

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

**This is the new format required** for a diagnostic assessment report for Specific Learning Difficulties (SpLDs) for learners under 16 years of age. The format reflects an extensive consultation process carried out over a number of years by SASC and its sub-committee, the SpLD Test Evaluation Committee (STEC), involving key professional bodies and training providers in the field, to clarify how best, in the SpLD diagnostic assessment, to use professional observation and experience alongside test results in the identification of an individual with a specific learning difficulty.

Changes were made to encourage user-friendly and readable assessment reports that synthesise the evidence for a SpLD rather than report, one test at a time, the results of each test administered. Training has been offered by SASC authorised organisations for assessors wishing to explore how best to incorporate these changes into their report writing.

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

### Rationale:

Changes were made to encourage greater:

- **Accessibility** – to ensure assessment reports and their conclusions and recommendations are easily understood by and useful to the child or young person assessed and to other relevant individuals, organisations and institutions e.g. parents/carers, school/ educational settings and other specialists.
- **Consistency** – to encourage a consistent and best practice approach in diagnostic assessment.
- **Reliability** - to ensure that the identification of a student with a specific learning difficulty (e.g. dyslexia), is a robust diagnostic conclusion based on converging evidence from the developmental history, background information, observation, discussion and

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

results of the tests administered. The evidence required will closely relate to a referenced definition and to the relevant diagnostic criteria.

- **Clarity** – in reporting test results, there will be a greater emphasis, within the body of the report, on interpretative comment, showing how and why key elements of test performance contribute to cognitive and attainment profiles that do or do not support the subsequent identification of the child or young person assessed with a specific learning difficulty. Synopses and commentary must contribute to a consistent picture throughout the report. If there are unusual results or irregularities in any area, they must be explained.
- **Efficiency and Usefulness** – although the total length and design of an assessment report will inevitably vary depending on choice of font, font size and spacing, number of relevant appendices etc., the writing style of the report should aim to achieve clarity, transparency and succinctness while presenting sufficient detail to support conclusions reached. Assessors should consider reader accessibility by using dyslexia-friendly formatting. The new report format will contain an overview section of approximately **2 pages** designed to be a clear overview of the report outcomes.

In advance of the assessment, the **recipient(s)** of the report will have been agreed in writing between the parents/carer and the assessor. No report should be passed to other parties without the prior agreement of the parent/carer. Where possible, the report's recipient(s) should have the opportunity to read and agree the background information section of the report before it is finalised.

Assessors should **take care to act and reach conclusions within the limits of their qualifications, knowledge, skills and experience** and, if necessary, refer the person assessed to another relevant practitioner. SpLDs can co-exist with overlapping conditions and secondary issues may evolve due to the SpLDs. See most recent published guidance on SASC website for onward referral which might require specialist assessment. It is also important to be sensitive to the fact that parents may not wish to pursue an additional diagnostic route.

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

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

Core Element	Suggested page length	Guidance
<b>Cover Sheet</b>	1 -2 pages	<p><b><i>Essential</i></b></p> <p>Confidential Diagnostic Assessment Report</p> <p>Student Name</p> <p><b>Date of Birth</b></p> <p><b>Date(s) of Assessment</b></p> <p>Age at Assessment</p> <p>Address</p> <p>School / College</p> <p>Year</p> <p>Name of the author of this report and contact details</p> <p><b>The assessor and author of this report:</b></p> <ul style="list-style-type: none"> <li>• Is a qualified specialist teacher and / or psychologist holding an approved qualification <b>and either</b> a current Specific Learning Difficulties (SpLD) Assessment Practising Certificate <b>or</b> is Health and Care Professions Council (HCPC) registered.</li> <li>• 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.</li> </ul>



