Dyslexia Guidance:

An Assessment through Teaching Approach for the Identification of Dyslexia

Pupil and School Support and Educational Psychology

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# Introduction

The purpose of this document is to outline Access to Education’s approach to identifying dyslexia and how to meet the needs of children and young people with dyslexia. It aims to:

* promote a shared and coherent rationale and understanding of dyslexia
* adopt a common approach to the identification and provision for pupils with dyslexia through the use of a ‘pathway’
* clarify the roles and responsibilities of all concerned, whilst promoting the active participation of children/young people and their parents/carers in the learning process
* clarify terminology and use the term ‘dyslexia’ with confidence
* share current perspectives and definitions of dyslexia
* signpost sources of information
* provide advice on classroom strategies
* advise on adapting classroom practice, approaches and access strategies, appropriate interventions and ‘dyslexia friendly’ learning environments

The intended audience is all those who work with and support children and young people including parents/carers, governors, support services, other professionals and the children and young people themselves.

This document builds on the original Dyslexia Guidance (2011) and Educational Psychology Practice Guidance for the Assessment of Dyslexia (February 2012) and has been compiled following a review of literature and current research, taking into account national initiatives and guidance and recognising good practice from other Local Authorities (LAs). Regard is given to the Equalities Act 2010 and to the 0-25 SEND Code of Practice 2015.

The principles within this guidance are as relevant to dyslexia as they are to other types of Special Educational Needs & Disability (SEN/D) and include:

* the involvement of children and young people
* a focus on raising attainment
* facilitating the LA’s commitment to raising the level of expectations/attainment for all pupils with SEN/D
* the importance of equality of opportunity
* early identification and intervention
* working in partnership with parents/carers

# What is Dyslexia?

The SEND Code of Practice 2015 states that “specific learning difficulties (SpLD) affect one or more specific aspects of learning”. This is an umbrella term used to describe a variety of learning differences. These include dyslexia, dyspraxia and dyscalculia.

The term dyslexia is derived from two Greek words, ‘dys’ meaning ‘difficulty’ and ‘lexia’ from the root ‘lexis’ meaning ‘words or language’. The literal meaning is therefore ‘difficulty with words’.

Despite considerable scientific and educational research, a wide variety of terminology and definitions of dyslexia remain. Worldwide there is no single, commonly accepted definition or an agreed cause.

**Recent Research:**

Recent research points to expert views largely agreeing on the following points:

a) The discrepancy model is discredited:

Practitioners should:

*“…*shift the focus of their clinical activities away from emphasis on psychometric assessment to detect cognitive and biological causes of a child’s reading difficulties for purposes of categorical labelling in favour of assessment that would eventuate in educational and remedial activities tailored to the child’s individual needs”

(Vellutino *et al.,* 2004, p.31)

* One of the biggest myths associated with dyslexia is that it should be defined in relation to intelligence (Elliot and Grigorenko, 2014).
* The so called ‘discrepancy definition’ of dyslexia recognises as genuine dyslexics only those whose level of reading is significantly worse than would be expected on the basis of their intelligence (typically measured by an IQ test). Research over the past twenty years has demonstrated the folly of this belief. Puzzlingly, while the discrepancy model has been discredited (and is no longer advocated by dyslexia lobby groups), it is still widely employed by clinicians (Elliot and Grigorenko, 2014)

b) The importance of phonological skills:

* Phonemic awareness is the strongest predictor of children’s word reading skills (Elliott and Grigorenko, 2014).
* At the present time, the phonological deficit hypothesis provides the only clear-cut evidence of causal links with reading failure (Snowling, 2006).

c) Identification should be carefully considered:

* It is important for children to have sufficient experiences of literacy-based activities and interventions prior to an identification of dyslexia being sought. Children who have not had sufficient experiences could present as being dyslexic, when in fact they have simply not had enough exposure to first quality teaching (Catts, Petscher, Schatschneider, Bridges and Mendoza, 2009).
* It is better to delay the identification process until a more accurate assessment can be made following a period of High Quality Teaching (Fletcher et al, 2002; Hurford, Potter and Hart, 2002)

d) Specialist support helps pupils progress, regardless of the cause of reading delay:

* Differentiation of intervention based upon whether an identification has been made or not is not essential (Elliott and Grigorenko, 2014).
* Whilst an identification of dyslexia should not be made too early, it is critical that difficulties in learning to read are identified as early as possible and that targeted support is given, regardless of the cause (Torgesen, Foorman and Wagner, 2010).
* It is not useful, from an educational point of view to differentiate between the dyslexic and other poor readers as the techniques used to teach both dyslexic and other struggling readers are the same (UK Commons Science and Technology Committee, 2009).

“Where a pupil continues to make less than expected progress, despite evidence based support and interventions that are matched to the pupil’s area of need, the school should consider involving specialists including those secured by the school itself or from outside agencies”

(SEND CoP, 2015 page 102, para6.58)

“A school should always involve a specialist where a pupil continues to make little or no progress or where they continue to work at levels substantially below those expected of pupils of a similar age, despite evidence based SEN support delivered by appropriately trained staff.”

