Figure 11.1 Confidential Assessment Report

CONFIDENTIAL ASSESSMENT REPORT

Student’s Name: Date of Assessment:

Date of Birth: Age at Assessment:

Address

School: Class/Year:

Name of author of this report and contact details:

Signature: Qualifications:

Date: APC Number:

Overview:

This should include a brief statement to say why the assessment was conducted. An outline of the learner’s profile (strengths and weaknesses) should be given and the impact on the learner’s mathematical development discussed. It should state the diagnostic outcome with a summary of the evidence on which it is based and the key recommendations made. Where the assessment indicates that there may be more than one specific learning difficulty this should be clearly stated and the need to refer for further assessment (if applicable) noted.

Background information

This will include:

* Health and developmental history: general health, developmental milestones, any relevant medical information such as vision, hearing, motor co-ordination difficulties, articulation difficulties or slow speech acquisition including referral to speech therapist (if applicable) and pattern of school attendance (if this has been affected).
* Familial history of SpLD or other developmental conditions: any family history of dyscalculia, other specific learning difficulties or medical conditions that have led to mathematics difficulties.
* Linguistic history: English as an Additional Language or any complex language history that could explain the result of the assessment. In the case of learners with EAL, there should be reference to the home language, parents’ first language, the length of time in the UK, the learner’s proficiency in English, difficulties in the first language (if known) and any additional language support received.
* Educational history: summaries of previous assessments (e.g. for dyslexia), previous educational support, examination Access Arrangements (where applicable), statement of SEN or Educational Health Care Plan, responses to intervention provided so far and any disruption to education (e.g. frequent changes of school).
* Current situation: attainment and progress in general, as well as difficulties in mathematics (and literacy if applicable). The current level of support should be stated. Parents/teachers perceptions of strengths or difficulties in memory, attention, concentration, speech, communication, organisation, social skills, directionality, telling the time, spatial skills, motor skills, etc. should be commented on. This section should clearly indicate that parents (and/or carers) and the student concerned have been consulted and report their views including learner voice:

The learner views (personalise – use name)

* Perceptions of difficulties/strengths, interests in and out of school
* What helps/hinders them learning successfully
* How they feel about the assessment
* How they feel about mathematics (maths anxiety) – self-concept as a learner

Test conditions:

There should be a brief statement about the test environment (e.g. comfort, interruptions) as well as the health of the learner, attention, motivation, anxiety, fatigue (and his/her response to these). Any factors that might affect performance should be noted (e.g. background noise). It is useful also to note if it was a continuous test session or not and the length of the assessment.

Assessments

Reports of performance in each of the areas listed below should be prefaced by a brief statement about attainment or cognitive function which the assessment is designed to examine and the demands of the assessment briefly described. Observations of how the learner handled the tasks should be noted as they may be important in interpreting the results and reaching a diagnostic decision.

Cognitive Profile:

Underlying Ability

May have already been completed as part of a dyslexia assessment, tests should assess the following areas:

* Non-verbal reasoning
* Verbal reasoning
* Visual-spatial reasoning

A summary of underlying ability is given which synthesises the results and considers implications for accessing the curriculum

Working Memory

Tests used should assess the following aspects of working memory:

* Verbal
* Visual-spatial
* Visual sequential

A summary of working memory is given which synthesises the results and considers implications for classroom behaviours/performance

Phonoloical Processing

Normally gconducted as part of a dyslexia assessment and should assess the following aspects:

* Phonological awareness
* Phonological short-term memory
* Rapid naming

A summary of phonological processing is given which synthesises the results and considers implications for classroom behaviours/performance

Processing Speed

Tests used should assess the following aspects:

* Arithmetic/calculation fluency
* Speed of number fact retrieval

A summary of processing speed is given which synthesises the results and considers implications for classroom behaviours/performance

Additional Diagnostic Evidence and Information:

Dyscalculia Screening Test

Formal screening for dyscalculia using a standardised test that produces an ‘at risk’ indicator should form part of the diagnostic evidence. A brief description of what the tasks involved should be given and any strategies the child used noted. The results and overall profile should be discussed with a printout of the profile added to the report in the appendices.

