free writing task. This assesses the ability to assemble thoughts, structure ideas and information and present the whole in a logical and sequential order as comprehensible text when writing under timed conditions.

### [Appendix 5:Further References](#_Appendix_5:_Further)

Screening Checklists

SpLD Assessment Standards Committee (2019) *Visual Difficulties Screening Protocol V.2* [Online]. Available from:[Microsoft Word - Visual Difficulties Screening Protocol standalone adult and child (sasc.org.uk)](https://sasc.org.uk/media/narlokrx/visual-difficulties-screening-protocol-v2-june-2019.pdf)[accessed 14/09/21]

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Kooij, J.J.S and Francken, M.H. (2019) *Diagnostic Interview for ADHD in adults Version 5   
(DIVA-5)* [Online]. Available from:[www.divacenter.eu/DIVA.aspx?id=523](https://www.divacenter.eu/DIVA.aspx?id=523)DIVA Foundation, The Netherlands

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SpLD Assessment Standards Committee (2022) *SASC Guidance on the assessment and identification of Autism/Autism Spectrum Conditions* [Online] Available from:

[SASC Downloads](https://sasc.org.uk/sasc-downloads/) [accessed 30/5/2022].

SpLD Test Evaluation Committee (STEC) DfEs Guidelines (2023) *Post-16 List of Suitable Tests for Assessment of Specific Learning Difficulties (SpLDs),* Evesham, SASC/STEC.

Helen Arkell (2022) What is an SpLD? [Online] Available from: [What is an SpLD? | Helen Arkell](https://helenarkell.org.uk/about-dyslexia/what-is-an-spld) [accessed 22/08/2023]