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

	<p>challenges/weaknesses. While relevant aspects of test performance, with test descriptors, are useful here, test names should not be used in this section. Instead, refer to the <b>area</b> of assessment, e.g. verbal ability, working memory, phonological processing etc. Avoid reference to specific tests and focus on the areas assessed.</p>	
<p><b>Impact</b></p>	<p>Briefly outline the key current <b>impact</b> and <b>effects</b> of the SpLD on the student’s attainment areas identified in this assessment. Effects on classroom learning and test / exam performance will also be considered. If relevant, describe any compensatory strategies used by the student that may have affected performance.</p>	
<p><b>Diagnostic Outcome</b></p>	<p>Briefly and clearly outline the diagnostic outcomes of the report, including any <i>pre-existing, confirmed diagnosis</i> of DCD, ADHD, an ASD, or other clinical or associated medical conditions. Any pre-existing, confirmed diagnosis available to the current assessor would also be referenced in the Background Information section of the report, with a note made of the date of the diagnosis, by whom, and a confirmation that the assessor has had sight of the report. Any persisting effects of this pre-existing, confirmed diagnosis could be discussed in the Impact section of the Overview.</p> <p><b>For children below the age of 16</b>, because assessors will make onward referrals in instances where Developmental Coordination Disorder (DCD)/dyspraxia / Attention Deficit Hyperactivity Disorder (ADHD) / Autism Spectrum Disorder (ASD) is suspected, it should be noted that these formal diagnostic terms should not be used and definitions not included. Assessors <b>must</b> work within professional boundaries and competencies when reaching diagnostic decisions.</p>	
<p><b>Key Recommendations</b></p>	<p>Bullet-point the most crucial recommendations that may need to be actioned by others, e.g. for examination arrangements, specialist teaching support, etc. Further and fuller recommendations elsewhere in the report will be signposted.</p>	
<p><b>Background Information</b></p>	<p>2-3 pages</p>	<p>Please note: It is essential that all parties providing background information prior to the assessment are made aware that the information provided may be used in the report with their permission. If there is material they do not wish to appear in the report, they have the right to indicate this. This section summarises, under headings and in broad chronological order, information provided by</p>

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

	parents/carers, educational staff, other specialists, and the student via screening, previous assessment reports, questionnaires, observations and discussion.
<b>Essential subheadings</b>	
<b>Health and developmental history</b>	<p><i>It is particularly important to take a detailed history, and summarise the key points relevant to the assessment because SpLDs are developmental in nature and, apart from instances of acquired dyslexia following brain injury or disease, are not the result of a medical condition.</i></p> <p>This section covers the student’s developmental history. Relevant medical information regarding early development, along with specific reference to vision and hearing, and any other relevant diagnosis already given will be included. If appropriate, fine and gross motor coordination difficulties should be summarised as should any persisting visual or attentional/impulsivity difficulties. If relevant, comment on any reported difficulties in the acquisition of spoken language, any previous assessment or intervention for speech and language difficulties, and any current difficulties in articulation, word-finding, pronunciation etc. If spoken language is an area of particular strength, this could also be highlighted. Relevant medical and/or mental health issues / medication, with the permission of the parent/carer, should be summarised and reported with care and sensitivity, only as relevant for the purposes of the report. Input from parents/carers, educational and support staff etc. may be included.</p>
<b>Familial history of SpLD or other developmental conditions</b>	<p><i>Questions about familial history are asked because SpLDs are known to run in families.</i></p> <p>Report, with sensitivity, any family history of specific learning difficulties and /or developmental conditions. Specific family members should not be identifiable.</p>
<b>Linguistic history</b>	<p><i>English as an additional language, or a complex linguistic history, could help explain the pattern of results in an assessment.</i></p>

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

	Where English is spoken as a second/additional language or there is a complex linguistic history, details should be included (e.g. languages spoken at home, length of time in the UK or English speaking country and/or difficulties with literacy in first language if known).
<b>Educational history</b>	<p><i>Include reported difficulties in the educational environment.</i></p> <p>This section will describe any developmental and long-standing difficulties in learning to read, write and spell, including handwriting, incorporating classroom observations or reports from teaching staff. Any previous assessments, access or examination arrangements, SEN provision, Statement of SEN / Education Health Care Plan (or similar) and learning support / intervention should be summarised briefly. Key and relevant educational attainments can be summarised briefly. Disrupted attendance or frequent school changes should be noted. Areas of strength as well as difficulty should be included.</p>
<b>Current Situation</b>	This section will summarise current concerns and what is going well (based on information from questionnaires and discussion, including with the student).
<b><u>Sub-headings as relevant and ordered as most pertinent to the student</u></b>	
<b>Literacy</b>	Summarise any presenting concerns with reading, writing and spelling.
<b>Numeracy</b>	This section will only generally be relevant where the child concerned is having difficulty with the mathematical components of study, although it may also be relevant to the identification of dyslexia or characteristics of other SpLD.
<b>Memory, attention and concentration</b>	Comment on the parents'/carers,' teachers' and student's perceptions of any difficulties or strengths.
<b>Speech, oral language, communication</b>	Comment on the parents'/carers,' and/or teachers' perceptions of any difficulties or strengths.

