Assessing and monitoring the progress of deaf children and young people:

Communication, language, listening, literacy, mathematics, cognitive development and social/emotional development

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NatSIP National Sensory Impairment Partnership

ndcs every deaf child

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Contents

How to use

In the contents, links have been embedded into the chapter and section headings. This means that if you're reading this document on a computer, you can click on the relevant heading to jump straight to that page.

We use the term 'deaf' to refer to all types of hearing loss from mild to profound. This includes deafness in one ear or temporary hearing loss such as glue ear.

It includes all pupils the school or service may identify as having a 'hearing impairment' in the school census.

We use the word 'parent' to refer to all parents and carers of children.
We use the word 'child' in this resource to also mean 'young person'.

Tell us what you think

We have made every effort to ensure the information in this resource is accurate and up to date.

Information expressed on the pros and cons of different assessments in this resource are the opinions of the National Deaf Children's Society. If you have spotted any errors, out of date information or would like to feedback your views, please contact us at informationteam@ndcs.org.uk. We also welcome any case studies of assessments being used in practice, similar to those in section 3.2, which can be used for future editions of this resource.

This resource has been developed by the National Deaf Children's Society, with support from the National Sensory Impairment Partnership (NatSIP). NatSIP receives funding from the Department for Education (DfE) in England for provision of specialist information, advice, support and training to improve the outcomes for children and young people with sensory impairments.

1. Introduction and overview

This resource is to support Teachers of the Deaf to carry out specialist assessments of deaf children in the areas of communication, language, functional listening, literacy, mathematics, cognitive development and social/emotional development. It will also be of interest to all those involved with assessing the needs of deaf children and young people –planning education support and monitoring their progress. This may include parents who want more information on the assessments used.

Given the importance of high quality assessments in improving outcomes, it will also be useful to those involved in any statutory educational assessments and plans, as well as any education support strategies required prior to statutory assessment.

This resource has three sections.

- **Part one** outlines the purpose of assessments and good practice in preparing to carry out an assessment.
- **Part two** summarises and reviews assessments that are most appropriate for deaf children and young people.
- **Part three** looks at the steps to be taken following assessment, and includes case studies and examples of service practices.

The underachievement of deaf children is well documented and, despite recent technological advances, including newborn hearing screening, too many deaf children are still leaving school with considerably lower attainment than their peers. Research continues to show us that there is enormous variation in the educational achievements of deaf pupils, and many reasons why their progress is affected.

The importance of assessment to achieving good educational outcomes is a consistent theme in guidance issued by governments in all four countries of the UK.

> *"Where assessment was good or outstanding, the achievement of just under two thirds of children and young people was outstanding. Where assessment was satisfactory or inadequate, achievement was good or outstanding for just over a quarter of children and young people. However, even where assessment was accurate, timely and identified the appropriate additional support, this did not guarantee that the support would be of good quality. What worked consistently well included high aspirations for the achievement of all children and young people, good teaching and learning for all children and young people based on careful analysis of need, close monitoring of each individual's progress and a shared perception of desired outcomes."*[1]

Deaf children have particular educational challenges –significant permanent deafness brings with it potential barriers to acquiring to key skills and understandings fundamental to learning in school. Although it's important to identify the level of deafness, to fit appropriate amplification systems and offer an intervention programme, the challenge is to regularly monitor and assess progress in a number of inter-related areas, in order to identify needs and strengths, diagnose any additional difficulties and use this to plan and deliver appropriate teaching and learning strategies and targets.

For deaf children, assessment is likely to involve a range of professionals, using specialised assessments, and include the views of parents and the young people themselves. This resource

[1] Ofsted. *The Special Educational Needs and Disability Review: A statement is not enough*. 2010. www.gov.uk/government/publications/special-educational-needs-and-disability-review (accessed 7 December 2016).

supports this process, so that those involved with deaf children and young people understand how to monitor and assess their progress effectively.

1.1 Purposes of assessment

"Although the purposes of assessment may vary, the principles of good practice remain constant. Assessment should always promote a positive outcome and never be limited to discovering and labelling failings." [2]

The factors influencing progress of deaf children are many and complex and should be understood when considering the purpose and use of assessment. These factors include:

- age at diagnosis
- age at, and type of, early intervention
- aetiology
- the presence of other disabilities
- age at fitting of hearing aids or implants, and type and fitting of this technology
- the quality and nature of interactions between the child and parent.

The focus is to gain information on the child's individual progress and development, as well as obtain a comparative measure with hearing children of similar ability.

Assessment, therefore, aims to do the following.

- Identify areas of both difficulty and strength.
- Identify areas of development or behaviour causing concern. Decide the cause and whether it can be attributed to a delay related to deafness or an additional learning difficulty which may need a different intervention strategy. New hearing technologies make it easier to identify additional difficulties than previously and reduce the risk of additional difficulties being attributed to deafness. However, determining whether a child has, for example, a language difficulty or a delay because of their deafness remains a skilful and complicated task. It's why we usually need more than one assessment to obtain a full picture of progress, agree intervention strategies and targets. For example, if a child has low scores in vocabulary it may be because they're not hearing words, the conversations they're being exposed to are limited and poor quality, their auditory memory is poor, or because there is another learning difficulty.
- Describe the child's development and compare it with previous assessments so that progress can be monitored.
- Make judgements about whether progress is sufficient for this stage, taking into account other factors, for example overall development, any concerns about child-parent interactions, age of fitting and maintenance of aids and implants.
- Inform planned intervention, teaching programmes, and targets.
- Inform and support family decision-making, for example about approach to communication, placement, amplification package and levels of support.
- Explore the effectiveness of the amplification being provided to the child; to provide information to clinic-based professionals such as audiologists about the child's functioning in everyday life.
- Identify areas which need further exploration by other professionals, for example a speech and language therapist or psychologist, and give information to them.
- Inform early years settings, schools or colleges of the reasonable steps that need to be taken so deaf learners are not treated less favourably than other learners with regard to accessing the curriculum and teaching and learning (i.e. to help ensure compliance with equality legislation).

[2] Blackthorn, G and Morris, K. *Dyslexia? Assessing and Reporting 2nd Edition: The PATOSS guide*. 2013. Hodder Education.

- Make it possible to monitor and evaluate the impact of interventions and support strategies on children's outcomes.

1.2 Assessment considerations

"The most important single factor influencing learning is what the learner already knows."[3]

To ensure that assessments are used effectively to influence future management and learning of the child or young person it's important that:

- all involved, including parents and non-specialists, should be able to understand the assessments and their implications
- those carrying out assessments should share the outcomes with others in accessible formats, with parental consent
- the assessments should be looked at altogether to give a comprehensive picture of progress and not taken in isolation
- the assessments are appropriate to the child and what is trying to be assessed
- the assessment is not compromised by any communication or language delays or misunderstandings by the child or assessor.

It's equally important to regularly assess any area of development known to be at risk because of early childhood deafness. Support services need to be proactive, rather than reactive, and avoid only responding when a need is evident. The areas that could be problematic include the following.

- Language and communication – ensuring that all aspects of language develop as expected as the child progresses towards complex language.
- Academic achievement across the whole curriculum – ensuring a gap doesn't open between the child and their peers in attainment, particularly in the other core curriculum subjects of mathematics, science and information and communications technology (ICT).
- Literacy – reading and writing, including progress to more complex 'higher order literacy skills'.
- Attending and listening skills – the ways in which the child attends and listens in the classroom and thinks about what is said by the teacher, classmates etc. and learns from it. For deaf children, the way in which their deafness is managed will influence this and must be monitored.
- Personal, social and emotional development – the health and wellbeing of the child as evidenced by their behaviour and interactions with others and how they express their feelings.

Reviews of children's progress will comment specifically on such areas and check that there is robust evidence that the child is making progress as expected. Such reviews will inform discussions about the effectiveness of the child's placement (e.g. nursery, school, college, etc.) and the support provided.

1.3 Assessment and monitoring

It's important that we distinguish between assessment (and the different types of assessments) and monitoring, as both are vital in ensuring the continued progress of children.

Assessment is usually defined as a process of gathering information from different sources to identify what a child knows, understands and can do.

[3] Ausubel, D,P. *School Learning: An introduction to education psychology*. 1969. Holt, Rinehart and Winston.

Monitoring involves taking an overview of progress over time, often with specific indicators in mind. This will be guided by the results of previous assessments and the targets that have been identified as the next steps on the child's developmental journey. Through regular monitoring we are 'checking up' that an intervention programme, such as specific support from Teachers of the Deaf or others, or a particular approach to reading, is working. Regular monitoring allows us to identify changes which have taken place which were not predicted; to become aware of evidence of another learning difficulty emerging, for example. Sometimes this is done through the ongoing review of individual or personalised education plans; at home it may be done through the review of the family service plan. Such reviews take place at more frequent intervals, rather than waiting a year or six months to discover that it's not having the desired effect. Monitoring then is continuous and is not purely observational and passive.

Professionals also use their informal observations of the child's skills and may use some informal assessment techniques in monitoring to gain a full picture of a child's progress. These are important, as a one-to-one assessment generally takes place in optimum conditions and it's essential to identify how a child responds in other environments, such as at home, or in class.

There are two main types of assessments.

1. **Summative** assessment is carried out after the learning has taken place and tells us what has been learned. It may be pre-timetabled snapshots that take place at regular intervals, using prescribed assessment tools from a prescribed battery. These will be summative in that they will attempt to describe where the child is now, and the skills and understanding that they have achieved. Most support services or centres working with deaf children and young people and their families will have an agreed set of assessments that they carry out dependent on the child's age and level of need/rate of progress. These will include 'standardised' assessments (devised, trialled and statistically analysed originally on a representative sample of children at particularly ages) and non-standardised measures.

2. **Formative** assessment is often referred to as assessment for learning, as it shows where the child is in their learning, where they need to go, and how best to support them in getting there. As in summative assessment, rigorous assessment is required but informal methods, such as skilled observation may be used. Assessment for learning takes place during learning, working with the pupil to identify what has been learned and what the next steps are.

Examples of summative and formative assessments available include the following.

- **Standardised tests** are designed in such a way that the questions, conditions for administering, scoring procedures, and interpretations are consistent and are carried out and scored in a predetermined, standard manner. The development of such tests will have been carried out with large groups, and reliability and validity studies carried out. They allow for comparisons to be made between individuals and individuals and groups. Using tests standardised on groups of hearing children allows us to compare deaf children with other peers, which is essential if we're to raise standards for deaf children, and close the attainment gap.
- **Criterion-referenced tests** enable us to judge behaviours or progress against identified targets. We find out if the child has learnt the material or can carry out the behaviour being assessed. It doesn't allow for comparisons.
- **Norm-referenced tests** refer to the process of comparing one child to his or her peers, and will give scores which allow comparison between subjects.
- **Profiles** give us a list of behaviours showing progress in a certain area, for example communication development, on which to place the child.

- **Checklists/questionnaires** are often used to determine progress in certain areas in the opinion of the child, or their parent or teacher. They may have been developed with large groups to enable decisions to be made about progress in comparison with peers.
- **Video analyses** are particularly useful with young or complex children for whom steps of development may be small and subtle.
- **Interview analyses** allow us to explore issues in more depth and to focus on specific areas. Although time-consuming to analyse they are a rich source of information.
- **Journal/diary analyses** are particularly useful if focused on a specific area, such as vocabulary development.
- **Observational techniques** may be used in the home, or in the classroom. Differing methods allow us to focus on specific areas during the observation period.

Note: the above categories are not mutually exclusive.

Most assessments will be carried out to inform a review of progress and a setting of targets and will have either a screening or diagnostic function. A screening function will identify those children whose progress is good and/or of no concern and those who are not and/or may not have a particular area of difficulty or need. More diagnostic tests and procedures will allow insight into the exact nature of the difficulty.

1.4 Carrying out assessment

"*We would like to stress the interactive nature of assessment as a process where learners are actively involved – in completing tests, but equally important in talking about and demonstrating the ways in which they learn best, their coping strategies, their motivation, their interests and their goals."*[4]

Preparing for assessment

In preparing for a specific assessment of a deaf child or young person there are a number of things that you will need to consider.

- Why you are carrying out the assessment – the reason for the referral, who needs the information and the actual information required.
- The age of the child (this will determine which assessment procedure will be appropriate).
- The level of deafness and communication needs of the child.
- What assessments have already been carried out and what information is already available about the child, for example school reports, information shared by parents.
- The reliability of the data and information to date.
- Whether the child has complex or additional needs.
- Who else knows the child well and should be involved.
- The restrictions of the assessment being used – some assessments can't be used more than six monthly or yearly with pupils (for example tests such as the The Assessment of Comprehension and Expression 6–11 (ACE)) or their results will be invalidated due to practice effect. Others are designed both as an assessment and a monitoring tool (for example the Early Support Monitoring Protocol for Deaf Babies and Children)[5] and can be used both to assess at a point in time and to monitor on an ongoing basis.
- Whether the assessment has been requested by the school, the parents or the child themselves.

[4] Blackthorn, G and Morris, K. *Dyslexia? Assessing and Reporting 2nd Edition: The PATOSS guide*. 2013. Hodder Education.
[5] Early Support. Monitoring Protocol for Deaf Babies and Children. www.ndcs.org.uk/professional_support/other_academic_and_professional_resources/education_resources (accessed 7 December 2016).

There should be an annual reassessment of progress in the areas identified as areas of concern or risk for deaf children. More frequent assessments may take place according to need and concern.

Who will carry out an assessment?
The most appropriate person is likely to be someone who knows the child but it will depend on:

- the type of information required
- the assessment being used – some assessments are restricted as to who can use them.

Current national policy and guidance rightly stresses the importance of shared and joint assessments by practitioners with parents. Each practitioner will bring different skills and expertise to the situation but parents have access to all of the child's learning and behaviours in ways that practitioners can't because of their lesser contact with the child. They will know whether the child's behaviours are typical or atypical for them and whether they do something often or rarely.

The team working with the school may comprise a range of practitioners but no one will have ownership of all aspects of the assessment – each may contribute a specialist element. The team may also jointly assess with the Teacher of the Deaf. For example, the Teacher of the Deaf may work with the audiologist to assess how well a child is using hearing aids or listens in noise. The speech and language therapist may work with the Teacher of the Deaf to carry out a specific language assessment, swapping roles to keep the child interested and to enable each to observe as well as play the tester role. Parents and practitioners may record behaviours as they reflect on achievements to date together. There is often much to be learnt from how a child approaches a test item, how they deal with something they find hard or what they almost get right, as opposed to simply counting up what they get right or wrong.

Joint assessment is an effective way of gaining and sharing information about a child. It ensures everyone has a similar vision of what a child can do and needs to do next rather than practitioners carrying out their own assessments in isolation and then reporting on results to colleagues and families. It also ensures data is shared and understood and everyone understands why certain recommendations are being made.

Some practical considerations when conducting an assessment
It's critical that the results from assessments carried out on deaf children provide the information they are meant to. There are a number of specific considerations relevant to testing deaf children.

- The tester should be familiar with testing deaf children and wherever possible should be familiar to the child and know their communication preferences.
- The tester should know the procedure well so that they can focus on the child not the assessment materials.
- The tester should ensure the child is prepared for the assessment, knows the purpose of it, how long it will take, and is given encouragement without indicating if responses are right or wrong.
- The child should be able to watch and listen easily. The tester should sit opposite or at right angles to the child and use the most effective amplification package. For example, if the child has a radio aid system then this should be used even if the distance between the child and the tester is small.
- Acoustic conditions should be appropriate – a room that is quiet and where the testing will not be disturbed is important.