(SEND CoP, 2015, para 6.59)

e) It is helpful to differentiate between difficulties:

* During an assessment it is useful to distinguish between co-occurring difficulties, if there are any, in order to ensure that the intervention planned can take these into account (Sumner et al., 2009; Sexton et al.,2012)
* The pupil’s word reading and or spelling skills have developed very incompletely so that these word-level difficulties are apparent with: 1) accuracy or 2) accuracy and fluency (Rose, 2009; Elliot and Grigorenko, 2014).

“It is important to differentiate between children who have decoding difficulties and those who, while accurate and fluent readers, struggle with other reading-related problems such spelling and comprehension.” (Elliott and Grigorenko, 2014, p 161)

**Relevant Definitions:**

Both the British Psychological Society (1999) and the comprehensive report provided by Jim Rose 2009 provide useful definitions.

These definitions are as follows:

British Psychological Society (BPS):

Dyslexia is evident when accurate and fluent word reading and/or spelling develops very incompletely or with great difficulty. This focuses on literacy learning at the ‘word level’ and implies that the problem is severe and persistent despite appropriate learning opportunities. It provides the basis for a staged process of assessment through teaching.

Rose Report Definition:

Dyslexia is a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling.

Rose also indicates professional agreement around the following:

1) Characteristic features of dyslexia are difficulties in phonological awareness, verbal memory and verbal processing speed.

2) Dyslexia occurs across the range of intellectual abilities.

3) Dyslexia is best thought of as a continuum, not a distinct category, and there are no clear cut off points.

4) Co-occurring difficulties may be seen in aspects of language, motor coordination, mental calculation, concentration and personal organisation but these are not, by themselves, markers of dyslexia.

5) 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.

**The foundation to Access to Education’s identification process:**

Access to Education has taken into account the most up-to-date research and the BPS and Rose report definitions in order to agree that dyslexia occurs at the word level in terms of either:

**1) incomplete reading and/or spelling accuracy**

**2) incomplete accuracy and fluency in reading and/or spelling**

(Rose, 2009; BPS, 1999)

Access to Education is also basing the identification process on the following:

**These difficulties are persistent and severe despite appropriate learning opportunities within an assessment through teaching approach (BPS, 1999) and pupils have made less than expected progress following targeted interventions and the involvement of specialist support that has been tailored to pupils’ individual needs (SEND CoP, 2015).**

For example: if a child is having a continuing difficulty with remembering spelling patterns and how to write and use them, they should have received an intervention such as Direct Phonics. If this was shown not to be effective other interventions will have been tried e.g. Cued Spelling. Despite this, the young person will still have severe difficulties.

**Whilst recognising that word level reading and or spelling difficulties occur across a continuum from mild to severe (Rose, 2009), A2E will focus on identifying pupils who have persistent and severe difficulties as having dyslexia.** Around 4 to 8% of the school population is estimated to have dyslexia (Butterworth & Kovas, 2013) and a similar estimate of prevalence is quoted by Snowling (2013). For the purpose of identification Access to Education will identify dyslexia within this range where word level difficulties continue over a period of time, **despite appropriate intervention at the specialist level** of the Dyslexia Identification Pathway. Therefore, before dyslexia is considered as a possible cause for observed difficulties, it is imperative that steps have been taken and provision made to address them.

Pupils with milder reading and or spelling difficulties i.e. above the 4 to 8 percentile should continue to access support through High Quality Teaching and appropriate differentiation. Children with complex, general learning difficulties should continue to access targeted or specialist support through a graduated approach.

# The Role of Schools

Access to Education support the view of the Department for Education (2012) that children with dyslexia and other learning difficulties learn and make progress most effectively by being taught and supported in a familiar environment by their teachers and teaching assistants through good ‘High Quality Teaching’.

This is reflected in the 0 to 25 SEND Code of Practice (April 2015) which describes a graduated approach which begins with High Quality Teaching and follows an ‘assess, plan, do and review’ process.

The National Curriculum Framework (2013) states that all teachers:

* Set suitable learning challenges
* Overcome barriers to learning
* Respond to pupils’ diverse needs

# High Quality Teaching and Dyslexia Friendly Practice

There are certain teaching methods and practical approaches which are particularly effective to promote access to learning for all children, including those with dyslexia. For the most part these strategies should just be part of HQT rather than being something additional.

The following diagram shows some of the common features of HQT / dyslexia friendly strategies. In addition Appendix 1 has a checklist of specific strategies and approaches which can be used to both audit and inform practice.

**Diagram 1:** Common features of High Quality Teaching and dyslexia friendly strategies.

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# Information for Parents/Carers

Appendix 2 contains information, which schools are encouraged to share with parents/carers who might be concerned about whether their child has difficulties consistent with the definition of dyslexia. It also incorporates further information about the kind of support that is available in schools.

