

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

### ADDITIONAL GUIDANCE AND EXPLANATORY DETAIL

Since July 2020 the SASC Pre and Post 16 report formats are required for SpLD assessment. They 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. Some updates (September 2021) have been made to all three documents. Updates are highlighted in each document and assessors will need to read this document alongside each report format. Since the publication of these formats, the COVID 19 pandemic has prompted further changes to assessment practice. If carrying out assessment via remote video platform, professional guidelines for this mode of assessment should be consulted. SASC's most recently updated guidance can be found on the website under Downloads [www.sasc.org.uk](http://www.sasc.org.uk)

Reports written **from the 1<sup>st</sup> December 2021** should reflect the updated formats.

It should be emphasised that the pre and post 16 years formats for writing a 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. **SASC fully supports policies and processes that place an emphasis on intervention strategies rather than early diagnostic labelling.** 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. **Where there is a need to explore additional areas, for example social, emotional, and mental health issues, the formats provide the opportunity in the Overview, Background Information and Recommendations sections, for suitably qualified assessors, to report, comment on and, where necessary, indicate referral pathways.**

The likelihood of co-occurrence of named specific difficulties is high. Single-purpose' assessment, investigating **from the outset** just one area of perceived difficulty e.g. maths difficulties, ADHD, DCD/Dyspraxia, could 'miss' important signs of co-occurring difficulties with similar underlying risk factors. Therefore, the report formats are designed to allow the exploration of a range of issues and potential difficulties. There might, however, be a situation where a SpLD, e.g., dyslexia, has been identified in a previous diagnostic assessment but the individual now seeks a further assessment for, e.g., maths difficulties. In this case, as a diagnostic assessment has already been conducted and a referral for a

new assessment has been made, it would not be necessary to redo a full diagnostic assessment as the new referral will be considered to be an additional assessment for a particular purpose.

The previous diagnostic report would need to have been seen and reviewed, with date and assessor details, and comments on the outcome included in this additional assessment for this particular purpose. The second assessor will need to have full sight of the previous assessment to judge the possible impact of any literacy and cognitive weaknesses noted in that assessment and if they felt it necessary, especially if there is a significant time lapse between the previous and the current assessment, to do further testing or a new diagnostic assessment. It would also be essential to fully reference the previous assessment in the background information.

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 an assessment for *suspected* specific learning difficulties, the SASC pre and post 16 years formats for a **diagnostic assessment** should be used. 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. To avoid premature diagnostic testing, the decision to commission / put in place a diagnostic assessment will be informed by any one or more of the following factors:

- Relative to age-expectations, the child's difficulties are persisting or worsening, despite appropriate, sustained and monitored interventions put in place.
- A child appears only to be able to sustain progress in literacy / numeracy acquisition with a high level of support and intervention.
- A child is showing signs of distress and/or behavioural difficulties that appear to be linked to difficulties in literacy/numeracy attainment.
- A child's difficulties in literacy and/or numeracy are highly unexpected, given other aspects of their achievement profile.
- Other (non-developmental) explanations for persisting difficulties have been excluded e.g. frequent school moves, frequent school absence due to ill-health, trauma, the impact of learning loss during the COVID 19 pandemic, inappropriate or inconsistent instruction/intervention strategies etc.
- A range of co-occurring difficulties (developmental, psycho-social, medical) is contributing to a complex picture of need, requiring specialist recommendations for intervention.

It is expected that there will be close collaboration between assessors and schools, and in association with key colleagues, e.g. SENCOs, Year heads, and relevant class teachers /teaching support staff. This ensures that assessors are trusted and vetted professionals familiar with, and knowledgeable about, the schools they work with. It facilitates good communication between schools, parents, child and assessor, so that the

findings and recommendations of the assessment can be acted upon effectively. Similar closely established relationships between assessors working in or for further and higher education institutions (or other organisations) and key personnel within those organisations, also ensures the best possible communication and assessment outcomes for the individual assessed.

Where a SpLD is identified, a **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 Practising 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.

Please note, although the Formats are presented in tabular form for guidance purposes, this does not mean that the report will be written in boxes, but rather that the headings will be used to provide structure.

Core Element	Suggested page length	Additional Guidance and Explanatory Detail
Cover Sheet	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/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> 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.</p>

The only exception to this would be if information given suggested a 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.

#### Data protection statement and use of digital platforms

Practitioners will already have conducted a Data Protection Impact Assessment (DPIA) for the data they process, but if not or if collecting more information than formerly, they may wish to carry one out. <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/>

**Data protection statements on the cover sheet** (e.g. stating who the report will be shared with) are therefore **not** 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.