- The normal ‘rules’ for using the test should be adhered to (see 2. Summary of assessments commonly used with deaf children). If any modifications are made they must be recorded and may invalidate test results.
- The child’s responses may be recorded (video recording is recommended and allows more detailed analysis and sharing later).
- Careful notes must be made about how the child tackles the assessment, and areas of specific difficulty, ensuring that notes can’t be read by the child.
- Remember, it may be necessary to stop the test should a child become distressed, or it becomes evident that the test is inappropriate (for example, see case study about David, seven years old).

2. Summary of assessments commonly used with deaf children also explores further considerations to think about when assessing deaf children.

Working with parents
Research has identified that families wish to know the following to ensure they are more able to understand and meet the needs of their children.

- Where is my child up to? (How is he/she doing?)
- What will he/she do next?
- What can I do to help?
- Is everything else alright?

An effective assessment and monitoring protocol of deaf children:

- is focused on answering these questions for parents and schools
- is swift to put into place programmes and interventions that are informed by the assessments
- investigates areas of concern, identifying possible causes to inform teaching and learning
- involves the family, including those where English is not their first language.

The starting place for monitoring and evaluating the child’s progress is the ‘baseline’ assessment, done as soon after diagnosis as possible. As the parents are prepared for hearing aid fitting, more detailed audiological assessment will take place. A range of developmental and medical checks may also be carried out, as part of any health authority follow up.

Wherever possible, and in line with government policy and guidance, such assessments should be joint or multi-agency so that families receive an integrated service, there is no unnecessary duplication and parents don’t have to repeat their story many times.

Information packages provided for parents should clearly indicate how their child’s progress will be reviewed, where these reviews will take place, how parents will be involved and what is meant by target setting. Early years initiatives, including the Early Support Multi Agency Planning and Improvement Tool (MAPIT)[6] in England, suggest standards for practice in this area and you should familiarise yourself with such standards to evaluate and improve your own local assessment and monitoring practice. The Early Support Monitoring Protocol also provides a range of developmental journals designed to help parents track and understand their child’s progress and reassure them as to their child’s learning, growth and development now that their needs have been identified.

[6] Early Support. *Multi Agency Planning and Improvement Tool.* 2013. Council for Disabled Children. councilfordisabledchildren.org.uk/help-resources/resources/mapit-multi-agency-planning-and-improvement-tool (accessed 21 December 2016)

Services should ensure there are policies and practices in place that enable them to provide clear advice and support, promote a sense of growth and development for parents and help everyone to be clear about what will or should happen next. Such advice and support should be tailored to and complement the family's natural parenting style, rather than challenge and change it. The family's view as to how their child is progressing should underpin any professional intervention.

Most services and schools will routinely apply a range of tests and procedures, particularly for children on their 'regular' caseloads or in their resource bases or specialist schools. Amongst these are a number of tests and procedures used to establish linguistic and literacy levels and a smaller number other aspects of development such as attitudes and behaviour and personal/social development. These are in addition to the procedures that will be used to monitor the learning of all children, such as those linked in England to the Early Years Foundation Stage (EYFS), performance indicators, differentiated National Curriculum levels, reading and maths tests. All are used not only to identify need and consider the effectiveness of programmes in place for individual children, but also to help services evaluate the effectiveness of their provision and to consider the 'value added' that their involvement with a child and family has brought.

Some services also produce handouts or booklets that help to answer the question "How do I know my child is making enough progress?*"* These booklets outline how the service uses information from videos, diaries, communication records, etc. The usual timescales for reviews are also made clear, so that all parents understand what might typically happen and their role in it. It's vital to ensure that parents don't feel that 'the system' takes over but rather that they as parents of, and experts on, their own child, have control of the process and that their evidence is valued by professionals.

2. Summary of assessments commonly used with deaf children of this resource describes some of the assessment procedures commonly used.

2. Summary of assessments commonly used with deaf children

This section provides a summary of the assessments that are commonly used in the UK with deaf children. It also gives tips on the use of these assessments with deaf children. It's not an exhaustive list and you may come across other assessments that have been used, but the principles outlined in this resource should be helpful in informing use of other assessments.

How to use
In the tables that follow, links have been embedded into the names of the assessments. This means that if you are reading this resource on a computer, you can click on the name of an assessment to jump straight to the relevant page which sets out more information about that assessment.

At the end of each page of information about individual assessments, you will see the words 'Overview of assessments by age and category'. Clicking on this text will return you to this page. The sentence below this will allow you to return to the start of the relevant section (for example, you may see 'Communications skills assessments' which will take you to the start of this specific section).

2.1 Overview of assessments by age and category

	Pre-school	**Primary school**	**Secondary school**
2.2 Communication skills	• Macarthur Communication Development Inventory (CDI) • Pragmatics Profile of Everyday Communication Skills • Tait video analysis procedure	• • Pragmatics Profile of Everyday Communication Skills	• • Pragmatics Profile of Everyday Communication Skills

	Pre-school	Primary school	Secondary school
2.3.1 Assessments exploring receptive language	• The British Picture Vocabulary Scale, Third Edition (BPVS-3) • Assessing British Sign Language Development Receptive Skills Test • The Clinical Evaluation of Language Fundamentals – Preschool 2^{UK} (P-CELF-2) • The Preschool Language Scales, Fifth Edition, UK (PLS-5-UK) • The Derbyshire Language Scheme • The New Reynell Developmental Language Scales (NRDLS- 4)	• The Test for Reception of Grammar, Second Edition (TROG-2) • The British Picture Vocabulary Scale, Third Edition (BPVS-3) • Prawf Geirfa Cymraeg • Assessing British Sign Language Development Receptive Skills Test • The Renfrew Word Finding Vocabulary Test (revised edition • The New Reynell Developmental Language Scales (NRDLS- 4) • The Assessment of Comprehension and Expression 6–11 (ACE) • The Derbyshire Language Scheme • Test of Word Knowledge (TOWK) • The Clinical Evaluation of Language Fundamentals – Preschool 2^{UK} (P-CELF-2) • The Preschool Language Scales, Fifth Edition, UK (PLS-5-UK) • The Clinical Evaluation of Language Fundamentals, 4 (CELF-4)	• The Test for Reception of Grammar, Second Edition (TROG-2) • The British Picture Vocabulary Scale, Third Edition (BPVS-3) • Prawf Geirfa Cymraeg • Assessing British Sign Language Development Receptive Skills Test • The Clinical Evaluation of Language Fundamentals, 4 (CELF-4) • Test of Word Knowledge (TOWK) • The Derbyshire Language Scheme

	Pre-school	Primary school	Secondary school
2.3.2 Assessments exploring expressive language	• South Tyneside Assessment of Syntactic Structures (STASS) • The Renfrew Bus Story (revised edition • The Preschool Language Scales, Fifth Edition, UK (PLS-5-UK) • The Clinical Evaluation of Language Fundamentals – Preschool 2^{UK} (P-CELF-2) • The Derbyshire Language Scheme • The New Reynell Developmental Language Scales (NRDLS- 4)	• The Renfrew Action Picture Test (revised edition • The Renfrew Word Finding Vocabulary Test (revised edition • The Renfrew Bus Story (revised edition • Assessing BSL Development: Production Test (Narrative Skills) • South Tyneside Assessment of Syntactic Structures (STASS) • The Dorset Assessment of Syntactic Structures (DASS) • The Derbyshire Language Scheme • The New Reynell Developmental Language Scales (NRDLS- 4) • The Assessment of Comprehension and Expression 6–11 (ACE) • The Preschool Language Scales, Fifth Edition, UK (PLS-5-UK) • The Clinical Evaluation of Language Fundamentals – Preschool 2^{UK} (P-CELF-2) • Test of Word Knowledge (TOWK)	• The Clinical Evaluation of Language Fundamentals, 4 (CELF-4) • The Dorset Assessment of Syntactic Structures (DASS) • The Derbyshire Language Scheme • Test of Word Knowledge (TOWK)

	Pre-school	Primary school	Secondary school
2.4 Everyday functioning including listening skills	• Nottingham Early Assessment Package (NEAP) 2 • Complex Nottingham Assessment Package (NEAP) • Categories of Auditory Performance (CAP) • McCormick Toy Test • Meaningful Auditory Integration Scale (MAIS) • Screening Instrument For Targeting Educational Risk (SIFTER) • Parents' Evaluation of Aural/Oral Performance of Children (PEACH) • Listening Progress Profile (LiP)/Infant Listening Progress Profile (iLiP)	• Nottingham Early Assessment Package (NEAP) 2 • Complex Nottingham Assessment Package (NEAP) • Categories of Auditory Performance (CAP) • Manchester Picture Test • McCormick Toy Test • Meaningful Auditory Integration Scale (MAIS) • Listening Inventories for Education UK – Individual Hearing Profile (LIFE-UK IHP) • Screening Instrument For Targeting Educational Risk (SIFTER) • Bamford-Kowai-Bench (BKB) Sentence Test • Parents' Evaluation of Aural/Oral Performance of Children (PEACH)	• Nottingham Early Assessment Package (NEAP) 2 • Complex Nottingham Assessment Package (NEAP) • Categories of Auditory Performance (CAP) • Manchester Picture Test • Meaningful Auditory Integration Scale (MAIS) • Screening Instrument For Targeting Educational Risk (SIFTER) • Listening Inventories for Education UK – Individual Hearing Profile (LIFE-UK IHP) • Bamford-Kowai-Bench (BKB) Sentence Test

	Pre-school	Primary school	Secondary school
2.5 Developing speaking abilities: speech tests	• The Speech Intelligibility Rating (SIR) scale • Profile of Actual Speech Skills (PASS) • Children's Rating of Speech Sounds (CROSS)	• The Speech Intelligibility Rating (SIR) scale • Children's Rating of Speech Sounds (CROSS)	• The Speech Intelligibility Rating (SIR) scale

	Pre-school	Primary school	Secondary school
2.6.1 Reading assessments	• Concepts About Print (CAP)Comprehensive Test of Phonological Processing (CTOPP-2)	• Concepts About Print (CAP) • Edinburgh Reading Test (ERT) • York Assessment of Reading Comprehension (YARC) • NFER Test in Reading Suite 2 • Single Word Reading Test (SWRT) • Wide Range Achievement Test (WRAT4) • New Salford Sentence Reading Test • Wechsler Individual Achievement Test (WIAT-11 UK) • Comprehensive Test of Phonological Processing (CTOPP-2)	• Edinburgh Reading Test (ERT) • York Assessment of Reading Comprehension (YARC) • Wide Range Achievement Test (WRAT4) • Single Word Reading Test (SWRT) • New Salford Sentence Reading Test • Wechsler Individual Achievement Test (WIAT-11 UK) • Comprehensive Test of Phonological Processing (CTOPP-2)

	Pre-school	Primary school	Secondary school
2.6.2 Written skills	• Test of Early Writing (TEWL-3	• Practical guides to assessing writing • Nova Scotia Writing Exemplars, Grades One to Eight • Literacy Assessment: A Handbook of Instruments • Test of Written Language – 4 (TOWL-4) • Test of Early Writing (TEWL-3) • Single Word Spelling Test (SWST)	• Practical guides to assessing writing • Nova Scotia Writing Exemplars, Grades One to Eight • Literacy Assessment: A Handbook of Instruments • Test of Written Language – 4 (TOWL-4) • Single Word Spelling Test (SWST)

	Pre-school	Primary school	Secondary school
2.7 Mathematics	• Boehm 3 Pre-school	• Boehm – Test of Basic Concepts, Third Edition • Key Maths 3 • NFER Test in Mathematics Suite 2 • Wide Range Achievement Test (WRAT-4)	• Key Maths 3 • Wide Range Achievement Test (WRAT-4)
2.8 Cognitive development	• Wechsler Pre-School and Primary Scale of Intelligence, Fourth Edition • Wechsler Non-Verbal Scale of Ability • British Ability Scales (BAS), Third Edition • Raven's Educational Matrices • Griffiths Mental Development Scales (GMDS 0-2)Griffiths Mental Development Scales – Extended Revised (GMDS-ER 2-8)	• Wechsler Pre-School and Primary Scale of Intelligence, Fourth Edition • Wechsler Non-Verbal Scale of Ability • Wechsler Intelligence Scale for Children, Fourth/Fifth Edition • British Ability Scales (BAS), Third Edition • Test of Non-verbal Intelligence (TONI) • Raven's Educational Matrices • Griffiths Mental Development Scales – Extended Revised (GMDS-ER 2-8)Cognitive Ability Tests (CAT4)	• Wechsler Non-Verbal Scale of Ability • Wechsler Intelligence Scale for Children, Fourth/Fifth Edition • British Ability Scales (BAS), Third Edition • Test of Non-verbal Intelligence (TONI) • Raven's Educational Matrices • Cognitive Ability Tests (CAT4)

	Pre-school	Primary school	Secondary school
2.9 Social/emotional development	• Scale for the Assessment of Social-Emotional Developmental Age Level (SEDAL) • Eyberg Child Behaviour Inventory • Sutter Eyberg Student Behaviour Inventory – Revised	• Special Needs Assessment Profile-Behaviour, Second Edition (SNAP-B PK10) • Scale for the Assessment of Social-Emotional Developmental Age Level (SEDAL) • Eyberg Child Behaviour Inventory • Sutter Eyberg Student Behaviour Inventory – Revised	• Special Needs Assessment Profile-Behaviour, Second Edition (SNAP-B PK10) • Pathways to Independence • Adolescent Anger Rating Scale (AARS) • Scale for the Assessment of Social-Emotional Developmental Age Level (SEDAL) • Eyberg Child Behaviour Inventory • Sutter Eyberg Student Behaviour Inventory – Revised

2.2 Communication skills

Good communication skills are the foundations of language development, and the monitoring and assessment of early communication skills in conjunction with parents, is vital. A comprehensive picture of the child's developing communication skills can be obtained by assessing the child's functioning in a range of everyday situations. In addition to the Early Support Monitoring Protocols, the following assessments assist this.

Summary of communication skills assessments

Name	Age range	Who can use it?
Macarthur Communication Development Inventory (CDI)	Three versions: • 8–16 months • 16–30 months • 30–37 months	Speech and language therapists or Teachers of the Deaf
Pragmatics Profile of Everyday Communication Skills	9 months–10 years Also a version for adults that can be used with secondary aged and post-16 students	All professionals
Tait video analysis procedure	Children at pre-verbal stage of language development	Speech and language therapists or Teachers of the Deaf who have followed training

2.1 Overview of assessments by age and category

Macarthur Communication Development Inventory (CDI)

Age range
Three versions:

- Infant: 8–18 months – Words and gestures
- Toddler: 16–30 months – Words and sentences
- Children 30–37 months

Can also be used with older children with developmental delays.

Who can use it?
A speech and language therapist or Teacher of the Deaf.

What is it?
This is a standardised parents reporting system, with two versions. The infant version looks at comprehension, word production and symbolic and communicative gesture. The toddler version explores word production and the early stages of grammar. It's a by-parent report, takes 20–40 minutes to complete and 10–15 minutes to score and has norms up to 37 months. Though it was developed in the US and Canada, it's used in many research studies and can be useful in the UK.

Pros
This assessment was given a high rating by the Newborn Hearing Screening Wales Task and Finish Group on measures in language and communication for early identified children. Parents and Teachers of the Deaf both gave positive feedback including: "very good with young children especially with additional needs," "very useful quick impression of discrimination," and "gives lots of information re: speech discrimination."

Research confirms its validity. For example, "the CDI appears to be a viable measure to use by itself given the relative ease of administration and validity of the measure, particularly when using this measure to identify upper and lower ends of linguistic functioning."[7]

The CDI has been translated into many spoken languages and a British Sign Language (BSL) version has been developed (Woolfe et al 2010) with norms based on deaf native signers (8–36 months).

Cons
In the Welsh study some parents felt there were a number of "Americanisms" and that the focus on word production didn't take account of understanding and reception.

Is there a cost?
Yes.