Additionally, Access to Education can offer further advice to parents and carers regarding how best to support their child.

**Assessment of Dyslexia**

It is important to note that current research clearly indicates that the identification of dyslexia does not take place through a one-off assessment. Services within Access to Education identify dyslexia when difficulties at the word level are evident over time and are persistent despite universal, targeted and specialist support through the graduated approach (SEND CoP, 2015).

## Screening Tests

* There are many different types of screening tests. Some are delivered by computer, others need to be administered by a teacher. Some claim to give an estimate as to whether the child/person is likely to have dyslexic difficulties. However, they are based on a discrepancy model that has been widely discredited so therefore screening tests cannot identify dyslexia and should not be used as predictors because other techniques are better.
* Additionally, as they are a one-off assessment and do not take account of interventions or progress over time, they should not be used to identify dyslexia.

## Assessment through Teaching

Access to Education has developed an **assessment pathway** that describes the process towards a formal identification of Dyslexia (see page 11). It is designed to

comply with the requirements of the 0 to 25 SEND Code of Practice 2015 and ensures that children and young people receive the support they need.

**Step 4: Specialist Support**

Concerns continue, so school should involve specialist services to provide assessment and consultation that considers a general literacy difficulty or just a specific literacy difficulty.

**Has a general literacy difficulty been identified?** If yes, continue with targeted and specialist support to address all areas of difficulty.

**Step 3: Targeted Support**

Concerns continue so school involves SENCo/school based specialist; provide Targeted Support.

**Has progress been made?** If yes, continue appropriate level of provision.

**Step 6: Review of all evidence from steps 1-5 to inform report.**

**Possible Outcomes:**

**1) Progress has been made: c**ontinue appropriate level of provision.

2) **Despite all of the above, there is a persistent difficulty:** dyslexia can be identified. Continue with targeted and specialised support to address all areas of difficulty.

**Step 2: Universal Support**

Class teacher/parent has concerns re progress; provide Universal Support.

**Has progress been made?** If yes, continue appropriate level of provision.

**Evidence Needed**

**Step 1 High Quality Teaching**

School delivers High Quality Teaching.

**Has progress been made?** If yes, continue appropriate level of provision.

School able to evidence High Quality Teaching and Universal Support, voice of young person and parent.

School able to evidence Targeted Support, voice of young person and parent.

School able to evidence Specialist Support, voice of young person and parent.

**Graduated Approach**

N

N

**Step 5a:** Schools to submit evidence of steps 1-4 which can be used within a consultation with the school’s visiting EP and/or PSS Teacher. Specialist reading and/or spelling support will be planned together to include a standardised pre- and post- assessment carried out by EPS and/PSS and a targeted intervention carried out by schools.

**Step 5c: Specialist Reading and/or Spelling Support:**

At least 6-months of specialist reading and/or spelling support implemented and adaptations made as needed and as recommended by EPS or PSS

**Step 5b:** Standardised pre-assessment of word level skills, completed by PSS/EPS.

**Step 5d:** Standardised post-assessment of word level skills, completed by PSS/EPS.

School able to evidence Specialist Support, which indicates specific word level difficulties.

N

N

**Assessment through Teaching Pathway for the Identification of Dyslexia**

**Targeted and Specialised Support delivered**. Decision to be made by professional: **remain at step 4 or is step 5 still appropriate?** If yes, deliver specialist intervention alongside step 5.

**Y**

**Y**

**Step 1:** **High Quality Teaching**

The pathway and indeed provision for **all** pupils begins with **High Quality Teaching (HQT)**. The SEND Code of Practice (2015) states “class and subject teachers, supported by their senior leadership team, should make regular assessment of progress for all pupils. These should seek to identify pupils making less than expected progress given their age and individual circumstances” (page 95, point 6:17). Whatever type of provision young people receive, HQT should underpin it all and be on-going.

HQT has the following features:

* highly focused lesson design with sharp objectives
* high demands of pupil involvement and engagement with their learning
* high levels of interaction for all pupils
* appropriate use of teacher questioning, modelling and explaining
* an emphasis on learning through dialogue, with regular opportunities for pupils to talk both individually and in groups
* an expectation that pupils will accept responsibility for their own learning and work independently
* regular use of encouragement and authentic praise to engage and motivate pupils.

*Personalised Learning: A Practical Guide (DCSF, 2008)*

HQT should also include the use of dyslexia friendly strategies (see appendix 1 for a checklist of strategies).

**Step 2: Universal Support**

For those children and young people for whom HQT does not result in sufficient progress **Universal Support** should be given. This means that, as well as providing HQT, the teacher will make adaptations to classroom practice and use support strategies to enable children to learn inclusively and meaningfully alongside their peers. These could include the use of a writing slope and word banks. The vast majority of pupils with dyslexia can be supported effectively at this level of provision.

**Step 3: Targeted Support**

If progress is still insufficient then, in addition to HQT and Universal Support, the child/young person will receive additional support that is specific, time-limited and evidence-based from well-trained staff who are highly effective. An example of such an intervention is Cued Spelling. **This is called Targeted** **Support** and can be delivered individually or in a group depending on the intervention being used.