Informal Numeracy Assessment

Tests and activities used should assess the following aspects:

* Number sense: use of manipulatives to examine subitising, symbolic and non-symbolic magnitude comparison, ordering and concept of number
* Basic arithmetic (four rules)
* Mental mathematics
* Number fact knowledge
* Mathematical language and vocabulary
* Estimation skills
* Mathematical reasoning
* Cognitive thinking style (via observation)
* Assessment for teaching (criterion referenced assessment), e.g. by giving numerous problems on a particular aspect of mathematics that the learner is having difficulty with to find out exactly what they can and cannot do

A qualitative analysis of patterns of errors and performance within tests should be given in the summary which synthesises the results and considers implications for classroom behaviours/performance

Visual Stress

Where indicators of visual distortions or discomfort are observed during the assessment they should be noted but not ‘diagnosed’ and the assessor should describe routes to further assessment by an appropriate specialist (e.g. optometrist).

Motor Co-ordination Difficulties

Where indicators of motor difficulties are observed during the assessment they should be noted but not ‘diagnosed’ and the assessor should describe routes to further assessment by an appropriate specialist (e.g. occupational therapist).

Attention Related Difficulties

Any pattern of behaviours that might indicate attentional difficulties should be noted but not ‘diagnosed’ and a referral should be made to a specialist medical practitioner.

Attainment:

Mathematics Skills

* This section should include standardised measures of:
* Arithmetic (timed and untimed)
* Mathematical reasoning skills and problem solving (including word problems to explore if difficulties are language related).

A summary of attainment in mathematics is given which synthesises the results and considers implications for classroom behaviours/performance.

Literacy Skills

Literacy skills should be reported in order to identify strengths as well as weaknesses in the cognitive profile. Where a previous assessment for dyslexia has been conducted literacy attainment will have been discussed in the background information. Assessment of literacy skills might include:

* Single-word reading
* Passage reading and reading comprehension
* Reading speed and fluency
* Non-word reading
* Single-word spelling
* Handwriting speed
* Free writing

A summary of attainment in literacy is given which synthesises the results and considers what this adds to the learner profile (e.g. whether literacy skills are unaffected or if there may be a co-occurring difficulty such as dyslexia)

Confirmation of Diagnostic Decision

This should include a brief re-statement of the diagnostic decision, mapping the evidence from the assessment (where possible) to a recognised definition of dyscalculia. Any further comments on the nature of the difficulties may be included (as appropriate). For example, where the difficulties are not of a dyscalculic nature but may be due to another mathematics-related difficulty such as dyslexia. The section should end with a positive comment about working with the learner.

Recommendations

These should include recommendations for teaching and support which directly relate to the evidence and conclusions above and are tailored to the individual needs of the learner. If appropriate, a recommendation should be made for referral for further specialist assessment or to another professional.

Appendices (1–5)

Appendix 1

This will contain an explanation of the scores and descriptors used in the report. It is normally presented as a table with two columns, one for the standard score and one for the descriptor. The most commonly used descriptors in the UK are: standard score 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). The average range is reported as 85–115 with a mean of 100 and a standard deviation of 15.

However, the test descriptors given in the test manual can vary, particularly if a combination of UK and American tests have been used. It is important to be consistent in the use of descriptors in the assessment report, and where they are described differently in the test manuals, the assessor must decide which descriptors to use before writing the report.

Appendix 2

A table giving a summary of scores should be provided. This will normally have four columns for: the name of test or subtest, the standard score, the confidence interval and the descriptor. Scores for all subtests should be given (not just the composite scores) and a 95% confidence interval is normally used.

Appendix 3

A definition of dyscalculia must be included and referred to in the section on making a diagnostic decision. The definition on the SpLD Assessment Standards Committee (SASC) and British Dyslexia Association (BDA) websites is the current preferred definition. Any other definition that may be relevant should also be given (i.e. where there is or may be a co-occurring difficulty).

Appendix 4

The full details of the tests used in the assessment should be given. These may be presented in alphabetical order or (as preferred in the SASC guidelines) in the order in which the reader will encounter them in the assessment report. This section should clearly state for each test used: the full name of the test, which edition has been used, the publisher, the date the test was published, the age range it is suitable for, the particular form used (if parallel forms are available) and which aspects it assesses. Any subtests it contains should be described briefly. However, disclosing sensitive information (e.g. specific details of test items and timings) should be avoided.

Appendix 5

If specific resources (e.g. for teaching) are recommended, these should be fully referenced and included as Appendix 5.