Where can I access it?
The manual with scoring guidance and norms is available from Brookes Publishing: www.brookespublishing.com/resource-center/screening-and-assessment/cdi/

2.1 Overview of assessments by age and category

2.2 Communication skills

[7] Heilmann, J et al. Utility of the MacArthur–Bates Communicative Development Inventory in Identifying Language Abilities of Late-Talking and Typically Developing Toddlers.*Madison American Journal of Speech-Language Pathology.* 2005.14: 40–51.

Pragmatics Profile of Everyday Communication Skills (revised edition)
(Dewart and Summers)

Age range
9 months–10 years

Adult form available for use with secondary-age children and post-16 students.

Who can use it?
All those with a professional interest in the development of language and communication. Since its original publication, users have included speech and language therapists, Teachers of the Deaf, teachers, educational and clinical psychologists, health visitors and child development teams.

What is it?
This is a questionnaire to be used in interview form with parents, teachers or other carers. It helps practitioners gain an insight into how a child typically communicates in day-to-day interaction in familiar settings with people they know well, providing structured qualitative information.

It includes a manual which provides background information on the development and construction of the Pragmatics Profile, full administration instructions, a set of photocopy masters (comprising the two profiles), the record sheet, summary sheet and brief instructions sheet.

There are two profiles for children:

- The Pragmatics Profile of Everyday Communication Skills in Pre-School Children –for use with pre-school children, from the age of nine months
- The Pragmatics Profile of Everyday Communication Skills in School-Age Children –for use with school-age children, up to the age of 10 years.

There is also the adult profile available which can be used for secondary children.

Pros
It's difficult to assess pragmatic skills in a single environment such as the clinic or school. This assessment enables the professional to build up a comprehensive picture of children's communicative skills in a variety of everyday situations by means of structured interview procedure, to be used with parents, teachers or other carers. The assessment gives teachers an idea of how a child communicates and their communication skills inside and outside school. It's relatively easy to carry out and takes 30 minutes to do.

The assessment involves parents and enables them to recognise the very subtle way their children communicate across a range of situations and the areas in which they may be having unnoticed difficulties. It may also help parents to appreciate pre-linguistic attempts at communication as well as focusing on talking. Teachers have reported that their attention had been drawn to elements of the child's interaction in the classroom that they might not otherwise have considered relevant and this helped them to think about ways communication could be supported.

The assessment is independent of communication approach.

Cons
By its very nature this approach does not lend itself to numerical analysis and hence there are no norm-referenced scores to make comparisons with others.

What does it tell us?
The Pragmatics Profile for each of the two age ranges falls into four sections, covering the following.

1. Communicative Functions: looks at the range of communicative functions that a child may express.
2. Responses to Communication: looks at how the child responds and reacts to communication from others.
3. Interaction and Conversation.
4. Contextual Variation: looks at how the child's communication varies depending on context such as different places, people, times of the day and topics.

The profile can be used for monitoring progress as the interviews can be carried out at agreed intervals.

Examples of targets or interventions that may be put in place after the assessment include the following.

- Family setting aside regular time for interaction and conversation where parents give undivided attention to the child following their interests and initiations. The best time for this may be indicated by the section on context variation.
- A social skills group exploring subjects such as getting someone to listen, thanking someone, asking for help, expressing emotions, how to say "no" and what to do if conversations go wrong.
- Building on a particular strength and extending to another place (for example, extending expression skills identified in the home to school).
- Setting specific targets such as asking for clarification from a teacher when the child is unsure about something.
- Providing ways of expanding the child's opportunity for communication in different situations and with different people.

Is there a cost?
No.

Where can I access it?
Manual, background information and profiles are available to download at: complexneeds.org.uk/modules/Module-2.4-Assessment-monitoring-and-evaluation/All/downloads/m08p080c/the_pragmatics_profile.pdf.

2.1 Overview of assessments by age and category

2.2 Communication skills

Tait video analysis procedure
(part of the Nottingham Early Assessment Package (NEAP 2)

Age range
For all children who are at the pre-verbal level of language development.

Who can use it?
A professional, usually a Teacher of the Deaf or speech and language therapist, who has undertaken Tait training. Professionals can undertake the Tait training at the Ear Foundation, or use the training DVD included in NEAP 2.

What is it?
A video analysis technique, where recordings of a child interacting with a well-known adult, are taken and analysed to monitor the development of pre-verbal communication skills including turn taking, whether gestural or auditory, use of autonomy and non-looking vocal turns, which give an indication of the use of audition in early communication skills.

What can it tell us?
Video recordings are made and a transcript of the interaction is made and scored following strict criteria. Measures are made of gestural and vocal turn-taking, of the development of initiative in communication, and of non-looking vocal turns, monitoring the developing use of audition in communication.

It provides evidence of the effectiveness of hearing aids or implants in the development of the necessary pre-verbal skills before the emergence of spoken language, and thus objective evidence of the development of communication skills before the child can participate in testing.

It supports monitoring of the development of auditory skills and making decisions about audiological management, for example the balance of hearing aid or implant provision.

Pros
"The very high rate of inter-observer reliability suggests that the video recordings of children under 12 months can be scored consistently, and Tait video analysis is therefore a valid method of monitoring the development of vocal and auditory preverbal skills in very young deaf children, either following cochlear implantation or using acoustic hearing aids."[8]

It's one of the few assessments which can be used with children under 12 months of age.

Cons
- The assessment can't be used effectively without training.
- Teachers of the Deaf report that it's a very detailed assessment that takes a long time to complete.

Is there a cost?
Yes.

Where can I access it?
www.earfoundation.org.uk/shop/items/78

[8] Tait, ME, et al. The Use and Reliability of Tait Video Analysis in Assessing Preverbal Language Skills in Profoundly Deaf and Normally Hearing Children Under 12 Months of Age'. *International Journal of Pediatric Otorhinolaryngol*. 2007 71(9):1377-82.

2.3 Language assessments

When assessing the language skills of deaf children, professionals use a range of published assessments, most of which were originally designed for hearing children. This is useful when we wish to compare the development of a deaf child with a hearing child of the same age and consider any gap in attainment and how to address it. When deciding which assessment(s) to use with a deaf child, we need to consider:

- the age and language level of the child
- the first language in which the child communicates (spoken English, another spoken language, BSL, Sign Supported English (SSE))
- the general developmental level of the child
- which areas of language need to be assessed (e.g. understanding of grammar, understanding of non-literal language, understanding of vocabulary, use of grammar or use of vocabulary)
- what we know already, for example whether there is a language delay or a language difficulty present.

Summary of language assessments
The following table provides a very brief summary of the language assessments – for both receptive and expressive language skills – contained in this section.

Test Name	Age range	Who can use it?
The Test for Reception of Grammar, Second Edition (TROG-2)	4 years–adult	Any relevant professional
The British Picture Vocabulary Scale, Third Edition (BPVS-3)	3–16 years	Any relevant professional using the manual
Prawf Geirfa Cymraeg	Age range • Version 1: 7–11 years • Version 2: 11–15 years	Teachers and interested professions with good knowledge of Welsh
Assessing British Sign Language Development Receptive Skills Test	3–13 years	A person with at least Level 2 British Sign Language qualification, plus experience in testing
The Renfrew Action Picture Test (revised edition	3–8 years	Any relevant professional using the manual
The Renfrew Word Finding Vocabulary Test (revised edition	3–8 years	Specialist teachers, speech and language therapists, educational psychologists
South Tyneside Assessment of Syntactic Structures (STASS)	3–7 years	Teachers and professionals who are familiar with the grammatical features of English
The Dorset Assessment of Syntactic Structures (DASS)	7 years–adult	Teachers and speech and language therapists

The Renfrew Bus Story (revised edition	3–8 years	Teachers and speech and language therapists
Assessing BSL Development: Production Test (Narrative Skills)	4–11 years	British Sign Language user with at least a Level 2 qualification who has successfully completed the relevant course.
The New Reynell Developmental Language Scales (NRDLS- 4)	3–7 years	Speech and language therapists, specialist teachers, and educational psychologists
The Preschool Language Scales, Fifth Edition, UK (PLS-5-UK)	Birth–6 years	Speech and language therapists and educational psychologists, CL2 classification
The Derbyshire Language Scheme	Suitable for a wide range of children	Not specified, but there is a three day course that a range of professionals can attend to learn how to use the scheme
The Clinical Evaluation of Language Fundamentals – Preschool 2^{UK} (P-CELF-2)	3–6 years	Speech and language therapists and educational psychologists
The Assessment of Comprehension and Expression 6–11 (ACE)	6–11 years	Speech and language therapists, educational psychologists and other professionals who are familiar with standardised testing and have a knowledge of language structure
The Clinical Evaluation of Language Fundamentals, 4 (CELF-4)	5–21 years (US version) 5–16 years (UK version)	Speech and language therapists and educational psychologists
Test of Word Knowledge (TOWK)	5–17 years	Speech and language therapists, and educational psychologists

2.1 Overview of assessments by age and category

2.3.1 Assessments exploring receptive language

The Test for Reception of Grammar, Second Edition (TROG-2)
(Bishop 2003)

Age range
4 years–adult

Who can use it?
Speech and language therapists, psychologists and Teachers of the Deaf.

What is it?
- Test of understanding of English grammatical contrasts marked by inflections, function words and word order.
- TROG-2 has also been found to be useful for deaf children, and children with specific language impairment, physical handicaps, learning difficulties or acquired aphasia. Research studies on its use with these client groups are listed in the test manual.
- Consists of 80 four-choice items and uses a simple vocabulary. The child has to decide which picture, out of the choice of four, goes with a sentence which is read aloud.

How is it used?
- The manual gives very specific instructions for administration. Basically, the child looks at the four pictures, then listens to the tester reading a sentence out loud and chooses which picture is correct.
- Guidelines are given for starting points with hearing children – but when carrying out the test with a deaf child think about their general language level not their chronological age.
- The child's response is recorded on the score sheet provided. It's important to record which picture the child points to – as errors may show consistent patterns (e.g. always interprets passive sentences as active sentences).
- Items come in blocks of four. To pass a block the child must get all four items correct.
- Discontinue testing once the child has failed five consecutive blocks.
- There are two practice items that you can give feedback on. Once the test has begun, you must not indicate to the child whether their response was correct or incorrect. Giving general encouragement (e.g. "good", "you are concentrating well" etc.) is allowed.
- Once the test is completed, it's possible to generate an age-equivalent, a standard score and a percentile rank – see pages 22–28 in the manual for a full explanation of how to do this.
- Should take about 20 minutes to carry out.

What about children who sign?
This is a test of English grammar – if it's translated into BSL it's completely changed and the age equivalents, standard scores etc. are not valid; for example, there is no such thing as passive sentence structure in BSL. The receptive skills BSL test would be much more suitable for use with this type of child.

If a child uses SSE to help their understanding, then you might want to administer the items using this form of presentation. You must report that you have done this when feeding back on results, however, and it will mean that the standardisation information is no longer valid.

It's also possible to compare how a child does when the test is carried out orally versus with SSE but you will need to think very carefully about how this is done. The child is likely to realise that they have got an item wrong and so point to an alternative picture if you immediately repeat a test item, meaning that they might well pass more items, but not because of the way in which the test

was carried out. You could re-administer whole blocks or the whole test on a different day using a different form of presentation, but would need to leave a reasonable interval.

You could also probe a child's understanding of a certain sentence structure type with SSE using your own pictures and different items that follow the same pattern. Using the test in this way totally invalidates the outcome and provides only a narrative result, although this information can be useful in itself as an informal teacher assessment.

Why has the child failed a block?
It is really important to question what's going on when a child fails a block. Issues to consider include the following.

- Was the child unwell or upset on the day of the assessment?
- Did the child understand the English grammatical structure used?
- Did the child understand vocabulary within the item?
- Can the child process the length of sentence being given?
- Where the child has made a speech reading error, do they understand the grammatical structure?
- Was the child's attention poor?

You need to be analytical in how you think about the child's responses. There is a vocabulary screen that you can use if you suspect that vocabulary is the problem. You would need to use your general knowledge of that child, and how they perform on grammatically simpler sentences of the same length to decide about processing of sentence length. Above, it's described how items may have to be re-administered using a different form of presentation (e.g. SSE). Written English may also be used but the same provisos exist regarding not allowing the child to suspect which items they got wrong as this will make the test invalid.

Pros
- Quick and easy.
- Can be used to measure progress from one year to the next.
- Is well standardised.

Cons
- Only assesses understanding of a restricted range of 20 grammatical structures. You would need other assessment tools to find out about other aspects of understanding, e.g. understanding of vocabulary, concepts, non-literal language, longer pieces of information, etc.
- Need to take care to highlight that it compares the child to their hearing peers.
- Sometimes children are 'taught' the items on the test as part of their targets and their performance on this particular assessment is much greater than on any other assessment tool and is actually an over-estimation of true ability.
- Some children spot the four to a block pattern and use this to help them.
- Does not assess the child's understanding in a classroom or in general conversations, as there are no forced choices in these situations, different aspects of language occur and in a classroom there is also the issue of competing background noise.
- Cannot be translated into BSL.

What can it tell us?
- An age-equivalent, standard score and percentile rank for understanding of English grammatical structures.
- It may be useful in highlighting specific structures with which a child is having difficulty (e.g. does not understand comparatives).

- Some information on the child's ability to speech read/decode short sentences where a forced choice of possible meanings is available.

Is there a cost?
Yes.

Where can I access it?
www.pearsonclinical.co.uk/Psychology/ChildCognitionNeuropsychologyandLanguage/ChildLanguage/TestforReceptionofGrammar(TROG-2)/TestforReceptionofGrammar(TROG-2).aspx

2.1 Overview of assessments by age and category

2.3 Language assessments

The British Picture Vocabulary Scale, Third Edition (BPVS-3)
(Lloyd M Dunn, Douglas M Dunn with Julie Sewell and Ben Styles, 2009)

Age range
3–16 years

Who can use it?
Any relevant professional, using the manual.

What is it?
- A test of receptive (hearing) vocabulary, i.e. single words that a child can understand.
- There are two previous editions to this assessment and the BPVS-2 is still widely in use. The new, fully revised edition features full-colour pictures and improved presentation with a larger format.
- The questions broadly sample words that represent a range of content areas such as actions, animals, toys and emotions and parts of speech such as nouns, verbs or attributes, across all levels of difficulty.
- The test samples words that have been learnt incidentally.
- Can be carried out by teachers, special educational needs coordinators (SENCOs)[9] and speech and language therapists.

How is it used?
- The manual gives very specific instructions for carrying out the test which should be followed. Basically, the tester says a word and the child responds by selecting the picture (from four options) that best illustrates the word's meaning.
- Guidelines are given on the testing sheet for starting points with hearing children but when carrying out the test with a deaf child think about their general language level not their chronological age.
- If the child makes more than one error in the first set of items, then the previous set must be administered. You have to keep going backwards until there is no more than one error. This is the 'basal set'.
- Testing is discontinued once the child has eight or more errors in a set. This is called the 'ceiling set'.
- You should give equal praise for correct and incorrect responses, for example, saying "good", or "you're doing well". The child shouldn't be able to tell whether they are correct or not; except on the four practice items for which you are allowed to give feedback.

What the test can tell us and how this information can be used to inform intervention strategies and targets aimed at improving outcomes
- The test gives a standard score, percentile rank and age equivalent for the child's level of receptive vocabulary. This means that the child's score can be compared with that of hearing children of their age.
- As it's designed to assess the child's vocabulary learned incidentally, any temptation to 'teach to the test' invalidates the score.
- Can be used in conjunction with an expressive vocabulary assessment in order to establish whether a child has a word-finding difficulty.

[9] Or Additional Learning Needs Coordinators in Scotland.