**Step 4: Specialist Assessment**

If progress is still insufficient, there will be a need to establish whether or not a pupil’s difficulties with literacy are general (with or without difficulties at the word-level) or specific (at the word-level). A referral at this stage should be made to an outside agency for a formal assessment and consultation to establish the range of needs and next steps for the pupil.

If general literacy difficulties are identified, High Quality Teaching, Universal and Targeted Support could continue, following recommendations from outside agencies. This specialist provision will include one or more evidence based interventions (see appendix 3 for a list of some examples of these) to meet the range of needs presented.

If word level difficulties are present at this stage either with or without other general literacy difficulties, it may be recommended by the professional involved that the above support can run alongside Step 5 of the pathway. The decision about whether the pupil remains at Step 4 or moves to Step 5 will largely depend on the pupil’s response to intervention and will need to be part of the professional consultation process.

At each level of support it is vital, as prescribed in the SEND Code of Practice, that parents are involved in the process. In addition, the views of the young person should also be sought and considered.

**Who should be considered for an identification of dyslexia (step 5)?**

1. If the evidence suggests that the child/young person has a wide range of literacy difficulties an identification of dyslexia may not be appropriate. An assessment for dyslexia should only be considered if word-level difficulties are present, following initial assessment and advice from the relevant A2E professional.
2. If evidence suggests a more specific literacy difficulty has been identified at step 4, then progress to step 5 where specialist support will include pre- and post- assessments of word level skills and targeted intervention supported by outside agencies. This will confirm if the presenting difficulties are severe and persistent in line with Access to Education’s definition of dyslexia.

**Step 5: Specialist Reading and/or Spelling Support**

Specialist support will include:

a) Standardised pre-assessment of word level skills

b) Targeted intervention for at least 6-months, addressing any gaps in word level skills

c) Standardised post-assessment of word level skills

NB: A period of 6-months has to pass in order for the standardised post-assessment to be valid and to ensure that any identified difficulties are persistent.

**Possible outcomes at step 6:**

1. If evidence collected reflects accelerated progress as a result of the specialist intervention programme(s), as identified by the specialist support service involved, an identification of dyslexia should not be considered. This is because the difficulty will have been shown as **not** ‘persistent or severe, despite appropriate provision’. If this is the case then the level of provision needed by the young person is likely to decrease or be maintained. It is unlikely to need to be increased.

2. If evidence collected indicates severe and persistent word level difficulties, despite

a high level of intervention, a formal identification can be given.

**Step 6: Review of all evidence from steps 1-5 to inform report.**

If the assessment does reinforce the submitted evidence then a formal identification of dyslexia will be given. A report will be written detailing the results of the assessment, recommendations of further appropriate strategies/interventions and confirmation that the young person has dyslexia.

**Documents to support the process**

In the appendix you will find the following documents to support the implementation of the pathway:

Appendix 1: Self-Evaluation/Audit Tool

Appendix 2: Information for Parents

Appendix 3: Examples of Appropriate Interventions

Appendix 4: Parent/Carer consent form for the identification of dyslexia (PSS only)

Appendix 5: Parents’ Views Questionnaire

Appendix 6: Child/Young Person’s Views Questionnaire

Appendix 7: Evidence Checklist for dyslexia assessment request (see separate PSS Panel – Evidence Gathering document)

**Appendix 1: Self Evaluation/Audit Tool**

**High Quality Teaching Checklist**

Teacher: Date:

|  |  |  |
| --- | --- | --- |
| **Planning and teaching to support literacy skills** | **Consistently in place** | **Area for development** |
| Clear planning of the role of additional adults in lessons – all adults support all groups of pupils during a series of lessons |  |  |
| Supporting adults are well-briefed and clear about outcomes for pupils, therefore support is focused |  |  |
| Differentiation includes multi-sensory approaches, and a range of teaching/learning styles |  |  |
| Teaching and instructions chunked /broken down to aid understanding |  |  |
| Clear questioning to check and/or to develop understanding |  |  |
| Clear procedures for pupils to access help e.g. put hand up/ traffic light cards |  |  |
| Spelling tests are short and differentiated |  |  |
| Rhyming skills are taught visually and aurally |  |  |
| Mnemonics are used as appropriate |  |  |
| Cloze procedures are used |  |  |
| Writing frames are used to support and develop writing skills |  |  |
|  |  |  |
| **Classroom organisation** | **Consistently in place** | **Area for development** |
| Pupils with additional needs are seated at the front, facing the board, enabling children to see and hear the teacher clearly |  |  |
| Opportunities for peer support, through flexible groupings, to allow pupils to work with their peers |  |  |
| Opportunities to work in a quiet area if required |  |  |
| Clearly labelled resources |  |  |
| Attempts are made to minimise distraction/maximise concentration |  |  |