#### CONTACT DETAILS

Assessors working in schools, colleges and universities might need to put their personal contact details on the report and or might instead use their organisational address and contact details.

Similarly, assessors working for an assessment agency, consultancy or other organisation will use the contact details of that organisation.

Self-employed, independent practitioners must give their personal contact details in this section of the report.

Assessor contact details should be placed on the front cover page or on the inside cover page.

#### AGE OF PERSON ASSESSED

		<p>If older clients feel very sensitive about their age appearing on the report, it is sufficient to include the date of birth. However, it can be explained to clients that many of the assessments used are standardised by age. Readers of the reports will need to know that appropriate tests have been used for the age of the person assessed.</p>
<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 might 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. Assessors should ensure each page of the report is numbered.</p>
<p><b>Overview</b></p>	2-3 pages maximum	<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>The assessor might need to consider how the overview can be printed separately, so the body of the report would begin on a new page. 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 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 might 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 and 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 coming to 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 mind that the</p>

	<p>purpose of the overview is not just for the person assessed but might 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 test outcomes and other qualitative diagnostic information relating to the child or person assessed, that affect 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> <p><b>IMPACT</b></p> <p>The impact section describes the ways in which the child, student or client is currently affected by the factors discussed in the profile and, if needed, notes strategies, successful or less useful, that the person</p>
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		<p>assessed is using to manage areas of difficulty. This might include the impact on reading, writing, spelling and mathematical skills, on wider study skills, on aspects of examination performance, on activities that require good attention, coordination, memory and organisational skill and on aspects of workplace performance.</p> <p><b>KEY RECOMMENDATIONS</b></p> <p>Given that the purpose of the overview is not just for the person assessed but might also be used by schools, colleges, universities and other organisations or workplaces providing adjustments and support, this section of the overview will include recommendations that need to be implemented in an organisational or educational setting, especially those that most urgently need to be actioned e.g. application for the DSA, examination arrangements, implementation of a teaching programme, the organisation of a workplace assessment, a specific workplace adjustment, onward referral for further assessment, advice or support. More details and recommendations specific to the client can be made at the end of the report and the reader can be directed to these.</p>
<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 including a note that the Visual Difficulties Screening Questionnaire (VDSQ) has been implemented and if concerns have been noted these would be reported in the Additional Evidence and Information section of the report. 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 summary, 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>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 and 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 will 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 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.</p>	
<b>Cognitive Profile</b>	<p>See report formats for further detail which highlights changes to the order of reporting tests for phonological awareness, phonological memory and processing speed. These changes have been made to facilitate greater flexibility in the use of the wider range of tests covering these assessment areas which are now available for both Pre and Post 16 assessment.</p>	

## Additional evidence and information

See also pre and post 16 years report formats and SASC Guidance on the assessment and identification of visual difficulties (2018, 2019), dyscalculia (2019), developmental coordination disorder (DCD)/dyspraxia (2020), attention deficit hyperactivity disorder (ADHD) (2021).

### **Note on the use of screeners, rating scales and diagnostic interview frameworks in pre-16 years reports.**

When using screeners, rating scales and diagnostic interview frameworks to investigate any of the areas above, assessors should use these tools to support:

- An information-gathering approach;
- Onward referral for further investigation, where appropriate.

These tools are prone to bias, error and subjectivity and should only be used:

- When assessors have appropriate training and can use the screening tools in the context of a thorough understanding of the developmental condition(s) being investigated;
- When there is an opportunity, where necessary, to discuss outcomes with a supervisor, team, colleague or mentor;
- As a prelude to further referral. It is recommended that the template referral letters in the guidance for DCD, visual difficulties, and ADHD are used to summarise information gathered. However, there may be some assessors working in local authority or school-based teams where there are local pathways and methods for referral.

**Diagnostic terminology (i.e. ADHD, DCD/dyspraxia, visual stress) should not be used in the pre-16 years assessment report, with one exception, i.e. for dyscalculia.** Assessors may, in this section, report results of a range of non-standardised tests used to supplement standardised tests in the investigation of possible dyscalculia. Assessors may identify mathematics and number-related difficulties but care should nevertheless be taken in labelling these difficulties. Sufficient converging evidence is required to distinguish between typical and 'normal' mathematical and number difficulties, those associated with dyslexia or other specific learning difficulties or developmental conditions, and those arising from dyscalculia.