Pros

- This assessment is well standardised.
- It can be used to measure progress over time.
- Because no spoken response is required, BPVS-3 may be carried out with pupils with autism and other related communication difficulties.
- To help with administration to pupils who may be colour blind the illustrations have black outlines and the colours are vivid.
- You may repeat the test word – the number of times is not restricted.
- Quick and easy to carry out and score. The test is not timed so vocabulary is tested, not the speed of response.
- No reading or written response is required so it's suitable for those with speech and language difficulties and difficulties in reading and writing.
- Doesn't require extensive verbal interaction between the tester and child.

Cons

- Only measures receptive vocabulary and not any other language skills.
- For deaf children, sometimes their errors arise because of difficulties with speech perception rather than not having understood the word given, for example mixing 'food' and 'fruit'. This shows how important it is to create the best possible listening conditions for that child.
- The assessment is not standardised for use with items in the written form or when signed. If the test is given in such a way, then the standardisation information is invalid.
- It's not possible to compare scores with previous assessments that have been made using BPVS-2, as this applies a different standardisation. GL Assessments recommend you continue to use BPVS-2 on existing pupils, using BPVS-3 on children new to the assessment.

Is there a cost?
Yes.

Where can I access it?
www.gl-assessment.co.uk/products/british-picture-vocabulary-scale-third-edition

2.1 Overview of assessments by age and category

2.3 Language assessments

Prawf Geirfa Cymraeg
(Virginia C Muller Gathercoe et al. Bangor University 2008)

Age range
Version 1: 7–11 years
Version 2: 11–15 years

Who can use it?
Teachers and other education professionals with good knowledge of Welsh.

What is it?
This is the first standardised receptive vocabulary test normed specifically on Welsh-speaking children. The norms provided represent the best description of the normal vocabulary abilities expected of children learning Welsh at different ages and from different language backgrounds.

How is it used?
The test is available in two versions.

- Book version: like a traditional standardised test of receptive vocabulary. It can be used to test children individually. Includes 50 marking sheets for individual testing.
- Individual Computerised Version: administered individually to a child via a computer. The child's scores are calculated automatically by the computer.

Pros

- Only available test for Welsh-speaking children.
- Well standardised, so it can be used to compare progress, use percentiles, etc.

Cons

- Not widely publicised.

Is there a cost?
Yes.

Where can I access it?
www.pgc.bangor.ac.uk/

2.1 Overview of assessments by age and category

2.3 Language assessments

Assessing British Sign Language Development Receptive Skills Test
(Herman.R, Holmes.S, & Woll.B. 1999)

Age range
3–13 years

Who can use it?
A person with Stage 3 Level BSL, and experience in testing.

What is it?
- The assessment consists of the following: (1) a vocabulary check and (2) a video-based Receptive Skills Test.
- This assessment was originally standardised on deaf and hearing children from deaf families where BSL was the first language, then on children from hearing families on established bilingual or Total Communication programmes from an early age.
- Due to regional variations in dialect, two versions, UK North and UK South are available on the DVD that comes with this assessment. The vocabulary check is designed to ensure that children understand the vocabulary used in the Receptive Skills Test. Children complete a simple picture-naming task which identifies any signs in their lexicon which vary from those used in the test. Children are required to name pictures so that the assessor can check whether their version of the sign corresponds to the one used in the test. This is particularly important for languages such as BSL where there is much regional variation of signs. After the vocabulary check, the tester can decide whether to use either the northern UK or the southern UK version of the test.

How is it used?
- The child is shown a DVD of a native user of BSL signing various short phrases. The child's task is to select the correct picture out of a choice of four possibilities to go with each phrase signed. There are 40 items in all.
- If a native signer of BSL is available, then the test can be presented live rather than using the DVD. This may help with maintaining the attention of some children.
- There is a vocabulary screen that can be used to check that the child does understand all of the basic vocabulary used in the assessment. This is necessary to be sure that any items failed reflect the child's understanding of grammar and not vocabulary.

Pros
- Many children love the fact that they have to watch a DVD.
- Beneficial to children who use BSL as the assessment is in their first language.
- This is currently the only standardised assessment of understanding of BSL skills and therefore gives valuable information on the child's true linguistic skills for non-BSL users.
- Based on empirical data and robust psychometric properties.
- Can be used to measure progress.

Cons
- This assessment aims to assess grammatical features and therefore only includes short phrases and basic vocabulary – it does not look at communicative competence. Other assessment is necessary to inform these other aspects of the understanding of BSL. This assessment also does not require the child to deduce any information.
- This assessment can only be used to assess BSL. It's not appropriate to 'translate' it into SSE, or any other language.

What does it tell us?
This assessment is very useful in looking at any discrepancies between a child's BSL and English (or other language) skills. It can therefore inform teaching programmes about where the child's strengths and teaching needs occur.

Is there a cost?
Yes.

Where can I access it?
www.signlang-assessment.info/index.php/british-sign-language-receptive-skills-test.html

2.1 Overview of assessments by age and category

2.3 Language assessments

2.3.2 Assessments exploring expressive language

The Renfrew Action Picture Test (revised edition)
(Renfrew 2010)

Age range
3–8 years

Who can use it?
Any relevant professional, using the manual.

What is it?
- Quick screen of expressive language – just 10 pictures and questions.
- Gives scores for the amount of information given and the level of grammar used: gives age norms to eight years five months.
- Information scores gained for specific nouns, verbs and prepositions.
- Grammar scores awarded encompass use of different tenses, use of irregular past tense and plurals, simple and complex sentence constructions and use of the passive voice.

How is it used?
- The test involves showing children a series of pictures with associated questions. Exact instructions for administration are in the manual and you should read this before using the test.
- Record the child's answers exactly, allowing for deviations in pronunciation. It is often necessary to video or make an audio recording of deaf children's responses – this really helps to get a very accurate transcription of what was actually said. If the child produces some words de-voiced or uses a sign rather than a word, it is useful to record this information as well. For example, underline de-voiced words and put signed words in brackets.
- It may be necessary to prompt. The manual details exactly how this may be done.
- With younger children you can make the task more interesting by allowing them to post the pictures when they are finished. Older children might focus better if they know there are only 10 pictures. It also does not matter in which order you gain the responses – some children like to select a card – so you could offer them the cards face down, but what they prefer will depend greatly on the child.

Pros
- Standardised test in a short and simple form.
- Quick and easy.
- Extremely useful to identify where a child's language may be more delayed than thought.
- Often useful to compare responses from one year to the next.
- Useful for parents to observe.

Cons
- Does not assess BSL grammar.
- Only a screen – should really be supplemented with bigger language sample.
- Can be difficult to transcribe unintelligible speech – it's helpful if the test is given by someone who knows the child well.
- Does not give standard scores/percentiles.

Is there a cost?
Yes.

Where can I access it?
www.speechmark.net/action-picture-test-revised-edition

2.1 Overview of assessments by age and category

2.3 Language assessments

The Renfrew Word Finding Vocabulary Test (revised edition)
(Renfrew 2010)

Age range
3–8 years

Who can use it?
Specialist teachers, speech and language therapists, educational psychologists.

What is it?
- Test of expressive vocabulary – the child names the pictures given.
- If the result is compared to that for a test of receptive vocabulary (e.g. BPVS-3) and nature of responses examined, it can be used to help diagnose specific word-finding difficulty.

How is it used?
- Exact instructions for administration are in the manual and you should read this before using the test.
- Explain to the child that they have to name some pictures.
- Guidelines are given for starting points with hearing children – but when used with a deaf child think about their general language level not their chronological age. It's a good idea to start at the beginning, as deaf children often have gaps in their early vocabulary.
- Present one picture at a time to the child and record responses on the sheet provided. It's recommended that correct pictures are scored with a tick, incorrect responses are written in, and if the child says "don't know", try to discover if they don't recognise the picture (and write DKP) or if the child recognises the picture, but doesn't know the word/name (DKN).
- Try not to give away with facial expression whether the child's result was correct or incorrect – also make sure that the child can't see what you write on the record sheet. If the child then changes their response you will know that this came from them and not from a deduction that their response must have been wrong because of something you did.
- Don't tell the child the answer if they get the item incorrect – as well as the point raised above, this may also contribute to the learning of the assessment, thus invalidating future administration.
- When carrying out the test with a deaf child who uses sign as well as spoken language, it's useful to record whether they were able to give a sign if they couldn't respond with a word, although obviously you need to tell the child to give the spoken word if they know it. The child's score when using signs will not give a valid age-equivalent score, but it's useful to have a comparison of how much larger a child's signed vocabulary is than their spoken.
- With younger children you can make the task more interesting by allowing them to post the pictures when they're finished.
- When scoring, do not penalise for articulation errors that you know the child would make anyway (e.g. 'tandaroo' for kangaroo is correct).
- With deaf children, it can be useful to transcribe the responses exactly, so that information is gained on the child's speech sound system as well as their expressive vocabulary.
- Where it's suspected that a child may have a word-finding difficulty it's interesting to try prompting them with an initial sound or semantic (meaning) cue – you should not really do this with the items on this assessment, but could use any pictures or objects to name. If cueing does help then this gives diagnostically useful information.

Pros
- Quick and easy.
- Often useful to compare vocabulary one year to the next but don't target items on the test when setting vocabulary targets – this should be an assessment of vocabulary gained naturally.
- More demanding to test expressive vocabulary than receptive as in BPVS.

Cons
- Can be difficult to decide on whether an item was correct if the child has very inconsistent, unintelligible speech; it's helpful if the test is given or observed by someone familiar with the child's speech.
- Need to take care to highlight that it compares the child to their hearing peers.
- Doesn't give standard scores/percentiles as norm referenced.

What can it tell us?
- An age equivalent for expressive vocabulary.
- If used with other assessments – an indication of whether vocabulary is delayed (i.e. the child can't name words because they don't have them at all in their vocabulary – they don't understand them) or whether there is a specific word finding difficulty (a child can't access the words they do understand).
- Some information on the child's single word production skills (their speech sound system).

Is there a cost?
Yes.

Where can I access it?
www.speechmark.net/word-finding-vocabulary-test-revised-edition

2.1 Overview of assessments by age and category

2.3 Language assessments

South Tyneside Assessment of Syntactic Structures (STASS)
(Armstrong and Ainsley 2012)

Age range
3–7 years

Who can use this?
Teachers and professionals who are familiar with the grammatical features of English (subject, verb, objective, complement, adverbial).

What is it?
- A test of expressive language that allows detailed analysis of the sentence structure and grammar that a child is using.
- The assessment consists of a picture book which aims to encourage a wide range of different sentence types from the child. These sentences are analysed at the clause, phrase, and word levels and then the child's linguistic level is plotted onto a developmental chart.
- The chart is very useful for both plotting progress over time and for setting targets for the next grammatical structures to be used.
- A high level of skill in this type of analysis is necessary in order to analyse the language sample.
- This assessment was produced based on David Crystal's Language Assessment Remediation and Screening Procedure (LARSP) analysis. The idea of the picture book is that there is a much higher chance in a short space of time of eliciting a wide range of sentence types than would be possible if a random sample of expressive language was recorded. The sentences provided by the child should provide a good sample of sentences that can be analysed and plotted onto a chart that includes clause, phrase and word level from stage 1–4 of the LARSP profile.

How is it used?
- The child and adult share the picture book. The adult reads the prompts (written on the page opposite the picture) while showing the child the corresponding picture, and then records the child's response.
- You should record the child's answers exactly, allowing for deviations in pronunciation. You should take care to listen very carefully – don't add in small grammatical words or endings that were not there. It is often necessary to video or make an audio recording of deaf children's responses – this helps to get a very accurate transcription. If the child produces some words de-voiced or uses a sign rather than a word, it is useful to record this information as well. For example, underline de-voiced words and put signed words in brackets.

What can it tell us?
- The linguistic level of a child in terms of the sentence structures they are using. The manual doesn't give exact age-equivalent scores, standard scores or percentile ranks.
- Where there are gaps in a child's expressive language.
- Which sentence structures should appear, or be targeted next, if following a developmental pattern.
- Progress from one assessment to the next can be plotted on the chart.
- Assessment forms are free, downloadable from the internet.

Page 62 of the Scottish Sensory Centre's publication (see link below) *Using the South Tyneside Assessment of Synthetic Structures* (2011) gives an example of how the assessment's findings can be used to inform support strategies for a four-year-old deaf boy.
www.ssc.education.ed.ac.uk/library/publications/stass.pdf

Pros

- Gaining the language sample is quick and easy.
- Children of the appropriate age for this assessment are usually interested in the picture book.
- A very good resource to aid target setting.
- Progress can be plotted on the chart.
- The assessment has been normed on over 200 children, so it's possible to report results, for example by saying the child has achieved better than 75% of five-year-olds.
- It's reasonably straightforward to score.

Cons

- Accurate transcription can take time and needs a good level of listening skill.
- Analysis of the grammar used can take time and requires a very high level of knowledge about syntax analysis.
- It's not possible to derive a standard score, percentile rank or age-equivalent score.
- The analysis that is performed on the language sample and the developmental chart are all aimed at analysing English grammar. If a child is using BSL, then the correct structure for this language is very different from that of English and the developmental chart is not appropriate.

Is there a cost?
Yes.

Where can I access it?
www.stass.co.uk

Books that can help users with their syntax analysis skills include:

- Crystal, D. *Discover Grammar.* 1996. Longman
- Crystal, D. *Rediscover Grammar*, *Second Edition*. 2004. Longman.

2.1 Overview of assessments by age and category

2.3 Language assessments

The Dorset Assessment of Syntactic Structures (DASS)
(Howell 2003)

Age range
7 years–adult

Who can use it?
Teachers and speech and language therapists.

What is it?
- The DASS is an assessment of expressive language for older children and adults that is based on the STASS (South Tyneside Assessment of Syntactic Structures).
- The DASS was successfully trialled with adolescents and adults with learning difficulties.
- The assessment consists of an A4 full-colour picture book, instructions for use and assessment forms that can be photocopied.

How is it used?
- The child and adult share the picture book. The adult reads the prompts (written on the page opposite the picture) while showing the child the corresponding picture, and then records the child's response.
- Record the child's answers exactly, allowing for deviations in pronunciation. Take care to listen very carefully – do not add in small grammatical words or endings that were not there. It is often necessary to video or make an audio recording of deaf children's responses – this really helps to get a very accurate transcription. If the child produces some words de-voiced or uses a sign rather than a word, it's useful to record this information as well. For example, underline de-voiced words and put signed words in brackets.

What can it tell us?
- Which linguistic level the child expressive language is currently at in terms of the clause, phrase and word levels, up to stage four of the Language Assessment, Remediation and Screening Procedure (Crystal LARSP).
- Where there are gaps in a child's expressive language.

Pros
- This assessment is very useful in helping to determine which grammatical structures a child should acquire next because it's designed developmentally.
- Gaining the language sample is quick and easy.
- A very good resource to aid target setting.
- Progress can be plotted over time on the profile chart.

Cons
- This assessment does not provide age-equivalent scores, standard scores or percentile ranks.
- Accurate transcription can take time and needs a good level of listening skill.
- Analysis of the grammar used can take time and requires a very high level of knowledge of syntax analysis.
- The analysis that is performed on the language sample and the developmental chart are all aimed at analysing English grammar. If a child is using BSL, then the correct structure for this language is very different from that of English and the developmental chart is not appropriate.

Is there a cost?
Yes. You can buy this in a joint package with the STASS at a reduced rate.

Where can I access it?
www.stass.co.uk

Books that can help users with their syntax analysis skills include:

- Crystal, D. *Discover Grammar.* 1996. Longman.
- Crystal, D. *Rediscover Grammar, Second Edition.* 2004., Longman.
- Crystal, D et al. *Grammatical Analysis of Language Disability, Second Edition*. 1991., Singular Publishing Group.

2.1 Overview of assessments by age and category

2.3 Language assessments

The Renfrew Bus Story (revised edition)
(Renfrew 2010)

Age range
3–8 years

Who can use it?
Teachers and speech and language therapists.