|  |  |  |
| --- | --- | --- |
| **Texts and resources available in the classroom** | **Consistently in place** | **Area for development** |
| Reading level of text checked – appropriate to pupils skills |  |  |
| Interest level of text checked |  |  |
| Font is clearly distinguishable, e.g. Sassoon, Comic Sans including displays. Size 14 |  |  |
| Photocopies are clean and clear |  |  |
| Frequent subheadings, shown in bold |  |  |
| Diagrams and illustrations are clear, relevant and relate to the text |  |  |
| Task management boards / planning templates as required |  |  |
| Children have opportunities for alternative methods for recording and reporting e.g. dictaphones, voice recorders |  |  |
| Access to whiteboards / magnetic letters and boards |  |  |
| Spelling aids – word / phonic mats, dictionaries, spelling log, spell checkers, alphabet arcs |  |  |
| Opportunities to access ICT equipment for recording e.g. word processing programmes (e.g. Clicker 6), spell checkers. |  |  |

|  |  |  |
| --- | --- | --- |
| **Effective teaching and learning strategies** | **Consistently in place** | **Area for development** |
| Teachers know and utilise a pupil’s strengths e.g. visual, auditory or kinaesthetic learning opportunities |  |  |
| Pupils are praised and reassured for their work |  |  |
| Children reading and spelling aloud in front of class is voluntary |  |  |
| Effective reward system in place for the benefit of all pupils |  |  |
| There is a positive supportive environment for all pupils. Learning tasks consider and address emotional needs of pupils. |  |  |
| Instructions and statements are clear and without ambiguity |  |  |
| Explanations are repeated in different ways as required |  |  |
| **Texts and resources available in the classroom** | **Consistently in place** | **Area for development** |
| Timescale of a task is clearly stated, supportively with extra time allowed if necessary (ensuring this does not eliminate time for enjoyed activities e.g. break, lunch time) |  |  |
| Pre- and post-tutoring of relevant subject specific/ text specific vocabulary |  |  |
| Subject specific words are linked to clear concepts |  |  |
| Hand-outs and assistive technology are available to reduce the need to copy from the board |  |  |
| Information and teaching points are shared, using bullet points and lists |  |  |
| Colour is used as an identifier: colour coding, highlighting and colour blocks for focus |  |  |
| New concepts are linked to previous techniques |  |  |
| Assessment/marking criteria are clearly stated, including those for alternative formats |  |  |
| Pupils are able to use diagrams and illustrations, bullet points and numbered lists to present their knowledge and understanding |  |  |
| Children are asked how best they learn and this informs teaching |  |  |
| Pupils are positively encouraged to ask questions |  |  |

## 

## Appendix 2: Information for Parents

Most children learn to read and write easily, others take longer and may need extra help. However, a few children find the process of learning to read and spell particularly hard and it can then become a barrier to learning. Such children may have underlying problems that, despite appropriate ‘teaching’, affect their ability to learn these skills. This can sometimes be referred to, particularly by professionals, as a ‘Specific Learning Difficulty’ (SpLD) or dyslexia.

The SEND Code of Practice 2015, states that “specific learning difficulties (SpLD), affect one or more specific aspects of learning”. This is an umbrella term used to describe a variety of learning differences. These include dyslexia, dyspraxia and dyscalculia.

The term dyslexia is derived from two Greek words, ‘dys’ meaning ‘difficulty’ and ‘lexia’ from the root ‘lexis’ meaning ‘words or language’. The literal meaning is therefore ‘difficulty with words’.

There is no single identified underlying cause for dyslexia or one single definition. This can lead to difficulties when trying to identify it.

Despite the use of different definitions of dyslexia, expert views largely agree on two basic points:

1. It is now widely accepted that dyslexia exists.
2. Identifying dyslexia and developing ways to support dyslexic learners should be the focus of the way forward (Rose Report 2009 p9).

Access to Education, in line with current thinking and research, accepts and recognises the need for both of the following definitions:

British Psychological Society (BPS):

Dyslexia is evident when accurate and fluent word reading and/or spelling develops very incompletely or with great difficulty. This focuses on literacy learning at the ‘word level’ and implies that the problem is severe and persistent despite appropriate learning opportunities. It provides the basis for a staged process of assessment through teaching.

Rose Report Definition:

Dyslexia is a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling and in addition:

Characteristic features of dyslexia are difficulties in phonological awareness, verbal memory and verbal processing speed. Dyslexia occurs across the range of intellectual abilities.

The above definitions recognise that, for an identification of dyslexia to be made, **the appropriate provision must first have been made**. Without this provision it would not be possible to tell whether or not the difficulties are ‘persistent and severe’.This is why, when the school is requesting an assessment of dyslexia, they will be asked to submit evidence of what provision has been made to date to address the observed and assessed difficulties.

