



POLICY COVERSHEET

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Contributors:	Education Advisory Group and Senior Educational Psychologist
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1. The purpose of this document is to outline the policy of the Dyslexia Association of Ireland (DAI) in relation to the Educational Psychology Assessment service that it provides for dyslexia.
2. Dyslexia is a specific learning difficulty affecting the acquisition of fluent and accurate reading and spelling skills. This occurs despite access to appropriate learning opportunities. Dyslexia is characterised by cognitive difficulties in (1) phonological processing, (2) working memory, and (3) speed of retrieval of information from long term memory. Dyslexic difficulties occur on a continuum from mild to severe and affect approximately 10% of the population. People with dyslexia may experience greater stress and frustration as they endeavour to learn, resulting in heightened anxiety, particularly in relation to literacy acquisition. People with dyslexia may also have accompanying learning strengths.
3. The DAI offers an individualised assessment service that investigates the presence and nature of literacy difficulties and establishes if the difficulties are consistent with a profile of dyslexia.
4. The educational assessment offered by the DAI is informed by the following principles:
 - Best interests of the child/adult
 - Evidence-based practice
 - Early assessment and intervention
 - Staged assessment and intervention
 - Least intrusive assessment
5. The service is offered to children, young people and adults. Children should be at least six years of age and have completed at least 18 months of primary education.
6. Referral forms are completed by the family or the individual and their school as appropriate. All information is reviewed by the educational psychologist before the assessment appointment date. In a small number of cases the educational psychologist may contact the individual (or their parents) in advance to get additional information.
7. DAI educational psychologists take a contextualised approach and take account of relevant background information from parents, individuals, mainstream and support teachers, schools and colleges, and any other relevant sources. This information is analysed alongside results of tests administered by the educational psychologist.
8. The assessment process takes between two and three hours. This includes interviews, test administration and verbal feedback.

9. The assessment covers a range of literacy skills including reading of single words (both real and non-words), phonological awareness, reading fluency/speed, reading accuracy, comprehension and spelling. Related cognitive skills including memory, rapid naming and other language skills are also investigated.
10. Traditionally a discrepancy model, measuring the gap between IQ and literacy skills, was used to diagnose dyslexia, however this model is now outdated and does not reflect current research evidence. As a result the DAI will only conduct a full IQ test with a client if the educational psychologist deems it necessary and in the best interest of the client. An IQ test may be needed to fulfil a specific requirement such as supporting applications for certain resources or accommodations.
11. The DAI advocates that the approach taken by our in-house team of professionals be adopted by other educational psychologists and suitably qualified teachers when conducting dyslexia assessments.
12. Following the assessment, a full written report is sent to the client within four weeks. The written report will highlight priority areas for intervention, and recommendations for specific accommodations, supports and teaching approaches appropriate to the individual's identified needs. Clients are encouraged to contact the DAI at any time after they have received their report, if for example they have a query or are seeking some extra information.
13. The DAI operates this assessment service on a not-for profit basis, and offers reduced rates to those in financial need.
14. This policy was approved by the National Executive Committee/Board of Directors of the DAI in April 2015 and will be reviewed annually to ensure it remains in line with current best practice and evidence base.