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

<b>Organisation</b>	Comment on strengths and weaknesses experienced in these areas, especially in relation to study skills and in the management of daily life.	
<b>Other areas</b>	<p>Comments from parents/carers/teachers/the child/young person could be incorporated here, as appropriate, and could relate to marked difficulties in, for example, with spatial orientation, telling the time, motor skills, and/or difficulties with social interaction/social communication.</p> <p>Great caution and sensitivity should be applied by the assessor when <b>social and communication difficulties and / or sensory issues</b> which may impact on choice of learning strategies are a possible aspect of the child's profile. The use of social and communication checklists to gain further information may be helpful but ASD diagnostic checklists are <b>not</b> recommended. For a suspected ASD, assessors should follow, where appropriate, local pathways to onward referral in association with parents/carers, school and any other professional agencies involved in assessment, e.g. speech and language therapists.</p> <p>The views of the young person, where appropriate and pertinent to the assessment, are highly recommended to be sought.</p>	
<b>Test Conditions</b>	1-2 paragraphs	<p><b>Essential</b></p> <p><i>Conditions in a test setting and behaviour during a test session may influence the student's performance. These can include environment (remote or face-to-face), comfort, and any interruptions, as well as the health of the student, and levels of attention/motivation and/or signs of anxiety and fatigue.</i></p> <p>Include a brief statement about the test conditions and the student's response to them so that results can be interpreted accordingly. Mention any adjustments made or requested such as use of glasses, contact lenses, coloured overlays, dimmed lighting, additional breaks etc.</p> <p>State the duration of the assessment and whether it was a continuous session. If more than one assessment session was necessary, all assessment dates need to be reported on the cover sheet. In either this section or in <b>Appendix 2 Summary Table of Test Results</b> note the tests used in each assessment</p>

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

		session. If the discussion of the background information gathered via a questionnaire / remote video platform / diagnostic interview was completed first in a separate session, this should also be recorded. It is recommended that the assessment sessions are contained within a month.
<b>Main Body of Report</b>	<i>Essential</i>	
<b>Cognitive Profile</b>	<p><i>Essential</i></p> <p><i>Gathering information about underlying verbal and non-verbal ability is a vital component of assessment as is information about other cognitive processing skills that are known to be implicated in SpLDs.</i></p> <p><i>For each area tested, describe the student performance and if relevant and appropriate, relate the performance to the strengths or concerns reported by the student. Relate performance to a level descriptor. Assessors may wish to note the standard score achieved in brackets. If a pattern of test scores is exceptionally low, assessors must use their discretion and be sensitive in their reporting of performance. <b>Qualitative observation and analysis of strategies and approaches to tasks</b> should be noted e.g. verbalisation to support processing, any issues with word retrieval impacting on speed in verbal tasks, reliance on prompting to elicit more detail etc. Performance will be discussed, with particular reference to any important discrepancies.</i></p>	
<b>Tests of ability and reasoning</b>	<i>Careful consideration should be given as to whether an overall ability score should be calculated.</i>	
<b>Verbal ability</b>	Measures of verbal ability may include vocabulary knowledge, verbal reasoning ability and general knowledge. Marked differences in subtest performance will be noted and consideration should be given as to whether composite scores should be calculated.	
<b>Visual /non-verbal ability</b>	Measures of non-verbal ability may include visual-spatial perception, pattern recognition, abstract reasoning skill, logic, problem solving and deduction. Marked differences in subtest performance will be noted and consideration should be given as to whether composite scores should be calculated.	