Access to Education has taken into account the most up-to-date research and the BPS and Rose report definitions in order to agree that dyslexia occurs at the word level in terms of either:

**1) incomplete reading and/or spelling accuracy**

**2) incomplete accuracy and fluency in reading and/or spelling**

(Rose, 2009; BPS, 1999)

Access to Education is also basing the identification process on the following:

These difficulties are persistent and severe despite appropriate learning opportunities within an assessment through teaching approach (BPS, 1999) and pupils have made less than expected progress following targeted interventions and the involvement of specialist support that has been tailored to pupils individual needs (0 to 25 SEND Code of Practice, 2015).

However, dyslexia is not all about difficulties. Children and young people may have strengths in the following areas:

* problem solving
* music
* art
* sport
* ICT
* discussion/explanations

It helps to discover and celebrate strengths and to work with the school to develop them. It is also important to keep a child’s confidence and self-esteem high. If you feel that your child’s difficulties with reading and spelling are affecting their progress at school, this may be the time to talk to your child’s class-teacher and discuss your concerns. Schools have copies of the Access to Education Dyslexia Guidance (2015) for further information and support.

### What can the school do to support my child?

Teachers regularly assess a child’s progress to help them plan new work and identify areas of strength and any difficulties that a child may be presenting. If teachers are concerned about progress they can look at how they can adapt their teaching and/or the environment to help the child learn; this may include making small changes to the way a lesson is taught, the materials that are used, or the support given to a child or to a group of children in some lessons.

For more detailed, specific information about what your child’s school provides see the school SEND Information Report. This is something that the SEND Code of Practice 2014 requires schools to publish on their websites. It is updated annually. It will also provide a link to the Local Authority’s Local Offer. This gives information about what provision is available across the city. To go straight to the Local Offer, please see the following link:

<http://www.mycareinbirmingham.org.uk/>

The levels of support given to children and young people are defined in the 0 to 25 SEND Code of Practice 2015 as Universal, Targeted and Specialist.

**Universal Support:** In addition to High Quality Teaching, the class teacher will make creative adaptations to classroom practice and use support strategies to enable children to learn inclusively and meaningfully alongside their peers e.g. use of a writing slope, coloured paper, word banks and so on. The vast majority of pupils with dyslexia can be supported effectively with this level of support.

**Targeted Support:** In addition to High Quality Teaching (and probably Universal support too) the child/young person will receive additional support that is specific, time-limited and evidence-based from well-trained staff who are highly effective. An example of such an intervention is Cued Spelling. Targeted support can be individual or in a group depending on the intervention being delivered.

**Specialist Support:** High Quality Teaching and Universal Support are likely to continue but the young person’s needs are such that they require the skills of a specialist teacher or group of professionals to be involved. The majority of the pupil’s time is spent in the mainstream classroom but their ‘additional to and different from’ provision is highly personalised and very closely monitored. The class or subject teachers should be clear on how to encourage independence and boost confidence.

### Frequently Asked Questions for Parents:

**Q. Is dyslexia hereditary?**

**A.** There is substantial evidence to support the view that dyslexia is evident in generations of families (Ott, 1993). It could often skip a generation or be present in the extended family such as uncles or cousins, as well as in siblings. Another study which followed the development of children born to parents with dyslexia revealed a heightened risk of literacy impairment (Snowling & Frith, 2003).

**Q. Why use the term dyslexia instead of Specific Learning Difficulties?**

**A**. Dyslexia is one example of a Specific Learning Difficulty (other examples include dyspraxia and dyscalculia). Therefore, to make it clear what is being talked about, the term dyslexia is still being used.

**Q. Can dyslexia occur across the full range of abilities?**

**A**. Yes. Dyslexia affects children across the range of intellectual abilities (Rose Report p10).

**Q. How do parents get their child’s dyslexia acknowledged?**

**A.**  The best place to start is in school. If parents/ carers have any worries about their child’s literacy development, they should talk to the class/form teacher and possibly the SENCO who can share information about the different levels of identification.

**Q. Who can identify that a child has dyslexia?**

**A**. Access to Education prefers to use the term identification rather than diagnosis. This is because the term diagnosis implies a medical condition.

In order to make a formal identification of dyslexia, the assessor must hold a suitable qualification. In Access to Education this is any Educational Psychologist and those teachers in Pupil and School Support who hold an appropriate Postgraduate Diploma. The latter are also accredited by the British Dyslexia Association and hold current AMBDA accreditation (Associate Member of the British Dyslexia Association).

**Q. What is the best test for dyslexia?**

**A.**  There is no single test for dyslexia. This is because a one-off test can only ever give a snap-shot of a child’s performance at a single point in time. It does not take into account whether or not appropriate support and provision has been given to address any difficulties. This is important in order to be able to identify whether or not the difficulties are ‘persistent and severe’ (see the definitions of dyslexia above).

**Q. How does Access to Education assess for dyslexia?**

**A.** There is no single test for dyslexia; Access to Education uses the assessment through teaching approach. This involves observing and assessing how a child / young person responds to provision that is put in place by the school / setting at the universal, targeted and specialist stages as detailed in the SEND Code of Practice 2015.

