**Assessing & Supporting Dyslexia: Who assesses & supports?**

**Who observes signs of difficulties and/or assesses?**

**Role of class teacher and school**

Initially the class teacher or early years practitioner takes responsibility for recognising the possible signs of dyslexia and putting steps in place to identify the specific nature of the difficulties the child is having, though a parent/carer or someone else involved with the family (e.g. social worker, health visitor) may have brought concerns to the teacher's notice. The teacher with help from within the school whenever appropriate (support for learning co-ordinator, support for learning teacher or other with more detailed knowledge of dyslexia), adapts learning and teaching approaches to ensure the learner’s needs are met appropriately. A record is kept of the approaches that are put in place. The manager with responsibility for support is involved and parents are consulted, but without serious concerns being raised.

The Staged Process triangle is set out in the Introduction and is part of [the Getting It Right](http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright) philosophy. However when dyslexia is suspected, the first step of the process is generally further broken down and information and help from school SfL staff and the senior management team is likely to be useful.

This is all a part of the **first stage** of gaining support from within the school, and school personnel should ensure whenever appropriate that information is passed on if the child or young person requires to move to the second and or third stages.

If the child does not seem to respond as hoped and there is little or no recognisable progress over a reasonable period of time, the class teacher or early years worker through the appropriate manager, would generally seek help from outwith the school or early years centre. Interventions will then be of an individualised nature though not necessarily conducted on a one-to-one basis as this may not be appropriate. There is continuing liaison between school and home, and progress continues to be monitored with records being kept.

Parents may wish a complete assessment of needs to be done to ensure that everything that can be done is done. If there is no-one in the school who is appropriately trained, then this may require the help of a professional from outwith. Consideration may require to be given to whether the term "dyslexia" is appropriate (though as it is linked to reading and writing, this is unlikely to be appropriate at the nursery stage).

This is generally considered to be the **second stage** of the staged process of assessment.

If progress is very limited, and problems are more complex and persistent, the child may become de-motivated and behaviour may suffer due to lack of understanding of the full nature of the learning difficulties. Additional specialist help and detailed assessment will be required from outwith Education services. A Co-ordinated Support Plan may require to be considered if support from other services outwith Education is going to be significant.

This is generally considered to be the **third stage** of the staged process of assessment.

*Throughout the staged intervention process allied health professionals (AHPs) such as Speech and Language Therapists and Occupational Therapists may be able to provide support to schools through in service/CPD, shadowing and/or joint planning on the needs of children with additional co-ordination, visual-spatial, and speech, language and communication difficulties. This helps to build capacity within schools to identify and provide earlier support to all children. See below.*

**Role of the Support for Learning Teacher**

The Support for Learning teacher assists class teachers and school management to ensure that children who have additional needs have those needs identified and met within *Curriculum for Excellence.*

Support should delivered through the five well established roles of the Support for Learning teacher:

1. **Consultancy**

Consultancy can take many forms from simply giving a few words of advice to working collaboratively with individual children and young people and/or departments. Effective learning and teaching strategies should be discussed and developed. It is important to discuss and reach conclusions on issues such as meeting the needs of learners with a variety of different needs, not just concerning literacy, but also behavioural issues with implications for classroom management, motivation etc. There is likely also to be help regarding the most appropriate resources for the identified needs or individual learners.

1. **Co-operative teaching**

At times SfL teachers will teach alongside class teachers in the classroom. Clear aims and roles are set out beforehand and subsequently reviewed. The benefits of co-operative teaching include: providing direct support to and monitoring the progress of all pupils in the classroom environment; developing classroom strategies with the subject teacher and assisting in recording progress and assessment.

1. **Direct tuition and tutoring**

Sometimes it is helpful for pupils, individually or in small groups, to work out of class with a member of SfL staff. This can aid the ongoing process of dynamic assessment and establishing what is likely to work best. Blocks of support may be given to larger groups of pupils to focus on development of specific skills. Though this works in primary schools, it is particularly important in secondary schools in preparing learners for important exams and applying for further and higher education.

1. **Services to individual pupils**

The SfL teacher/department holds information on individual pupils and is involved in further ongoing assessment and support when this is appropriate. The SfL teacher has some delegated responsibilities for ensuring that information on individual pupils is appropriately disseminated both in school and to external agencies and parents.

1. **Staff development**

The SfL teacher/department contributes to staff development in a variety of ways - through the sharing of insight, experience and resources, through participation in CPD sessions to other staff and/or parents, offering guidance on materials, equipment and approaches, commenting on guidelines and briefing documents and by disseminating information from courses attended.

These roles are all complementary, and no one should be carried out in isolation.

**Role of the Educational Psychologist**

The role of the educational psychologist is to offer advice and intervention to young people, parents, schools, the Education Service, and partners in the assessment, identification and educational planning for pupils with dyslexia.

This may include working:

* With individual pupils and the staff who support them in contributing to the assessment process and giving advice on learning approaches.
* With staff in reviewing assessment methods and evidence of dyslexic difficulties, as well as providing staff development and training.
* At school level in validating Assessment Arrangements, as per Scottish Qualifications Authority (SQA) guidance.
* With parent groups, voluntary organisations, and other bodies in ensuring shared understanding of up to date developments in approaches to literacy, numeracy and other matters relating to dyslexia.
* At authority level and nationally in contributing to and ensuring that there is appropriate and effective policy and guidance, including research and development.

**Role of Speech and Language Therapist**

The role of the Speech and Language Therapist is to work with parents/carers, teachers and others to assess if a child has speech and language difficulties or communication problems. The therapist will consider the difficulties the child has and the impact these will have on his/her life. If appropriate the therapist will decide how the child can be helped to reach their full communication potential.

Anyone including parents can refer to Speech and Language Therapy Services. If anyone other than a parent is referring the child, the referral must always be made with the parents' consent.

**Role of Occupational Therapist**

For some children with dyslexia, their difficulties overlap into social and practical skills. Where these difficulties affect the child's everyday life, the role of the Occupational Therapist is to work with parents/carers, teachers and others to assess the difficulties the child is having with these skills, and work to enable the child or young person to be as physically, psychologically and socially independent as possible.

Referrals for Occupational Therapy Services can come from a variety of sources and this varies across the country. All referrers must ensure the referral is made with the parents' consent.

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For some children with dyslexia, their difficulties overlap with physical movement problems. Physiotherapists work with children and young people with movement disorders, their parents/carers, teachers and others. The aim of the physiotherapist is to help the child or young person reach their full potential through providing physical intervention, advice and support.

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