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

<b>Working Memory</b>	Measures of the ability to maintain and manipulate information in active attention. This would include <b>phonological memory</b> (ability to identify accurately, retain briefly, and repeat sequences of sound).
<b>Phonological Awareness</b>	Measures of <b>phonological awareness</b> (ability to accurately identify, discriminate between and manipulate the separate units of sounds in words, known as ‘phonemes’).
<b>Processing Speed</b>	Measures of <b>processing speed</b> (ability to perform relatively simple repetitive cognitive tasks, quickly, accurately and fluently). This would include <b>rapid symbolic naming</b> (ability to retrieve accurately well-known phonological responses fluently from long-term memory in response to a visual stimulus).
<p><b>Additional evidence and information</b></p> <p>These could include difficulties that are:</p> <ul style="list-style-type: none"> <li>• Maths-related</li> <li>• Visual (discomforts and disturbances)</li> <li>• Attentional/impulsivity-related</li> <li>• Motor</li> </ul>	<p><i>At the assessor’s discretion and as appropriate</i></p> <ul style="list-style-type: none"> <li>• With regard to visual and /or maths difficulties, this section of the report can be used to supplement and add detail to key information summarised in the background information. However, professional boundaries must be maintained. <b>See most recent published guidance on SASC website.</b></li> <li>• Assessors investigating the specific area of <b>numeracy</b> may choose to report non-standardised tests in this section. Assessors may identify mathematics and number-related difficulties but care should be taken in labelling these difficulties. Sufficient converging evidence is required to distinguish between typical and ‘normal’ mathematical and number difficulties, those associated with dyslexia or other specific learning difficulties or developmental conditions, and those arising from dyscalculia.</li> <li>• If there are concerns with the results of the screening checklist for <b>visual difficulties</b> these would be reported in this section. <b>See most recent published guidance on SASC website.</b> Where there are indicators of visual difficulties (discomfort and disturbance), these must be noted <b>but not diagnosed</b> and the assessor should describe routes to further assessment with a qualified vision practitioner, e.g. optometrist.</li> <li>• SpLD assessors and psychologists can make use of parent and teacher-rated <b>scales</b> and other <b>screening materials</b>, in addition to accessing school reports, for further exploration of the characteristics of attention/impulsivity difficulties in children. Information gathered would be reported in this section. See the <b>most recent guidance</b> (June 2021) on the assessment and identification of the characteristics of an Attention Deficit Hyperactivity Disorder (ADHD) on the SASC website. See also further advice on observing professional boundaries when reporting such</li> </ul>

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

	<p>information for this section of the report format in the updated <b>Additional Guidance and Explanatory Detail</b> document on the SASC website. Where there are indicators of attentional/impulsivity difficulties, these must be noted and summarised <b>but ADHD should not be diagnosed and the language used in the report should refer to the specific characteristics / behaviours observed and reported and not to a potential diagnostic label.</b> The assessor should describe local referral routes to further assessment e.g. via a G.P. to CAMHS, local paediatric services etc. <b>Use of a referral letter is recommended.</b></p> <ul style="list-style-type: none"> <li>• SpLD assessors and psychologists can make use of <b>interview frameworks / questionnaires</b>, in addition to accessing school reports, for further exploration of the characteristics of motor coordination difficulties in children. Information gathered would be reported in this section. See the <b>most recent guidance</b> (March 2020) on the assessment and identification of the characteristics of Developmental Coordination Disorder (DCD) / dyspraxia on the SASC website. See also further advice on observing professional boundaries when reporting such information for this section of the report format in the updated <b>Additional Guidance and Explanatory Detail</b> document on the SASC website. Where there are indicators of motor coordination difficulties, these must be noted and summarised <b>but DCD/dyspraxia should not be diagnosed and the language used in the report should refer to the specific characteristics / behaviours observed and reported and not to a potential diagnostic label.</b> The assessor should describe local referral routes to further assessment e.g. via a G.P. to CAMHS, local paediatric or occupational therapy services etc. <b>Use of a referral letter is recommended.</b></li> </ul>
<p><b>Attainment</b></p>	<p><i>Essential</i></p> <p><i>Gathering information about areas of attainment is a core component of SpLD assessment. For each attainment area, provide a synopsis of performance and if relevant and appropriate, relate the performance to the strengths or concerns reported by the student. Relate performance to a level descriptor and assessors may wish to note the standard score achieved in brackets. Draw attention to areas of strength as well as difficulty.</i></p>
<p><b>Reading</b></p>	<p>Where appropriate, commentary should cover qualitative analysis of errors (without reference to specific test items), evidence of strategies being used, for example: whole word recognition, decoding fluency, expression, ability to extract information from text etc.</p>