Standardised tests are used to support professional judgement in identifying literacy difficulties at the word level that are severe and persistent over time.

**Q. What is specialist dyslexia teaching?**

**A**. Teaching to support dyslexia is high quality literacy teaching that addresses the needs of the individual and is usually delivered in the classroom; however some schools may have access to a specialist dyslexia teacher who has attained accredited specialist qualifications usually at a post graduate Level.

**Q. How many children experience dyslexia?**

**A**. Around 4 to 8% of the school population is estimated to have dyslexia (Butterworth & Kovas, 2013) and a similar estimate of prevalence is quoted by Snowling (2013). For the purpose of identification Access to Education will identify dyslexia within this range where word level difficulties continue over a period of time, **despite appropriate intervention at the specialist level** of the Dyslexia Identification Pathway.

**Q. Can dyslexia occur in all ethnic groups?**

**A**. Yes. Literacy and dyslexic difficulties can be identified in males and females across languages, ethnic and socio economic groups (Rose Report p36).

**Q. If my child is identified as having dyslexia; will this always be the case?**

**A.** Yes - Dyslexia is a severe and persistent condition that will require ongoing appropriate strategies and intervention for any literacy based activities.

### Support Available for Parents/Carers:

**SEND Information, Advice & Support Service (SENDIAS)**

The POD,

28 Oliver Street,  
Nechells,

Birmingham, B7 4NX

Email Address:[SENDIASS@birmingham.gov.uk](mailto:SENDIASS@birmingham.gov.uk)

Telephone Number: 0121 303 5004

## 

## Appendix 3: Examples of Appropriate Interventions

**This list is not meant to be exhaustive** and there may be other interventions that you have used. However all interventions should make **additional to and different from** provision. The publication ‘What Works for Children and Young People with Literacy Difficulties? ed. 4’, (Brooks 2013) provides more information as does the SpLD Trust. Links to both of these can be found below:

<http://www.interventionsforliteracy.org.uk/widgets_GregBrooks/What_works_for_children_fourth_ed.pdf>

<http://www.interventionsforliteracy.org.uk/home/interventions/list-view/>

Both of the above provide an indication of the expected level of progress for each intervention.

| **Name** | **Skills**  **Addressed** | **Length of Intervention** | **Length of**  **Sessions** | **Delivered**  **by** | **Group**  **Size** | **Age** |
| --- | --- | --- | --- | --- | --- | --- |
| Acceleread/ write | Difficulties with reading and spelling | 4 to 8 weeks\* | 20 minutes daily | Computer supervised by adult | 1:1 or small group | KS2  KS3 |
| Catch-up Literacy | General low attainment | 44 weeks | 2x15 minutes per week | Teacher/TA | 1:1 | KS2  KS3 |
| Cued Spelling | Spelling strategies | 6 to 8 weeks | 3x15 minutes per week | Peer/TA | 1:1 | KS2 |
| Paired Reading | Reading comprehension and accuracy | 9 weeks (average) | variable | Adult or peer | 1:1 | KS 1  KS2  KS3 |
| Toe by Toe | Reading difficulties and SpLD | 74 weeks | 20 minutes daily | adult | 1:1 | KS2  KS3 |
| Fresh Start | Phonics based catch up programme | 34 weeks | 60 minutes daily | adult | group | KS3 |
| Lexia | Reading accuracy, comprehension and spelling | 10 weeks | 20/30 mins 2-3 times per week | Computer or web based | 1:1 | KS2  KS3 |
| FFT Wave 3 | Reading accuracy | 10 weeks | 15/20 mins daily | TA | 1:1 | KS 1  KS 2 |
| Rapid Plus | Reading accuracy and comprehension | 13 weeks | variable | Adult  software | 1:1  Small group | KS 3  KS 4 |
| THRASS | Reading accuracy, comprehension, spelling | 13 weeks | 30 minutes | adult | Class or  group | KS2  (KS3) |
| Precision Teaching | Reading accuracy and fluency, spelling | 6 weeks | 10 minutes daily | adult | 1:1 | All |
| Structured Peer Tutoring | Reading sight vocabulary | 6 weeks | 10 minutes daily | Adult or peer | 1:1 | All |
| Direct Instruction | Reading and Spelling words | 6-8 weeks | 15 mins twice daily | adult | 1:1/small group | All |
| Direct Phonics | Reading and writing | variable | 20 mins daily | adult | 1:1/small group | KS2-4 |
| Phonological Awareness Training (PAT) | Reading and writing | variable | 20 minutes | adult | 1:1/small group | KS1-KS3 |
| Thinking Reading | Reading | 12 months | 3x 30 minutes per week | adult | 1:1 | KS3  KS4 |
| The Word Wasp | Spelling | variable (but with 6 months of evidence of use) | x3-5 20-30 minute sessions | adult | 1:1 | KS2  upwards |

******Appendix 4: Parent/Carer consent form for the identification of dyslexia (PSS only)**

Your child has been receiving support through an ‘assessment through teaching’ approach that has been delivered in school over a period of time. This graduated approach follows the statutory guidance for supporting children who are experiencing difficulties in learning (SEND Code of practice 2015).