What is it?
A test of oral narrative skills, measured by a story recall task. Both the grammatical complexity of the child's utterances and the information load used is scored.

How is it used?
- The tester shares a textless story picture book with the child. The child listens to the tester telling the story and then, with the picture book to prompt them, retells the story.
- The child's story recall is recorded, preferably on video.
- The video then has to be accurately transcribed.
- The transcription is scored, using rules set out in the manual, for grammatical complexity and information load. Age-equivalent scores can be calculated for each scale.
- The manual should be consulted for full information prior to using this assessment.

What can it tell us?
Gives age-equivalent scores for grammatical complexity and information load in a story recall task.

Pros
- This is quite a quick test of narrative skill for children in this age group.
- Most children really like the picture book and story and most also enjoy being videoed.
- The analysis procedure is also fairly quick and simple in comparison to some other narrative procedures, and therefore practical to use.

Cons
- This assessment is designed for use with children speaking English. The age-equivalent scores are not valid where other languages are used, including British Sign Language.
- The child will not necessarily use the full range of grammatical constructions that they're able to use on this assessment, so other tests and analysis of language samples would also be necessary to provide a full assessment of use of grammar.

Is there a cost?
Yes.

Where can I access it?
www.speechmark.net/bus-story-test-revised-edition

2.1 Overview of assessments by age and category

2.3 Language assessments

Assessing BSL Development: Production Test (Narrative Skills)
(Herman.R, Grove.N, Morgan.G, Sutherland.H, & Woll.B. 2004)

Age range
4–11 years

Who can use it?
Testers must be fluent in BSL, minimum Level 2 British Sign Language qualification and have successfully completed a four-day, certified training course. Training courses are run at City University.

What is it?
- An assessment of expressive language ability in BSL. The test assesses a child's ability to remember and structure a narrative and use aspects of BSL grammar.
- Areas of expressive language that are analysed include content, structure and grammatical features used.
- The task itself is a story recall task of a scenario that the child watches on a language-free DVD.

How is it used?
- Child views a short language-free video.
- Child retells the story to a native signer and answers questions. It's important that it's a native signer because most children adapt the language they use to suit the person with whom they are communicating and are likely to use more English structures (rather than BSL) with an adult that they know to be a user of English.
- Child's story is recorded and analysed for content, structure and grammatical features.

What can it tell us?
- This assessment gives standard scores and percentile ranks for expressive BSL skills.
- It can be used to monitor progress over time.
- It can help with target setting.

Pros
- This is the only standardised assessment of expressive BSL skills currently available.
- Many children enjoy the fact that they are required to watch a DVD. They also enjoy describing the events from the film.
- Can be used to monitor a child's progress over time.
- Can help with target setting.

Cons
- Limited numbers of people can use this assessment. The person who records and analyses the language sample must be highly skilled and have attended the training course that accompanies the assessment. A fluent native signer is needed in order to administer the task.
- Training courses no longer run every year and costs of training can be substantial.
- Carrying out and scoring the assessment is a time-consuming process and a high level of knowledge of linguistic analysis is necessary.

Is there a cost?
Yes.

Where can I access it?
www.signlang-assessment.info/index.php/assessing-bsl-development-production-test-narrative-skills.html

2.1 Overview of assessments by age and category

2.3 Language assessments

2.3.3 Assessments that explore both receptive and expressive language

The New Reynell Developmental Language Scales (NRDLS- 4)
(Edwards, Letts & Sinka 2011)

Age range
3–7 years

Who can use it?
Specialist teachers, speech and language therapists and educational psychologists.

What is it?
- An individually administered test of language that includes a production and receptive scale. The user can use either one or both of these scales. For each it's possible to generate a standard score, percentile rank and age-equivalent score if the child is within the standardisation range of the test.
- The assessment uses both toys and a picture book in order to probe understanding and use of language.
- The assessment comes with a 'multilingual toolkit' – a manual that provides guidance on how to adapt and use NRDLS with children where English is an additional language (EAL).

How is it used?
- Consult the manual for details of how to administer this assessment. It's very important that, the tester has had a chance to read the manual carefully beforehand and practise all of the different tasks, in terms of which toys/pictures to find and exactly what to say.

What can it tell us?
- Age-equivalent scores, percentile ranks and standard scores are given for the receptive and expressive scale. This means that the child's ability in both understanding and using language can be compared.
- This assessment can be used to measure progress over time.
- This assessment can be used to help inform clinicians about the nature of a child's difficulties, e.g. whether language is normal, delayed or following a disordered pattern of development.
- This assessment is useful in helping to guide a clinician with regards to setting targets for next steps.

What about children who sign?
- This assessment is designed to test English language and was standardised using an oral presentation. It's therefore not valid to quote standard scores, percentile ranks or age-equivalent scores if sign was used when administering the receptive scale or in responses in the expressive scale.
- It's useful to record all the information that a child gives, whether this is spoken or signed, and use this when describing the child's language ability. However, you'll need to use a key to record what was said/signed.
- You could use SSE when administering the receptive scale items, but as stated above the standardisation information is then not valid.
- This assessment does not translate into British Sign Language. If it's translated into BSL it's completely changed and the age equivalents, standard scores etc. are not valid. For example, there's no such thing as passive sentence structure in BSL. The receptive skills BSL test would be much more suitable for use with this type of child.

Pros

- Once the tester is practised this is a straightforward assessment to carry out.
- It probes both understanding and use of language.
- Young children tend to like the toys that are used.
- It's based upon a good UK standardisation sample of 1,200 children, with additional information and case studies.
- This assessment has a variety of test procedures to keep the child's attention.
- Multilingual toolkit for children with EAL.

Cons

- It takes some practice to be able to access all of the different toys needed smoothly and quickly enough to maintain the child's attention.
- Takes 45–60 minutes.
- This assessment is designed to measure understanding and use of English and doesn't 'translate' into BSL. If any sign is used then the standard scores, percentile ranks and age-equivalent scores are not valid.

Is there a cost?
Yes.

Where can I access it?
reynell.gl-assessment.co.uk/

2.1 Overview of assessments by age and category

2.3 Language assessments

The Preschool Language Scales, Fifth Edition, UK (PLS-5-UK)
(Zimmerman, Evatt Pond & Steiner 2014)

Age range
Birth to 7 years, 11 months

Who can use it?
Speech and language therapists and educational psychologists. There's currently a CL2 classification which means Teachers of the Deaf can't order it.

What is it?
- The PLS-5-UK is an individually administered test that measures young children's receptive and expressive language skills. The PLS-5-UK (2014) is now normed on UK children.
- The assessment also includes three supplementary assessments as follows.
    - A care-giver questionnaire that can be used with the caregivers of children up to three years of age to supplement the information given by the main tests. If the caregiver completes the questionnaire before testing, it's possible to score many of the test items without administering them to the child.
    - A Language Sample Checklist. This can be used with any child who speaks in connected utterances. It provides an overview of the content and structure of a child's spontaneous utterances, from which a summary profile can be created and a mean length of utterance (MLU) calculated.
    - An articulation screen for children aged 2 years 11 months to 6 years 11 months. This determines whether further testing of a child's articulation is necessary.
- For children of up to 2 years 11 months, the PLS-5 contains more items targeting interaction, attention and vocal/gestural behaviours than previous versions. There are new items assessing emergent literacy skills such as book handling and concept of print.
- The new items at age seven include tasks using synonyms for a word, using two or three target words to construct a sentence, and using prefixes.

How is it used?
- The test manual itself should be consulted for detailed administration instructions prior to testing.
- The auditory comprehension scale consists of 62 numbered tasks and is used to evaluate how much language a child understands. The expressive communication subscale consists of 68 numbered items and is used to determine how well a child communicated with others. To complete these scales, some items involve observing the child's reaction to a stimulus. As the child is older, other items involve either acting upon small manipulative toys or pointing to or describing pictures in a book that is supplied with the assessment.
- It's possible to calculate age-equivalents, standard scores and percentile ranks for a child's auditory comprehension, expressive communication and 'total language' (a combination of both scales) using the tables in the manual.

What can it tell us?
Age-equivalent scores, standard scores and percentile ranks for a child's auditory comprehension and expressive communication. This means that this test can tell us how any particular child is functioning in comparison with their hearing peers.

Pros

- This assessment gives a lot of information and covers both receptive and expressive language in very young children, for a younger age group than most other assessments.
- It's standardised on a UK population.
- It can be used to help form a decision on whether a child's language skills are delayed or disordered.
- It can be used to monitor progress over time.
- It will inform target setting.

Cons

- It can't be ordered by Teachers of the Deaf.
- This assessment is used as a monitoring tool by quite a lot of the UK auditory implant teams, and therefore particular care should be taken to discuss who is going to use this tool in the case of a child who has multiple professionals working with them, as it should not be frequently repeated.
- Parents do need to be warned that their child's deafness will very much affect how their child will score on this assessment. Although this is true of all of the assessments in this document that are standardised on hearing children, this assessment begins from birth and can be used even before the fitting of a cochlear implant, for example.

Is there a cost?
Yes.

Where can I access it?
www.pearsonclinical.co.uk

2.1 Overview of assessments by age and category

2.3 Language assessments

The Derbyshire Language Scheme
(Knowles and Masidlover 1982)

Age range
Suitable for a wide age range of children. No minimum or maximum age is given.

What is it?
- Although the Derbyshire Language Scheme is an intervention programme, it consists of a whole range of materials aimed at the assessment and intervention of early language skills and the programme gives a progress record.
- It's highly structured, with carefully graded objectives starting from single words and moving to long complex sentences.
- The assessments link directly with teaching activities.
- In the United Kingdom, the Republic of Ireland and Australia there are official tutors who organise three-day training workshops to facilitate its implementation.
- The assessment materials consist of a rapid screening test and a detailed test of comprehension. In both tests, receptive and expressive skills are probed alongside one another. Both toys and picture books are used as the stimuli.
- The Derbyshire Scheme is based around the concept of 'information carrying words', the number of words that *must* be understood in order to carry out a command, e.g. "put teddy under the table", consists of three information carrying words, providing that there is a choice of teddy/another toy; in/on/under etc; and table/other furniture. This gives the 'word level' that the child is working at.

How is it used?
- The assessments involve the child either pointing to the correct picture or following a command to use a particular toy. The roles are then switched and the child describes a picture for the adult to point to in order to gain an expressive language sample.
- The rapid screening test is used to determine the level at which the detailed test should begin.

What can it tell us?
- How many information carrying words a child can understand and use in a phrase during a structured task.
- The level of a child's early grammar.
- The scheme has an assessment summary which can be used to chart progress.
- The scheme gives detailed information on which language goals are an appropriate next step and on activities that can be used to promote the understanding/use of this level of language/these particular structures.

Pros
- The scheme provides a whole intervention programme/activities to follow on from assessment.
- Can be used to measure progress, but is not standardised.
- The concept of 'information carrying words' can be used in English or BSL. The assessment materials could be used in spoken English, SSE or BSL.

Cons
- This assessment is not standardised and so can't give standard scores, percentile ranks or age-equivalent scores.
- The early grammar section of the Detailed Test of Comprehension is not designed with BSL grammar in mind.
- Need to attend training course.

Is there a cost?
Yes.

Where can I access it?
www.derbyshire-language-scheme.co.uk

2.1 Overview of assessments by age and category

2.3 Language assessments

The Clinical Evaluation of Language Fundamentals – Preschool 2^{UK} (P-CELF-2)
(Semel, Wiig and Secord 2004)

Age range
3–6 years

Who can use it?
Speech and language therapists and educational psychologists.

What is it?
- The P-CELF-2 consists of a variety of subtests that comprehensively assess various aspects of both receptive and expressive language skills.
- Like the CELF-4, this assessment provides a range of subtests so that a child's language and communication strengths and weaknesses can be identified, and the outcomes should inform relevant recommendations for intervention.
- The test is aimed at pre-school and early years children who are in an academic-oriented setting.
- The subtests include the following receptive language tests: Sentence Structure, Concepts and Following Directions, Basic Concepts and the following expressive language subtests: Word Structure, Recalling Sentences, Word Classes, and Expressive Vocabulary. The P CELF 2 ^{UK} also comes with four supplementary tests that can be used to get criterion scores or percentile ranges and additional information about the child's skills outside of the testing situation such as recalling sentences in context, phonological awareness, pre-literacy rating scale and descriptive pragmatics profile.

How is it used?
Detailed instructions on how to carry out the individual subtests can be found in the manual. The test comes with two stimulus books containing various test stimuli that are used for the subtests. It also has two checklists, the 'Descriptive Pragmatics Profile' and the 'Pre-Literacy Rating Scale'.

What can it tell us?
The child's level of ability on a range of different language tasks. Scores can be compared across subtests. Also, certain subtest scores can be combined to give a core language score, a receptive language score and expressive language score, a language content score, and a language structure score. It also provides tools to help evaluate early classroom and literacy fundamentals and language and communication in context.

Pros
- A very wide range of subtests are available, making an in-depth assessment possible. It's designed to indicate whether or not a child has a language disorder, the nature of the disorder, early classroom and literacy fundamentals and communication in context.
- Well standardised and an appropriate tool to measure progress over time and evaluate intervention programmes.
- Can be used to help with target setting.

Cons
- Depending upon how many subtests are carried out, it may take some time.
- Some of the subtests are not necessarily measuring the same skill in a deaf child as in the hearing standardisation sample. For example, the recalling sentences in context subtest is one of the expressive language tests. Hearing children generally repeat sentences back, but include errors in grammar that they would make if speaking. The perception of the stimulus is not an issue for hearing children. For deaf children, the perception of the stimulus can be a big

problem and it can be this that limits their score, meaning that it's often more depressed than their scores on other subtests and we need to be aware of this.

Is there a cost?
Yes.

Where can I access it?
Only currently found on Pearson's US website www.pearsonclinical.com/

2.1 Overview of assessments by age and category

2.3 Language assessments

The Assessment of Comprehension and Expression 6–11 (ACE)
(Adams, Cooke, Crutchly, Hesketh & Reeves 2001)

Age range
6–11 years

Who can use it?
Speech and language therapists, educational psychologists, and other professionals familiar with standardised testing and language structure. It's meant for qualified, registered test users (and currently includes Teachers of the Deaf).

What is it?
- An assessment of language skills, particularly verbal comprehension, grammar, semantic and pragmatic knowledge. It assesses language above the 'sentence level' – those aspects of language which are dependent on the integration of various language and cognitive skills.
- An extensive standardised test of spoken language that consists of five main subtests plus an additional two extension subtests; this assessment provides information on a range of language skills including verbal comprehension, expression and grammar, plus aspects of semantic and pragmatic knowledge.
- The subtests are as follows: Sentence Comprehension, Inferential Comprehension, Naming, Syntactic Formulation and Semantic Decisions. The extended test includes these five subtests plus an additional two subtests: Non-Literal Comprehension and Narrative.

How is it used?
- The assessment is administered individually on a table. It consists of a manual with picture and written stimuli which support the subtests.
- Exact instructions on administration can be found in the manual. These should be read carefully before using this assessment.
- The main test takes around 30 minutes and the extended test 45 minutes.

What can it tell us?
- The test gives standard scores and percentile ranks for each of the subtests as well as an overall score. It tells us how the child's language skills compare to those of hearing children of the same age.
- The test is designed to identify children with delayed or impaired language development.

Pros
- The inferential comprehension subtest is an interesting task and tests the child's ability to draw inferences based on what they can see and have heard. This does not feature in any of the other assessments described in this resource and is useful as this is an area of specific difficulty for deaf children.
- Provides a flexible, fairly quick, (at least 45 minutes), and comprehensive assessment of language for children within its age range.
- The assessment can be used flexibly according to the needs of the child.
- It's well standardised on a UK population.
- UK and classroom-friendly content.
- Children tend to enjoy the colourful pictures in the manual.