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

<b>Single-Word Reading</b>	Assessment of reading will include a standardised graded, single-word reading test and a timed sight-word reading test. A non-word reading task, timed or untimed, should be included.	
<b>Prose Reading</b>	A standardised test of reading comprehension of continuous prose. (Oral is preferred but as appropriate to the age/stage of the student). When a silent reading comprehension task is used, it is strongly recommended that oral reading of continuous prose is also included and used for qualitative analysis. Where possible, reading speed/fluency and accuracy should be included.	
<b>Other information</b>	Other subskills involved in reading might also be relevant at younger ages (e.g. letter-sound correspondence) and incorporated at the discretion of the assessor.	
<b>Spelling</b>	A standardised graded single-word spelling test. The report should give a brief qualitative analysis of error type, without reference to specific test items. Sensitivity should be shown in the language used to describe patterns of errors. It can be helpful to identify areas that might benefit from specific support and intervention.	
<b>Writing</b>	A free writing task, appropriate to the age and level of study, should be given and analysed to provide information about qualitative features such as grammar, sentence complexity, coherence, vocabulary choice, spelling accuracy, writing speed and handwriting legibility. Sensitivity should be shown in the language used to describe patterns of errors. Again, it can be helpful to identify areas that might benefit from specific support and intervention. A copying task might also be given so that difficulties relating to motor skills and the process of composition can be teased apart.	
<b>Typing</b>	It might be relevant to sample typing speed and accuracy.	
<b>Number, estimation, calculation</b>	A standardised graded test of mathematics attainment may be included at the assessor's discretion. However, a low score on such a test cannot be used as sole evidence of dyscalculia. Other measures of number, estimation and calculation would need to be included and analysed alongside a history of difficulty.	
<b>Confirmation of diagnostic decision</b>	Normally 2-3 paragraphs but probably not more than 1 page	<p><b>Essential</b>  <b>This short section will include:</b></p> <ul style="list-style-type: none"> <li>• A brief re-statement of the diagnostic outcome. If applicable, an indication/s of the need for onward referral.</li> </ul>

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

		<ul style="list-style-type: none"> <li>• Further comments, as needed or appropriate.</li> <li>• A positive comment about working with the student.</li> </ul>
<p><b>Recommendations</b></p> <p><i>Subheadings as relevant</i></p>	<p>1-3 pages</p>	<p><b>Essential</b>  <b>Recommendations must be tailored to the needs of the child or young person assessed.</b> They may include some but not necessarily all of the following types of recommendations. Key recommendations given in the Overview section of the report need not be repeated here unless further detail or explanation is required.</p> <p>Where appropriate, from parent/teacher testimonies, the developmental history, direct observation of student, or use of screeners, rating scales and checklists, the Recommendations section of the report will signpost onward referral to an optometrist, the GP, CAMHS or other agency. Where possible, it will be helpful to the parent/school to understand more about how such local referral routes operate and which professionals are likely to be involved. Template referral letters can facilitate onward referral and have been provided in the SASC guidance for visual, attentional and motor difficulties. See <a href="http://www.sasc.org.uk">www.sasc.org.uk</a> Downloads. In the Recommendations section it is essential to provide specific examples of how the child might be supported at home and at school.</p>
<p><b>Access Arrangements</b></p>		<ul style="list-style-type: none"> <li>• Access Arrangements recommendations appropriate to level of study, following guidelines for age and stage (if relevant)</li> <li>• Appropriate arrangements for the student (include the relevant evidence to support this)</li> <li>• Responsibility of the school to make final decision on access arrangements in accordance with up-to-date national guidelines</li> <li>• Monitoring and re-assessment in line with national guidelines</li> </ul>
<p><b>Educational Setting</b></p>		<ul style="list-style-type: none"> <li>• Individual/small group support as available</li> </ul>

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

		<ul style="list-style-type: none"> <li>• Guidance for classroom teachers in supporting students with SpLDs including recognition of cognitive weaknesses and their impact</li> <li>• Useful references and resources: literature, audio, web, app etc.</li> <li>• Use of assistive technologies, as appropriate</li> <li>• Monitoring of progress, as appropriate</li> </ul>
<b>Individual /Specialist Teaching</b>		<ul style="list-style-type: none"> <li>• Recommendations for individual / specialist teaching support appropriate to findings of assessment</li> <li>• Use of multisensory teaching methods, teaching to the student’s strengths</li> <li>• Development of strategies to support student’s learning</li> <li>• Use of assistive technologies</li> <li>• Useful references and resources: literature, audio, web, app etc.</li> </ul>
<b>Home</b>		<ul style="list-style-type: none"> <li>• Suggestions regarding supporting homework, coursework</li> <li>• Suggestions regarding supporting literacy (and numeracy), as appropriate</li> <li>• Useful references and resources: literature, audio, web, app etc.</li> <li>• Use of assistive technologies</li> </ul>
		At the end of this section assessors might wish to sign and date the report again.
<b>Appendices</b>		<i>Essential</i>
<b>Appendix 1: Explanation of Statistical Terms</b>	1-2 pages	<p>Short, accessible explanations should be provided of statistical terms used in the report. These are likely to include <b>standard scores</b> and the concepts of the <b>normal distribution</b> of <b>standard scores</b> and of <b>standard deviation</b>. <b>Confidence intervals</b> should be explained carefully to avoid the common misconceptions associated with their use.</p> <p>Test descriptors should be explained and related to a range of scores. For example, ‘<i>the <b>broad average range</b> for standardised tests (85 – 115) covers 68% of the population, which means that most people taking these tests will fall into this range</i>’. It should be noted in the report that, ‘<i>Some test manuals use different types of score or level descriptor, but</i></p>