As part of this approach, advice has been sought from outside agencies, who have assessed your child and recommended a period of targeted intervention, followed by a reassessment.

As a school we now wish to make a referral to a Pupil and School Support teacher with a specialist qualification in dyslexia. The PSS teacher will review the evidence presented to establish whether your child has literacy difficulties at the word level which are ‘severe and persistent’ in line with the Access to Education dyslexia guidance and pathway, As a result, your child may or may not be identified as having dyslexia.

Your permission is required to enable the PSS teacher to review the evidence and discuss your child’s learning and progress with the school SENCO and other professionals already involved.

The PSS teacher will keep records of their involvement and will produce a written record of the consultation. Please note this information may be shared electronically.

I give permission for the Pupil and School Support Service to review and discuss evidence of the assessment through teaching approach that has been undertaken with my child.

School:

Child’s Name: Date of Birth:

Name of parent/carer:

Signed: Date:

**Appendix 5: Parent/Carer’s Views Questionnaire**

### How Does Your Child Learn?

**Have you noticed any specific difficulties that your child experiences in reading and spelling? What are they?**

**How long have these difficulties been present?**

**Does your child have difficulties in any other areas of learning?**

**Does your child have additional help at school? If yes, please tell us what this is.**

**What strengths does your child have in relation to their school work and learning?**

**Is there anything else that you would like us to know?**

**Appendix 6: Child/Young Person’s Views Questionnaire (Step 5)**

### How Do You Learn?

Tick next to the face that shows how you feel:

|  |  |  |
| --- | --- | --- |
|  | http://englishinteractive.net/images/7bpcl.gifReading | Spelling |
|  |  |  |
| [https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcTcKNWgN7Ceh3gMDPQ7l9osyRYsMt8ovQYejTlhvpeuVz23bvqwyhJ5eg](http://www.google.co.uk/url?url=http://www.labelheaven.co.uk/product.php?productid%3D17051&rct=j&frm=1&q=&esrc=s&sa=U&ei=uF10VPfAMoPLaIPKgagL&ved=0CBoQ9QEwAg&usg=AFQjCNFmg9sQiLEltCsJVdO2oEuJaiMzIQ) |  |  |
| MC900423165[1] |  |  |

**1. How confident do you feel about reading in front of your class/group?**

**☹**

0

**☺**

**0** 1

9 **10**

8

7

6

**5**

4

3

2

**2. How happy are you with your reading?**

**☹**

0

**☺**

**0** 1

9 **10**

8

7

6

**5**

4

3

2

**☺**

**3. How much do you enjoy reading?**

**☹**

0

**0** 1

9 **10**

8

7

6

**5**

4

3

2

**4. How happy are you with your spelling?**

**☺**

**☹**

0

**0** 1

9 **10**

8

7

6

**5**

4

3

2

**5. What help do you have at school?**

**6. What is working and not working?**

|  |  |
| --- | --- |
| **Working** | **Not Working** |
|  |  |

**Thank you for completing this questionnaire.**

### Appendix 7: Evidence Checklist for Dyslexia Identification Request

|  |  |
| --- | --- |
| Type of evidence | Tick if included |
| Significant factors which may affect learning e.g. bereavement, medical needs, family breakdown. |  |
| Support provided for Looked After Child, including PEP reviews (if appropriate). |  |
| Appropriate support provided for English as an Additional Language and date of entry to the country including approximate date English was introduced (if appropriate).  Is English spoken at home if so who with? (Mom, dad, extended family?). |  |
| Attendance data for a period of at least the last two years.  Whole year percentages, punctuality, extended periods of absence (e.g. illness, holidays). |  |
| Evidence of involvement of health professionals for specific health needs (where this impacts on learning)  E.g. Hearing impairment, vision impairment, health needs which impact on attendance. |  |
| Current attainment and progress data.  This should include both school data and any other evidence e.g. standardised scores. |  |
| Dates and notes of initial and subsequent discussions with parents when placing young person on the SEN Support and through ongoing review. |  |
| Evidence of additionally differentiated planning provided at the universal level including evaluation of effectiveness.  Evidence of additional to and different from support within the whole class implemented and monitored by class teacher. |  |
| Evidence of consultation/liaison between SENCO & class teacher when moving to targeted level of support & evaluation of effectiveness including a reflection on how the child learns best.  What is different at this level of support to the universal offered? (Additional adult support, ‘booster’ groups etc.). |  |
| Evidence of involvement of outside agencies which might be at the specialist level of support or at an earlier stage (early intervention).  Reports, advice, training provided for staff including dates. |  |
| Evidence given of targeted, evidence based interventions used including the duration and frequency of the programme and an evaluation of the effectiveness.  This should include standardised pre and post assessments outcome / evaluation of which should indicate specific word level difficulties. |  |
| Parent & child questionnaire completed. |  |