Cons

- This is a test of English and can't be 'translated' into BSL.
- If SSE or written support is used to help with the administration of any of the subtests, then the standard scores and percentile ranks will not be valid.

Is there a cost?
Yes.

Where can I access it?
www.gl-assessment.co.uk/products/assessment-comprehension-and-expression-6-11

2.1 Overview of assessments by age and category

2.3 Language assessments

The Clinical Evaluation of Language Fundamentals, 4 (CELF-4)
(Semel, Wiig, & Wayne 2003)

Age range
5–21 years (American version), 5–16 years (UK version)

Who can use it?
Speech and language therapists and educational psychologists.

What is it?
- The CELF-4 test is the fourth edition of an individually administered clinical tool for the identification, diagnosis and follow-up evaluation of language and communication disorders.
- It has 18 different subtests that assess the child's level of skill in a range of different receptive and expressive language tasks.
- The test is standardised on a UK population and it's possible to get standard scores, percentile ranks and age-equivalent scores. This means a child's performance can be compared across the different subtests.

How is it used?
The manual provides detailed instructions on how to carry out the individual subtests. The test comes with two books containing various test stimuli that are used for some of the subtests.

What can it tell us?
- The child's level of ability on a range of different language tasks. Scores can be compared across subtests. Also, certain subtest scores can be combined to give a core language score, a receptive language score and expressive language score, a language content score, a language structure score and a language memory score. It also provides tools to help look at underlying behaviours such as phonological awareness and word associations.
- The CELF-4 can be used to measure progress over time and so evaluate the effectiveness of any intervention programme.

Pros
- A very wide range of subtests are available, making an in-depth assessment possible.
- Well standardised.
- The assessment is designed to help professionals think about what the results actually mean (the underlying clinical behaviours) and then evaluate language and communication in context.
- The understanding spoken paragraphs subtest provides a very valuable measure of how well a child can understand a longer section of spoken language aimed at a child of their age. This reflects the type of understanding that they often need in the classroom and is not assessed by any other assessment in this document.

Cons
- Depending upon how many of the subtests are administered, it may take a long time.
- Some of the subtests are not necessarily measuring the same skill in a deaf child as in the hearing standardisation sample. For example, the recalling sentences subtest is one of the expressive language tests. Hearing children generally repeat sentences back, but include errors in grammar that they would make if speaking. The perception of the stimulus is not an issue for hearing children. For deaf children, the perception of the stimulus can be a big problem and it can be this that limits their score, meaning that it is often more depressed than their scores on other subtests. This emphasises the need for the test to be given in the best listening conditions for the child.

Is there a cost?
Yes.

Where can I access it?
Only currently found on Pearson's US website www.pearsonclinical.com

2.1 Overview of assessments by age and category

2.3 Language assessments

Test of Word Knowledge (TOWK)

Age range
5–17 years

Who can use it?
Speech and language therapists and educational psychologists.

What is it?
A norm-referenced instrument for testing receptive and expressive word knowledge. The Receptive Vocabulary subtest measures referential word knowledge involving the reception of nouns, verbs and modifiers, e.g. adjectives). It can be administered individually or in a group. The task lasts for approximately 25 minutes for the core test, and another 25 minutes for each subtest.

How is it used?
In the receptive vocabulary task, the test administrator would provide a spoken stimulus word and show four pictures. One of the pictures is the 'target' picture, whereas the other three pictures are 'distracters' to the stimulus word. The child is asked to select the picture (either verbally or by pointing out one of the pictures) which matches the spoken stimulus word the closest.

What can it tell us?
A standard score, percentile ranks and age-equivalent scores for receptive vocabulary and expressive vocabulary. This means that the participant's score can be compared with that of hearing peers of their age.

Pros
- Quick and easy to use.
- Can be used to measure progress from one year to the next.
- Is well standardised.

Cons
- At present not available for Teachers of the Deaf to use.

Is there a cost?
Yes.

Where can I access it?
The US website can be found at: **www.pearsonclinical.com**

2.1 Overview of assessments by age and category

2.3 Language assessments

2.4 Everyday functioning including listening skills

Assessments of listening skills

For deaf children, the assessment of their listening skills in everyday life impacts on their learning – and ability to access the curriculum. It's therefore vital these skills are included when considering the range of assessments, and what next following assessment. The outcome of the assessment may be a review of the child or young person's amplification or acoustics in the classroom, as is illustrated in the case studies. Setting learning targets in the classroom where the child is unable to access the language and curriculum is not useful.

When assessing the listening skills of deaf children it's important that you establish the difference between what they are able to detect and respond to as opposed to what they are able to hear but are unable to understand or identify because of their limited language, adverse listening conditions or faulty technology. This information is vital in order to be able to inform both those working in the classroom and those providing amplification advice. There is no one single test that will give you the information you need but rather a series of profiles, checklists and observations that you can use and adapt to give you the best picture of their functional listening abilities in everyday life.

The following section will give you information about some of the functional listening assessments/checklists and profiles available, where to access them or find out more information on how to administer them.

Summary of listening skills assessments

Name of assessment	**Age range**	**Who can use?**
Nottingham Early Assessment Package (NEAP) 2	Birth–adult	Parents and professionals working with deaf children
Complex Nottingham Assessment Package (NEAP)	Birth–adult	Parents and professionals working with deaf children
Error! Reference source not found.	Pre-school	Parents and professionals working with deaf children
Categories of Auditory Performance (CAP)	Birth–adult	Parents and professionals working with deaf children
Meaningful Auditory Integration Scale (MAIS)	Early years–adult	Parents and professionals working with deaf children
McCormick Toy Test	Over two years	Teachers of the Deaf, educational audiologists, audiologists
Manchester Picture Test	None specified	Appropriate professionals using manual
Listening Inventories for Education UK – Individual Hearing Profile (LIFE-UK IHP)	7–14 year olds	Audiologists, educational audiologists, speech and language therapists, Teachers of the Deaf
Parents' Evaluation of Aural/Oral Performance of Children (PEACH)	Birth–school years	Parents with audiologists/Teachers of the Deaf
2.1 Overview of	Pre-school and school-aged	Professionals working with deaf

assessments by age and category 2.4 Everyday functioning including listening skills Screening Instrument For Targeting Educational Risk (SIFTER)	children	children
Bamford-Kowai-Bench (BKB) Sentence Test	Aged five and over	Professionals working with deaf children

2.1 Overview of assessments by age and category

Nottingham Early Assessment Package (NEAP) 2

Age range
Birth–adult

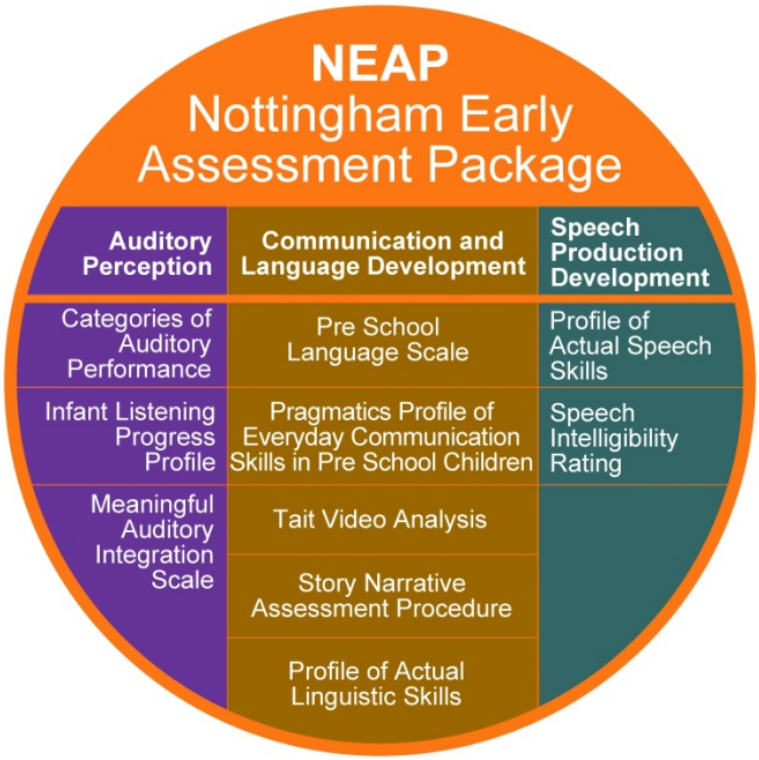
Who can use it?
Parents and professionals working with deaf children.

What is it?
An assessment package which endeavours to be time-effective, multi-professional, to involve parents, to include measures which are readily understood and which can be used from the first year of life over a long period of time.

It includes a CD about each assessment, with video demonstrations and a database. Profiles and questionnaires can be printed out, and are translated into 12 languages, which make it useful for involving parents. The assessments provide information which helps identify where there are other difficulties, and information which is useful to the clinic-based audiologist. It's designed to explore the use of audition and covers:

- communication and language development
- auditory perception
- speech production.

The measures used in each category are shown in the diagram below, and some are included in this resource as other assessments. For example, using Tait video analysis is a proven way of demonstrating an infant's use of audition in the development of early communication skills, and the Infant Listening Progress Profile will provide an illustration of early development in audition.



What does it tell us?
NEAP provides information which:

- includes assessment of the child in everyday life
- is easy to understand by parents and non-specialist professionals
- is useful in the short-term and the long-term
- monitors hearing aid use or implant use and functioning
- can help identify areas which need further investigation
- monitors the development of early communication and language skills
- is relatively quick and easy to obtain
- gives group and individual data to inform management
- has been the subject of peer-reviewed papers.

It uses criterion-referenced profiles, video analyses and questionnaires for parents and carers.

Is there a cost?
Yes, for the entire package.

Where can I access it?
Package with DVD available from www.earfoundation.org.uk.

2.1 Overview of assessments by age and category

2.4 Everyday functioning including listening skills

Complex Nottingham Assessment Package (NEAP)

Age range
Birth–adult

Who can use it?
Parents and professionals working with deaf children.

What is it?
A CD-rom assessment package for deaf children with complex needs which provides assessments, checklists and profiles to enable professionals and parents to assess and monitor the progress of deaf children with complex needs, in the areas of:

- communication and language
- listening
- speech.

Complex NEAP is based on the Nottingham Early Assessment Package (NEAP) and includes tools to facilitate the development of skilled observation of children with complex needs.

What is included?
The following downloadable documents.

- Introduction and background to Complex NEAP
- How to use Complex NEAP
- Background information form: A starting point
- Communication Measures:
  - Adaption guidelines: Pragmatics Profile for everyday communication skills (PPECS) (PS)
  - Adaption guidelines: Tait video analysis
  - Making a good video
  - Affective communication assessment (ACA)
  - Parent Rating Scale for complex NEAP
- Listening Measures:
  - Behavioural Observation of Hearing Assessment (BOHA)
  - Adaption guidelines: Infant Listening skills assessments (iLIP)
  - Adaption guidelines: Categories of Auditory Performance (CAP)
  - Infant meaningful auditory integration scales (IT-MAIS)
- Speech Measures:
  - Speech Intelligibility Rating
  - Adaption guidelines: Profile of Actual Speech Skills (PASS)

Pros

- It's often difficult to assess complex children but this package provides adaptive guidelines for this group of children.
- Includes useful case history form.
- Good advice on video recording.
- Inexpensive.

Cons

- Detailed assessment package that takes a long time to do fully**.**

Is there a cost?
Yes, for the entire package.

Where can I access it?
Package with DVD available from www.earfoundation.org.uk.

2.1 Overview of assessments by age and category

2.4 Everyday functioning including listening skills

Listening Progress Profile (LiP)/Infant Listening Progress Profile (iLiP)
(part of the Nottingham Early Assessment Package (NEAP 2)

Age range
Two versions: infant version and one for older children. It can also be used with children with complex needs.

Who can use it?
Parents and professionals working with deaf children.

What is it?
LiP and ILiP are short-term profiles of listening progress, including Ling Sounds, and provide an opportunity for parents, carers, or professionals to complete profiles of listening development from no awareness, through to awareness, discrimination and identification.

They are both part of the Nottingham Early Assessment Package, with video examples. The profiles can be downloaded from the DVD.

How is it used?
It's not a test, but a profile which can be used, following the guidelines, by observation in everyday life by parents, carers and professionals. The observer notes whether the behaviour has been observed not at all, some of the time, or if it's well established. This gives a score, and enables progress to be tracked over time.

What can it tell us?
It tells us if the child can perceive, discriminate or identify everyday sounds, including Ling sounds, using their amplification system. It thus enables us to feedback to audiologists on the effectiveness of hearing aids or implants in everyday life, and to identify areas which are not being accessed, such as high frequency consonants which may impact on the acquisition of language.

Pros
- LiP and ILiP can be used by parents and non-specialist teachers.
- They can be used in everyday settings.
- They can be used in play situations.
- They can identify progress, or lack of, in the development of listening skills.
- The assessment has been the subject of reliability and validation studies.

Cons
- It's not standardised.
- It can no longer be used once a child recognises his/her name and is therefore useful for a short time.

Is there a cost?
Yes.

Where can I access it?
Package with DVD available from www.earfoundation.org.uk.

2.1 Overview of assessments by age and category

2.4 Everyday functioning including listening skills

Categories of Auditory Performance (CAP)
(part of the Nottingham Early Assessment Package (NEAP) 2)

What age range?
Birth–adult

What is it?
A profile consisting of eight performance categories, relating to auditory perception. It's arranged in a hierarchy of skills that increase in difficulty for example, from the ability to perceive environmental sounds, through understanding conversation with lip-reading, up to using the telephone. It takes a few minutes to complete and is an easy-to-use tool for monitoring progress over the long-term. It's widely used in the range of current research on children with cochlear implants, and has been the subject of inter-user reliability studies. It's part of the Nottingham Early Assessment Package, with video examples. The profiles can be downloaded from the DVD.

Who can use it?
A range of professionals who work with deaf children and have access to the guidelines can complete the profile. Parents and older users themselves can complete it.

What does it give us?
It gives us a profile of developing auditory skills over time, which is readily understood, and gives information to feed back to audiologists. It has been used in cost-effectiveness studies, and to measure progress.

How is it used?
It's not a test, but a profile which can be used, following the guidelines, by observation in everyday life by parents, carers and professionals. The observer notes whether the behaviour has been well established, according to clear guidelines. This gives a score, and enables progress to be tracked over time.

Pros
- CAP can be used by parents and non-specialist teachers.
- It can be used in everyday settings.
- It can be used in play situations.
- Can be used to identify progress, or lack of, in the development of listening skills.
- It has been the subject of reliability and validation studies.
- It has been used in many research studies.
- It has been translated into many languages.

Cons
- It's not standardised.
- Profile steps are not equal and are large.

Is there a cost?
Yes.

Where can I access it?
Package with DVD available from www.earfoundation.org.uk.

2.1 Overview of assessments by age and category

2.4 Everyday functioning including listening skills

Meaningful Auditory Integration Scale (MAIS)
(part of the Nottingham Early Assessment Package (NEAP) 2 and Complex NEAP)

Age range
No limit.

Who can use it?
Parents and professionals working with deaf children.

What is it?
A profile to be used in interview-style with parents. It explores a child's adaptation to a hearing device, hearing aid or implant. It consists of 10 queries, with probes, to explore their bonding to the device, their alertness to sound and ability to derive meaning from auditory stimuli in everyday situations. It's part of the Nottingham Early Assessment Package, with video examples. The profiles can be downloaded from the DVD.

What does it give us?
It gives a score over time for the development of listening skills in everyday life.

Pros
- Easy to use.
- Captures use of audition in everyday life.
- Captures parents' views – and children when they can contribute.
- Identifies situations in which listening is difficult.

Cons
Doesn't explore the very early stages and hence the development of Infant Toddler MAIS (IT-MAIS).