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

		<p><i>to maintain consistency and clarity for the readers of the report, scores used in this assessment follow the descriptions given in the table below.'</i></p> <p><b>Examples of Range Descriptors:</b> Choose <b>one of the tables below.</b></p>																																						
<p><b>Examples of Range Descriptors:</b> Choose <b>one</b> of these as best fits the student profile</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 50%;">Standard Score</th> <th style="width: 50%;">Descriptive Ranges</th> </tr> </thead> <tbody> <tr> <td>131 and above</td> <td>Very High</td> </tr> <tr> <td>121 -130</td> <td>High</td> </tr> <tr> <td>116 - 120</td> <td>Above Average</td> </tr> <tr style="background-color: #e6f2ff;"> <td>111 - 115</td> <td>High Average</td> </tr> <tr style="background-color: #e6f2ff;"> <td>90 - 110</td> <td>Mid Average</td> </tr> <tr style="background-color: #e6f2ff;"> <td>85 - 89</td> <td>Low Average</td> </tr> <tr> <td>80 - 84</td> <td>Below Average</td> </tr> <tr> <td>70 - 79</td> <td>Low</td> </tr> <tr> <td>69 or less</td> <td>Very Low</td> </tr> </tbody> </table>		Standard Score	Descriptive Ranges	131 and above	Very High	121 -130	High	116 - 120	Above Average	111 - 115	High Average	90 - 110	Mid Average	85 - 89	Low Average	80 - 84	Below Average	70 - 79	Low	69 or less	Very Low	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 50%;">Standard Score</th> <th style="width: 50%;">Descriptive Ranges</th> </tr> </thead> <tbody> <tr> <td>131 and above</td> <td>Well Above Average</td> </tr> <tr> <td>116 - 130</td> <td>Above Average</td> </tr> <tr style="background-color: #e6f2ff;"> <td>111 -115</td> <td>High Average</td> </tr> <tr style="background-color: #e6f2ff;"> <td>90 - 110</td> <td>Mid Average</td> </tr> <tr style="background-color: #e6f2ff;"> <td>85 - 89</td> <td>Low Average</td> </tr> <tr> <td>70 - 84</td> <td>Below Average</td> </tr> <tr> <td>69 or less</td> <td>Well Below Average</td> </tr> </tbody> </table>		Standard Score	Descriptive Ranges	131 and above	Well Above Average	116 - 130	Above Average	111 -115	High Average	90 - 110	Mid Average	85 - 89	Low Average	70 - 84	Below Average	69 or less	Well Below Average
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<p><b>Appendix 2: Summary Table of Test</b></p>	<p>1 page preferred</p>	<p><b>Wherever possible, report scores in a consistent format:</b></p> <ul style="list-style-type: none"> <li><i>As standard scores with a mean of 100 and standard deviation of 15. Use a psychometric conversion table if</i></li> <li><i>standard scores in this format are not available in the test manual.</i></li> </ul>																																						

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

<b>Results</b>		<ul style="list-style-type: none"> <li>• <i>Include subtest scores</i></li> <li>• <i>Percentile scores are not mandatory</i></li> <li>• <i>Confidence intervals are included to indicate test reliability</i></li> </ul>
<b>Appendix 3: Definition(s) of SpLD(s) as applicable</b>	1 page	<p>In identifying dyslexia and or dyscalculia in a child pre-16 years of age, refer to a recognised and referenced definition. See SASC website for an updated definition of dyscalculia and a discussion of visual difficulties.</p>
<b>Appendix 4: Test References and Descriptors</b>	1 page	<p>In an accessible format and preferably arranged in the order presented in the assessment report, fully reference and describe briefly each test and what it measures. Give the age-range of the test standardisation and the form(s) used. Disclosing sensitive details of the test (e.g. items, timing) should be avoided.</p>
<b>Appendix 5: Further References</b>	1 page	<p><i>Optional</i></p> <p>Give details of any other references.</p>