### **Note on the use of screeners, rating scales and diagnostic interview frameworks in post-16 reports.**

	<p>There is a range of <b>screeners, rating scales and diagnostic interview frameworks available for use in post-16</b> assessments to investigate issues in attention/ impulsivity, motor coordination and visual difficulty / disturbance. These tools, however well developed and extensively used, can be prone to bias, error and subjectivity. As yet, there is no body, which has extensively reviewed, compared and evaluated these materials.</p> <p>As a result, they should be used:</p> <ul style="list-style-type: none"> <li>• When assessors have appropriate training and can use the screening tools in the context of a thorough understanding of the developmental condition(s) being investigated;</li> <li>• When there is an opportunity, where necessary, to discuss outcomes with a supervisor, team, colleague or mentor;</li> <li>• As a prelude to further referral where considered necessary and/or to inform assessment conclusions and decisions. It is recommended that the template referral letters in the guidance for DCD, visual difficulties, and ADHD are used to summarise information gathered. However, there may some assessors working in local authority or school-based teams where there are other local pathways and methods for referral;</li> <li>• Care should be taken in the language used to describe difficulties that require further referral, especially in pre-16 assessments, where diagnostic terms should not be used unless there is a <b>pre-existing, confirmed diagnosis</b> of another developmental or relevant medical condition. SASC recommends that practitioner psychologists and specialist teacher assessors holding current registration (HCPC and APC) and who have <b>relevant training</b> can identify learning difficulties and patterns of behaviour that together indicate the presence of characteristic features of ADHD, or of DCD/dyspraxia.</li> <li>• Further SASC guidance on the assessment of ADHD and DCD/dyspraxia has been compiled in association with leading academics and practitioners in these fields and assessors are encouraged to be thoroughly conversant with these updates to best practice guidelines. <a href="http://www.sasc.org.uk">www.sasc.org.uk</a> (see Downloads)</li> </ul>
<p><b>Attainment</b></p>	<p><b>See report formats</b></p> <p><b>Reading and writing tests:</b> there is an increasing recognition that age-related norms for ‘typical’ reading and writing <b>speeds</b> can vary considerably according to the specific demands of the reading and writing task and different test standardisations. <b>See SASC paper on reading and writing speeds (2020) SASC Downloads page.</b> In particular, there are currently very few standardised measures of writing speed for adults and the available tests might focus more on</p>

	<p>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>In some circumstances it might be useful to administer a short listening comprehension assessment, formal or informal, to contrast with the outcomes of a reading comprehension test.</b></p>
<p><b>Confirmation of diagnostic decision</b></p>	<p>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.</p> <p><b>In this section, there is no need to make a re-analysis of how the evidence in the assessment does or does not meet diagnostic criteria; this function is provided by the Overview section at the beginning of the report. It is not expected that assessors, except in confirming the outcomes of very complex assessments, will need to write more than 2-3 paragraphs (and not more than one page) in this section.</b></p>
<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>Pre and Post 16 reports and onward referrals to other professionals</b></p> <p><b>See report formats</b></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</p>

	<p>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>At the end of this section assessors might wish to sign and date the report again.</b></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</p>

standard scores ranges to describe their approximate distance from the mean. Many tests offer these **verbal** descriptors as suggestions only (they are not evidence-based). In the SASC report format guidance choosing one set of 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.

### **Appendix 2: Summary Table of Test Results**

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 **can be helpful**. However, where many test scores are low a graphic display could be more visually off-putting to the person tested than a statistical table.

### **Confidence Intervals**

Confidence intervals will be included to indicate test reliability. Confidence intervals cannot be used to compare test scores unless tests are co-normed.

**In a table of test scores, CIs will be included:**

- For main or composite test scores, only where they are easily derived, given in test manuals or used for comparison in co-normed tests.

### **Appendix 3: Definition(s) of SpLD(s) as applicable**

An appropriate definition, referenced to research / review evidence **will be given as appropriate in the context of the report**. 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. **Updated guidance is already available for Developmental Coordination Disorder (DCD) and Attention Deficit Hyperactivity Disorder (ADHD) on the SASC website and other guidance will be available when completed.**

### **Appendix 4: Explanation of Tests and Tasks (with references)**

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. When conducting an assessment remotely, it is vital to observe all cautions laid down by publishers around the sharing of test materials, especially hard copies and test forms that may require sending to the assessee. See most recent SASC guidance on remote assessment March 2021- Downloads [www.sasc.org.uk](http://www.sasc.org.uk)

**Appendix 5: Other references, as applicable.**