Is there a cost?
Yes.

Where can I access it?
Available from www.earfoundation.org.uk.

IT-MAIS
The Infant Toddler MAIS is a development of MAIS above – it explores more fully the early development of auditory skills using a similar profile. The profile is available free to download. www.bionicear-europe.com/it-mais

2.1 Overview of assessments by age and category

2.4 Everyday functioning including listening skills

McCormick Toy Test
(Professor Barry McCormick)

Age range
Over two years of age

Who can use it?
An audiologist, Teacher of the Deaf, educational audiologist

What is it?
The test is widely used in clinics and hospitals as an effective way of identifying hearing difficulties in young children.

The McCormick toy discrimination test uses 14 paired words, which are generally recognised by children from an early age. Each word in the list has a matching item in the set and a paired item with a similar vowel or diphthong, but differing consonants.

TREE	KEY
SHOE	SPOON
COW	HOUSE
PLANE	PLATE
HORSE	FORK
DUCK	CUP
MAN	LAMB

The child is asked to identify each toy and any not identified are removed from the test. The child is placed in front of the toys and asked to “show me the…”. This is requested at differing sound levels and a child with normal hearing should be able to discriminate between items at a listening level of 40 dB(A). The criteria for passing this test is when a child gives four correct responses out of five requests. Current recommendations are that any child who cannot pass the test at 40 dB(A) should be referred to a specialist audiology centre.

Pros
- It’s simple to use.
- Children like the toys.
- Parents and teachers can immediately see the natural confusion which can arise when a child has a slight hearing difficulty.
- There is also an additional toy test available for children who speak English as an additional language.
- The McCormick Toy Test is one of the tests which can be used on the Parrot automated speech system.

Cons
- Children need to know the toys by name.
- The assessment needs to be carried out in acoustically treated settings.

Is there a cost?
Yes.

Where can I access it?
For further details of the McCormick Toy Test, please contact Professor McCormick on 0115 9663961 or visit www.soundbytesolutions.co.uk.

2.1 Overview of assessments by age and category

2.4 Everyday functioning including listening skills

Manchester Picture Test
(2002)

Age range
None specified

Who can use it?
An appropriate professional, using the manual.

What is it?
This test was first developed in 1957 and was updated in 2002 to include new words and a completely revised colour picture set. The test consists of six word lists, each containing six test words. Each word is represented in a matrix of four pictures, i.e. test word and three distracters. The Manchester Picture Test is used mainly with older children for whom the toy tests are not thought to be appropriate.

How is it used?
The Manchester Picture Test is in the format of six word lists, each of which has six test words. Each list comprises of a six picture matrix. These are a single sheet of paper in a booklet showing four pictures representing the test word and three distracter pictures in a square. The child is required to identify the correct picture within each matrix. For example: list one, matrix one shows a picture of a: queen, three, feet, bee (target word).

In order to achieve a pass at any level a score of five or six out of six (83% or greater) must be obtained. If the test is being used to screen hearing, the test level should be 40 dB(A). If it's being used as a test of speech discrimination, and the hearing thresholds are known, a start level of 20 dB(A) above the Pure Tone Audiogram (PTA) average is used. The level can be increased or decreased until the word discrimination threshold is achieved (the lowest level at which a pass is obtained).

What does it give us?
We can identify areas of listening difficulties a child has, and we can use it as a test of speech discrimination. A child having difficulties in this test is likely to have difficulties in the classroom. Therefore we will need to look at acoustics and amplification.

Pros
- Useful as a practical speech discrimination test by teachers.
- Gives useful information as to areas of discrimination difficulty.
- It can be used on the Parrot automated speech system.

Cons
- A student needs to know the objects by name.
- Should be carried out in good acoustic conditions.

Is there a cost?
Yes.

Where can I access it?
www.soundbytesolutions.co.uk

2.1 Overview of assessments by age and category

2.4 Everyday functioning including listening skills

Listening Inventories for Education UK – Individual Hearing Profile (LIFE-UK IHP)

Age range?
7–14 years

Who can use it?
Audiologists, audiological physicians, educational audiologists, speech and language therapists and Teachers of the Deaf.

What is it?
A rating scale to be used with the child or young person to obtain their views on how well they are able to hear in various situations in school.

How is it used?
It's used with the child or young person in interview style, to elicit their views.

What does it give us?
This assessment enables teachers to get a full picture of how well the child is listening in the classroom. It's a good tool to open up discussion about problems with listening at school, providing useful information about the student's own views in the classroom. The LIFE-UK IHP is designed to be used in its printed form, the pictures forming an essential tool for eliciting a response. It's therefore recommended that a printed copy is given to each child when carrying out the test.

There are 18 illustrated questions each describing a situation within school and the child must say how well they are able to hear in each situation using a five point scale, e.g. *"The teacher has asked a question to the whole class. Someone behind you is giving an answer. You need to hear the answer. How well can you hear the words?".*

The rating scale goes from always difficult to always easy.

Is there a cost?
No.

Where can I access it?
www.hear2learn.com

It can also be found in National Deaf Children's Society Creating good listening conditions for learning in education resources as part of the section on pupil interviews.
www.ndcs.org.uk/acoustics

2.1 Overview of assessments by age and category

2.4 Everyday functioning including listening skills

Parents' Evaluation of Aural/Oral Performance of Children (PEACH)

Age range
PEACH has been developed for use with babies as young as one month old, older children of school age and children of different abilities. Guidance when using PEACH advises parents that some of the questions may not be relevant to their child yet as skills may develop over time.

Who can use it?
Parents with audiologists and Teachers of the Deaf

What is it?
The PEACH tool was developed to evaluate the effectiveness of amplification for deaf infants and children by a systematic use of parents' observations. It's a diary kept by parents about how children are using their listening in everyday life. There are questions asking how children are listening when it's quiet or noisy, listening to sounds around them and on the phone and many more.

Normative data enables the performance of deaf children to be related to their hearing peers and/or other children with similar degrees of deafness.

How is it used?
Parents write down examples of their children's behaviour in the diary which can then be discussed with the audiologist or other professionals working with the child and his or her family.

Pros
- Gives parents opportunity to contribute and consider their child's listening development.
- Useful to complement the assessments taken by teachers.
- Can identify areas which would not be observed by teachers.

Cons
- Not standardised.

Is there a cost?
No.

Where can I access it?
outcomes.nal.gov.au/Assesments_Resources/PEACH%20electronic%20260407.pdf

2.1 Overview of assessments by age and category

2.4 Everyday functioning including listening skills

Screening Instrument For Targeting Educational Risk (SIFTER)

Age range
There are three versions: one for pre-school, primary and secondary-age children

Who can use it?
Following teacher's completion of the SIFTER, an educational audiologist, principal, speech clinician or any other educational designee can analyse the results.

What is it?
The SIFTER assessment is designed to provide a method by which deaf children can be screened educationally. The rating scale has been designed to identify pupils who are educationally at risk of poor outcomes, possibly as a result of hearing problems. It has 15 items which ask for a teacher rating. The questions relate to attainment, attention, communication, class participation and school behaviour. It has been used in research and has been found to have good score reliability.

SIFTER is a screening tool and any failing in a particular area signals the need for further educational or speech and language assessments.

Pros
- It gives a quick measure of how well the child is perceived to be doing in the class, and which are the challenging areas, such as subtle communication skills.
- It would be useful as a focus for a conversation with the child's mainstream teacher or for that teacher to go through it, as it's quick and easy to complete and raises important questions in relation to how the child is coping in mainstream class.
- It has been found to highlight areas in which otherwise high functioning children may be having difficulty.

Cons
- It is designed as a screening tool and is therefore not diagnostic.

Is there a cost?
No.

Where can I access it?
The SIFTER was developed by Karen Anderson and on the following links the author has given permission to reprint the profile.

successforkidswithhearingloss.com/uploads/SIFTER.pdf

www.batod.org.uk/content/batod/regions/south/conf-06/sifter.pdf

2.1 Overview of assessments by age and category

2.4 Everyday functioning including listening skills

Bamford-Kowai-Bench (BKB) Sentence Test
(2014)

Age range
Can be used with anyone who has the language used in the sentences; at least five years and over

Who can use it?
Professionals working with deaf children.

What is it?
The BKB (Bamford-Kowal-Bench) sentence test is a sentence test widely used in audiology. It can be delivered verbally or by recorded voice. It's widely used to identify how much the child is receiving by audition alone, and how much they are reliant on lip-reading. The vocabulary used in the tests when it was developed some time ago was chosen to suit that of partially hearing children aged eight and above. The test can also be used with adults and hearing children from the age of five.

The original test consisted of 21 lists of 16 sentences. Each list has 50 key words to be scored. The list has now been reduced to 20 and split into four groups of five lists. The recordings are of both male and female speakers and can be used with background noise.

The test is scored by asking the child to repeat the spoken sentence and identify the correctly spoken target words. The final score is the number of correctly identified words from the list of 50 expressed as a percentage.

The test was made available on CD in 2014. A useful article on the test can be found at www.batodfoundation.org.uk/docs/BKBassessment.pdf.

Pros
- Widely used in research protocols, and therefore there is a lot of data available.
- Easy to use.
- Easy to vary the testing conditions to obtain data specifically useful for the individual child (e.g. with and without radio aids).
- Now one of the tests that can be used in the ParrotPlus and ParrotPlus2 Automated Speech assessment system.

Cons
The child needs the level of language contained in the sentences.

Is there a cost?
Yes.

Where can I access it?
www.soundbytesolutions.co.uk

2.1 Overview of assessments by age and category

2.4 Everyday functioning including listening skills

2.5 Developing speaking abilities: speech tests

It's useful to have a measure of the child's developing speech abilities as delay or difficulties in phonological development and intelligibility may reflect difficulties in listening or another specific speech difficulty which should be explored by a speech and language therapist. Such difficulties can impact on language acquisition and literacy skills, and are therefore important to record and discuss.

Summary of assessments for speech tests

Name of assessment	Age range	Who can use it?
Profile of Actual Speech Skills (PASS)	Birth–school age	Speech and language therapists, Teachers of the Deaf with training
The Speech Intelligibility Rating (SIR) scale	Birth–adults	Speech and language therapists, Teachers of the Deaf, parents
Children's Rating of Speech Sounds (CROSS)	Need emerging speech	Speech and language therapists, Teachers of the Deaf

2.1 Overview of assessments by age and category

Profile of Actual Speech Skills (PASS)
(part of the Nottingham Early Assessment Package (NEAP) 2 and Complex NEAP)

Age range
Babies and toddlers, or older children with more complex needs. It's a pre-cursor to formal speech tests.

Who can use it?
Speech and language therapists and Teachers of the Deaf, who are familiar with the PASS from attending a Nottingham Early Assessment Package (NEAP) course, or from using the manual and DVD.

What is it?
The PASS assesses the speech production abilities of very young deaf children and was developed as a tool to establish a baseline measure of speech skills with deaf babies and children before cochlear implantation.

It also provides a method of monitoring speech changes after implantation or the fitting of hearing aids and measures spontaneous speech, not imitated or elicited patterns.

It monitors the developing number of speech tokens over time, and their shift from non-speech to speech-like sounds.

How is it used?
A video is taken of the child in interaction with a known adult; the speech tokens are then transcribed, counted and classified.

What does it give us?
It's a useful indicator of the developing use of audition in the development of speech. There is cause for concern if the numbers of speech tokens is not increasing, and they're not moving in the right direction.

Pros
- Useful with very young or complex children.
- Monitors very small changes in progress.
- Can help identify areas of difficulty needing further investigation.

Cons
- Can be time-consuming.
- Needs training.

Is there a cost?
Yes.

Where can I access it?
www.earfoundation.org.uk.

2.1 Overview of assessments by age and category

2.5 Developing speaking abilities: speech tests

The Speech Intelligibility Rating (SIR) scale

Age range
Birth–adult

Who can use it?
Speech and language therapists, Teachers of the Deaf and parents, following the guidelines.

What is it?
A practical and reliable clinical measure of speech intelligibility. It consists of a five-point rating scale, with criteria for completion that increases in complexity along with the child's speech production. For example, it starts with a rating of "unintelligible speech" right up to a child being rated as having "connected speech that is intelligible to all listeners. The child is easily understood in everyday contexts".

SIR provides an early baseline of speech intelligibility skills as well as monitoring changes in speech over time. It's included in a number of research studies on large groups of deaf children, and can be completed from a video recording of a child's speech.

What does it give us?
A measure of speech intelligibility understood by non-specialists, and useful in monitoring the use of hearing technologies in everyday life.

Pros
- Easy to use.
- Understandable by non-specialists.
- Useable over a long time period.

Cons
The intervals between the five points are not equal and are large.

Is there a cost?
No.

Where can I access it?
www.earfoundation.org.uk.

2.1 Overview of assessments by age and category

2.5 Developing speaking abilities: speech tests

Children's Rating of Speech Sounds (CROSS)
(2015)

Age range
Needs at least emerging speech

Who can use it?
Speech and language therapists, Teachers of the Deaf.

What is it?
CROSS is a new, phonology assessment, which scores and rates children's speech in single words and sentences. It's designed for both hearing and deaf children, by the use of separate scoring systems. Scores for deaf children are based on 'Length of Consistent Aiding' rather than a child's chronological age.

CROSS allows the measuring of outcomes and monitoring of the effectiveness of intervention. Scores and severity ratings link directly to levels of intervention to assist and justify planning and therapy provision.

The test includes 55 pictures in laminated book form. It includes a photocopiable phonological processes checklist, phoneme inventory and analysis chart, vowels checklist, and a sentence level section.

Pros
- Practical, quick and easy to carry out (10–15 minutes).
- Good for joint working between speech and language therapist and Teacher of the Deaf.
- Flexible as can use one or all of the assessment forms depending on the complexity of the child.
- Small, A5 spiral-bound book can be easily carried by peripatetic staff.
- Assessment sheets are freely downloadable from STASS website.

Cons
- Some of the pictures are old fashioned (e.g. milk is shown by a traditional milk bottle).
- Not standardised.

Is there a cost?
Yes.

Where can I access it?
www.stasspublications.co.uk

2.1 Overview of assessments by age and category

2.5 Developing speaking abilities: speech tests

2.6 Literacy

Historically, deaf children have achieved poor outcomes in both reading and writing, which had negatively affected their educational achievements. Government data continues to show that deaf children are lagging behind hearing peers. It's therefore important that the literacy skills of deaf children are compared with their hearing peers, and that tests are used which are standardised on hearing children, rather than on deaf children. This is essential in order to assess where a child's difficulties lie, and to give them appropriate support to close the attainment gap.

Assessments have traditionally looked at reading attainment rather than written attainment, but there is an increased interest in looking at writing too. When assessing both areas, assessments should highlight areas of strength and weakness in order to assist planning for the child's development. Assessments which give a global reading-age score, and look at different areas of skill such as vocabulary, grammar and inference skills, are the most useful as global scores alone don't provide information which will assist the planning of the child's educational programme.

2.6.1 Reading assessments

The following chart includes commonly used reading assessments which will provide useful analyses of a child's reading development, enabling the identification of areas of strength and weakness, and the setting of appropriate goals. We have included assessment of phonological processing.

Name of assessment	**Age range**	**Who can use it?**
Concepts About Print (CAP)	4–6 years	Teachers
Edinburgh Reading Test (ERT)	7–16+ years	Teachers
2.1 Overview of assessments by age and category 2.6.1 Reading assessments York Assessment of Reading Comprehension (YARC)	Primary version: 4–11 years Secondary version: 11–16 years	Teachers
NFER Test in Reading Suite 2	Years 3 to 5 (England) This is approximate to 7–10 years, 11 months	Teachers
Wide Range Achievement Test (WRAT4)	5–adult	Those with certified training
Single Word Reading Test (SWRT)	6–16 years	Teachers
New Salford Sentence Reading Test	6–13/14 years	Teachers
Wechsler Individual Achievement Test (WIAT-11 UK)	4–16 years, 11 months	Psychologists
Comprehensive Test of Phonological Processing (CTOPP-2)	4–24 years, 11 months	Those with certified training

Concepts About Print (CAP)

Age range
4–6 years (or older if at the pre-reading or at early stages of learning to read)

Who can use it?
Mainly teachers.

