



# Reporting and dyslexia assessment rapport

The Dyslexia Foundation of the Netherlands (Stichting Dyslexie Nederland, SDN) emphasises that it is necessary to ensure there is a standardised dyslexia assessment report, which is used in a responsible way, for the wellbeing of the profession. The DSN still considers the dyslexia assessment report to be necessary, even in the light of reimbursed dyslexia care, because it contains a brief and concise description for schools regarding which facilities students need.

Of course, the dyslexia assessment report is only valid if it is based on a sound psychodiagnostic assessment (descriptive, explanatory and indicative diagnosis) and if the integrity of the psychodiagnostician is safeguarded.

Three issues are important for the dyslexia assessment report:

- the content of the psychodiagnostic report that forms the basis of the dyslexia assessment report
- the qualification of the professional who is authorised to issue the report
- the form of the dyslexia assessment report

## 1 The content of the psychodiagnostic report

The psychodiagnostic report is drawn up in accordance with the guidelines that are customary for such a report (De Bruijn, et.al. 2003). Attention is paid in any case to the following issues:

### **1. Descriptive diagnosis**

The diagnosis is specified (classification) in terms of the disorder that is described in the definition. In concrete terms, the extent to which the criteria (disadvantage, didactic resistance) are met is indicated, based on reliable and valid instruments and procedures. There is also an indication that the disorder is not, or not to a crucial extent, the result of non-specific factors, such as *physical factors* (such as illness, intellectual or sensory disabilities), *psychosocial factors* or *environmental factors* (such as inadequate education, socio-economic status, cultural background and multilingualism).

### **2. Explanatory diagnosis**

Judgments are made about the individual cognitive factors and possibly the underlying factors that apparently cause the disorder in this case. The judgments are based on data that is obtained with reliable and psychodiagnostic instruments and procedures.

### **3. Indicative diagnosis**

The report contains information about the specific pedagogical-didactic needs related to the disorder, the concrete obstacles and the possible co-morbidity, insofar as that is important to the approach. It is indicated that the educational obstacles cannot be solved through referral to a lower level of (special) education, but require specific measures and facilities to be specified later.

## **2 The authority to issue a dyslexia assessment report**

Given the content of the dyslexia assessment report, this can only be issued by professionals who are qualified to conduct psychodiagnostic testing and possess specialist knowledge in the field of learning disorders and educational obstacles that can accompany them. To that end, an academic degree in clinical (child and youth) psychology or remedial education is required, as well as a recognised

attestation of competence in psychodiagnostics, at least (at the level of) BIG registration Health Psychologist.

### **2.1 Multidisciplinary cooperation**

Cooperation in a multidisciplinary context with other scientific disciplines (such as neurology and psycholinguistics) can make a valuable contribution to the diagnosis.

### **3 The form and period of validity of the dyslexia assessment report**

With reference to the psychodiagnostic reporting, the dyslexia assessment report can itself be relatively short. For an example see Appendix 1. Because dyslexia is a disorder with a structural character, the period of validity of the dyslexia assessment report is, in principle, indefinite. Because circumstances can change over the course of time, it can be desirable to amend certain parts of the report with a view to changes in approach or facilities.