What is it?
It's a criteria-referenced assessment which shows whether or not children, in the pre-reading and early learning stages of reading, understand:

- how a book works (e.g. front and back, pages)
- the conventions of print (e.g. left to right directionality and backward sweep)
- the important terminology needed for learning to read (e.g. picture, word, letter)
- simple punctuation marks such as full stop and question mark.

How is it used?
The teacher selects any book that will appeal to the child. The book should have:

- print and illustration on the same page or on a double-page spread
- more than one line of print on at least one of the pages
- some basic punctuation marks.

The teacher sits one-to-one with the child and asks the child to help them read the book, ensuring that all the questions on the concepts about print pro forma are included. If the child appears to be losing interest at any point, it's permissible (as this is not a standardised assessment) to stop the assessment and complete the unanswered questions on another occasion with either the same or a different book as the stimulus. There are no time limits.

What can it tell us?
The analysis of the responses will show which concepts are known and identify those that need to become part of the child's teaching programme.

Pros
- Simple to carry out and is non-threatening to the child as it's just like sharing a book.
- It is important in ensuring that the child knows about how print and books work so that they can gain maximum benefit from teaching.
- Particularly important for use with deaf children as these concepts are often picked up incidentally by hearing children, but this may not be the case with deaf children.
- The website (shown under 'Where can I access it?'), also has suggested teaching strategies for all the different concepts.
- Any books that appeal to the child can be used.

Cons
- No cons identified.

Is there a cost?
No. The assessment can generally be downloaded free of charge.

The educationalist who did most to promote this assessment was Marie M Clay. Her book *Concepts About Print: What Have Children Learned About the Way we Use Print?* (2000) is available from online booksellers.

Where can I access it?
A web search for 'concepts about print' will provide several downloadable examples. One such site is www.legitliteracy.weebly.com/concepts-of-print.

2.1 Overview of assessments by age and category

2.6.1 Reading assessments

Edinburgh Reading Test (ERT)
(Educational Assessment Unit, University of Edinburgh, 2002)

Age range
7–16+ years

Who can use it?
Mainly teachers.

What is it?
A standardised assessment measure of reading. It provides an overall assessment of reading and vocabulary, syntax, sequences and comprehension.

How is it used?
Participants are asked to carry out word-picture tasks, answer questions based on reading texts, and fill in the blanks with given or not-optional answers. A number of subtests are available: a) Vocabulary, b) Syntax, c) Sequences, d) Comprehension. Parallel forms A and B are available to enable testing to be repeated at the same level, but using different materials, to avoid the practice effect. The test can be done over two sessions of 25 minutes. Can be used for individual or group assessment. The supplied CD-rom can be used for diagnostic profiling and analysis.

What can it tell us?
A standard score and age-equivalent scores. This means that the child's score can be compared with that of hearing children of their age. It provides the age-equivalent, but also details of the child's functioning in the subtests, which can highlight areas of strength and weakness in addition to the global score.

Pros
- Can be used to measure progress throughout and at the end of a school year.
- Is well standardised.
- Can be used by special needs and support teachers.
- Needs two 25 minute sessions, but is time efficient as can be given to a group.
- There are new tests 'Assessing P Scale and Level 1–2 Performance' across Key Stage 2 and Key Stage 3 from the same publisher aimed at children with significant special educational needs and disabilities.

Cons
- Moderate-to-long duration.
- The different levels of materials have very little overlap and so pupils often find it hard when changing levels.
- Care is required. If the pupils have a delayed reading age and therefore have to use the earlier levels, the standardisation may cease and the materials' illustrations and storylines may also cease to be appropriate.
- New test forms have to be purchased after each use.

Is there a cost?
Yes.

Where can I access it?
www.hoddertests.co.uk/
www.hoddereducation.co.uk/

York Assessment of Reading Comprehension (YARC)
(Snowling et al., 2009; 2010; Stothard et al., 2010)

Age range
There are two versions: for primary (4–11 years old) and secondary-age (11+) children.

Who can use it?
Teachers.

What is it?
A standardised assessment measure of reading comprehension. It investigates the oral decoding (reading accuracy), fluency (reading rate) and text comprehension skills (reading comprehension concerning literal and inferential meaning). The passages included in the YARC tap into a range of skills: word-level decoding, reading fluency, vocabulary knowledge, grammar, ability to make inferences, knowledge of the world, knowledge of story structure and text format, and comprehension monitoring and error-correction strategies. Additional questions in the secondary version of YARC assess the pupil's ability to identify the main points of the passage. The tasks last approximately 30 minutes.

How is it used?
The York Assessment of Reading for Comprehension: Early Reading and Passage Reading Primary (YARC Primary) includes an Early Years suite comprising four short tests specifically designed for 4–7 year-olds or older children with reading difficulties. The tests include the following.

- Letter Sound Knowledge.
- Early Word Recognition.
- Sound Deletion.
- Sound Isolation.

These tests for beginner readers may be administered as a set or in different combinations up to three times during a school year, or at key points during a period of learning or intervention.

Passage reading tests are used for primary- and secondary-age children. Before the passages are selected and read, a Single Word Reading Test (SWRT6-16, Foster, 2007; GL Assessment, 2010) is carried out. The raw score of this test is used to determine the passage level that the children have to read. In the primary version of YARC, children are required to read two passages out loud, and each passage consists of two parts: a text passage (to measure accuracy and rate) accompanied by eight comprehension questions. In the secondary version of YARC, the passages are read silently.

Each passage consists of three parts: a text passage, 13 comprehension questions and one summary block. Depending on the accuracy of the first passage, the second passage is determined.

What can it tell us?
A standard score, percentile ranks and age-equivalent scores for reading accuracy, rate and comprehension (and single-word reading – SWRT). This means that the child's score can be compared with that of hearing children of their age.

Pros

- Can be used to measure progress from one year to the next.
- Is well standardised.

- It may be useful in highlighting specific structures with which a child is having difficulty (e.g. decoding skills).
- Can be used to inform access arrangements.
- Able to retest in 12 weeks so useful to show short-term progress after intensive support.
- Very useful online Score Conversion Tool which changes raw scores into standardised scores and percentiles and produces very clear printable report.
- The British Abilities Scale, Third Edition, has been co-normed with it. As the same population is used and standardised in both tests, this means that any discrepancies between cognitive abilities and reading comprehension can be identified and compared.
- As it is not a written test, many parts of it can be completed using SSE. However, if the test is given in such a way then the standardisation information is invalid.

Cons
- Scoring duration relatively long and requires careful attention.
- Each pupil tested individually so very time-consuming if you have a group of children.
- Text passages can be difficult for children to access.
- No pictures and large areas of text.

Is there a cost?
Yes.

Where can I access it?
www.yarcsupport.co.uk/index.html
www.gl-assessment.com

2.1 Overview of assessments by age and category

2.6.1 Reading assessments

NFER Test in Reading Suite 2
(NFER, 2014)

Age range
Years 3 to 5 (England) (approximately 7–10 years, 11 months.

Who can use it?
Teachers.

What is it?
A standardised assessment measure of reading.

How is it used?
Participants are asked to carry out tasks which involve reading a text, accompanied with open and closed reading questions and spelling. Can be used with individuals and groups.

What can it tell us?
It provides evidence to support teacher assessment. It maps the progress of the pupil and sets individual goals for improvement. It can assist teachers to identify gaps and weaknesses in children's learning. Suite 2 is fully aligned to the 2014 national curriculum in England and has been standardised with over 18,000 pupils taught this curriculum.

When used at two points in the school year, the tests can be used to evidence progress made in the year. For example, if a pupil takes the Year 3 autumn reading test in September of Year 3 and the Year 3 summer reading test in May of Year 3, then the amount of progress made in these eight months can be calculated.

Pros
- Is well standardised. There is the ability to track/measure pupil progress between the old version of NFER Tests Suite 1 and the new NFER Tests Suite 2 due to the large nationally representative samples.
- Matched with (national) curriculum descriptors.
- Recent and up-to-date test.
- Can be used together with other summative tests.
- Can be given to groups of children.
- Easy to mark.

Cons
- Individual test sheets have to be bought for each child.

Is there a cost?
Yes.

Where can I access it?
www.nfer.ac.uk/schools/nfer-tests/
Samples: www.nfer.ac.uk/schools/nfer-tests/samplereader.pdf and www.nfer.ac.uk/schools/nfer-tests/samplerab.pdf

Wide Range Achievement Test (WRAT4)
(Wilkinson & Robertson, 2006)

Age range
5–adult

Who can use it?
Those with certified training and experience in the relevant discipline, membership of a professional organisation appropriate to the focus of the test, (such as the British Psychological Society) and sufficient knowledge of psychological tests).

What is it?
A standardised assessment measure of reading.

How is it used?
Participants are asked to carry out reading tasks involving: Word Reading (letter and word decoding), Sentence Comprehension (meaning, ideas, information), Spelling (encoding of sounds into written form), and Maths Computation. Parallel forms are available.

Duration: children 5–7 years: 15–25 minutes; children above eight years and adults: 35–40 minutes.

What can it tell us?
Age- and grade-equivalent scores: a standard score, and percentiles. This means that the child's score can be compared with that of hearing children of their age and grade.

Pros
- Is well standardised using a sample from the US.
- Can function for individual assessment and as a small group screening instrument.
- Parallel forms interchangeable or can be combined. Parallel forms enable testing at the same level to be carried out more frequently, using different materials which have been standardised at the same level, thus avoiding the practice effect.

Cons
- Standardised on American children, meaning that interpretation of age scores should be made with care, but it is helpful for measuring progress over time.
- Long duration for participants above eight years of age.

Is there a cost?
Yes.

Where can I access it?
www.hogrefe.co.uk

2.1 Overview of assessments by age and category

2.6.1 Reading assessments

Single Word Reading Test (SWRT)
(Foster, 2007; NFER)

Age range
6–16 years

Who can use it?
Teachers.

What is it?
A measure of word reading to inform teaching and learning strategies. It will contribute to an assessment of reading achievement.

How is it used?
The test consists of six graded sets of 10 words which increase in difficulty. Participants are asked to correctly read out words. Parallel forms available to enable retesting to be carried out without a practice effect. For individual administration. Test lasts 5–10 minutes.

A version of this test is included in the YARC Primary or Secondary package and is an integral part of the YARC assessment.

What can it tell us?
Standard age scores and reading ages suitable as evidence for access arrangements in external examinations. Provides diagnostic information through vocabulary analysis and error analysis.

Pros
- Year-on-year monitoring.
- Can be photocopied.
- Parallel forms available for retesting.
- A single-word test is quick to carry out.

Cons
- A single-word test assesses only word recognition, not the other important skills required in reading such as comprehension, inferencing, etc.

Is there a cost?
Yes.

Where can I access it?
www.gl-assessment.co.uk/products/single-word-reading-test

2.1 Overview of assessments by age and category

2.6.1 Reading assessments

New Salford Sentence Reading Test
(McCarty & Lallaway, 2012)

Age range
6–13/14 years

Who can use it?
Teachers.

What is it?
A measure of sentence reading to inform teaching and learning strategies. The sentences are carefully graded and include differing levels of difficulty. Provides three parallel forms, gives standardised scores as well as reading ages, includes an optional new measure of reading comprehension, and extends the test 'ceiling' for less able readers to 13+.

How is it used?
Pupils are asked to read sentences out loud. Parallel forms plus additional sentences available for retesting, to avoid the practice effect. For individual administration. Test lasts at least four minutes.

What can it tell us?
Standardised scores and reading ages. Reading ages up to 11 years 3 months with standardised scores for less able readers to age 13 for reading accuracy, and 14 for reading comprehension.

Pros
- Is well standardised.
- Three sets of parallel forms available for retesting plus additional sentences.
- Includes a new measure of reading comprehension.
- Recommended by the Department for Education (England) Catch Up Programmes.

Cons
- None identified.

Is there a cost?
Yes.

Where can I access it?
www.hoddereducation.co.uk/

2.1 Overview of assessments by age and category

2.6.1 Reading assessments

Wechsler Individual Achievement Test (WIAT-11 UK)
(Wechsler, 2006)

Age range
4–16 years, 11 months

Who can use it?
Psychologists.

What is it?
A measure of reading to inform teaching and learning strategies. Its focus includes three main areas: untimed single-word accuracy, reading comprehension and reading speed.

How is it used?
Pupils are asked to carry out tasks involving single-word reading, reading comprehension, reading speed, reading rate and single-word spelling. For individual administration. Test lasts 30–40 minutes.

What can it tell us?
Standardised scores and reading ages. Reading ages up to 11 years 3 months, with standardised scores for less able readers up to age 13 for reading accuracy and up to 14 for reading comprehension.

Pros
- Is well standardised.
- Additional norms for participants 17–85 years of age.

Cons
- The additional norms are US-based.

Is there a cost?
Yes.

Where can I access it?
www.pearsonclinical.co.uk/

2.1 Overview of assessments by age and category

2.6.1 Reading assessments

Comprehensive Test of Phonological Processing (CTOPP-2)
(2013)

Age range
4–24 years, 11 months

Who can use it?
Those with certified training; this includes qualified teachers.

What is it?
A measure of reading to inform teaching and learning strategies. It focuses on four main areas:

- to identify individuals who are significantly below their peers in important phonological abilities
- to determine strengths and weaknesses among developed phonological processes
- to document individuals' progress in phonological processing as a consequence of special intervention programs
- to serve as a measurement device in research studies investigating phonological processing.

It can be used to inform access arrangements for examinations as well as to establish general literacy levels.

How is it used?
Participants are asked to carry out tasks involving elision, blending words and non-words, sound matching, phoneme isolation, segmenting non-words, memory for digits, non-word repetition, and rapid digit, letter, colour and object naming. For individual administration. Duration: 40 minutes.

What can it tell us?
Age- and year-equivalents, percentile ranks, subtest scaled scores, composite indexes, and developmental scores.

Pros
- Is well standardised.
- Second edition now includes phoneme isolation.
- Many subtests available.

Cons
- Test is based on US norms; age norms should therefore be used with care.

Is there a cost?
Yes.

Where can I access it?
www.pearsonclinical.co.uk/

2.1 Overview of assessments by age and category

2.6.1 Reading assessments

2.6.2 Written skills

The written skills of deaf children may be compromised by delays or difficulties in language development. Assessing their written skills can inform us about their language and where their difficulties may lie. However, there are relatively few assessments available.

Name of assessment	Age range	Who can use it?
Practical guides to assessing writing	7–11 years, 11 months and 11-16 years	Teachers
Nova Scotia Writing Exemplars, Grades One to Eight	Approximately 6–14 years	Teachers, students, families, administrators
Literacy Assessment: A Handbook of Instruments	Approximately 8–14 years	Teachers
Test of Written Language – 4 (TOWL-4)	9–17 years, 11 months	Teachers can use it, but mainly for researchers to assess outcomes rather than to inform teaching itself. MA degree required for relevant professional.
Test of Early Writing (TEWL-3)	4–11 years, 11 months	Those with certified training
Single Word Spelling Test (SWST)	6–14 years	Teachers

2.1 Overview of assessments by age and category

Practical guides to assessing writing
(NFER, 2013)

Age range
Primary (7–11 years 11 months) and secondary (11–16 years)

Who can use it?
Mainly used by qualified teachers.

What is it?
Guidelines for writing materials. It provides guidelines for subtests: non-chronological report writing, descriptive writing, narrative writing, autobiographical and biographical writing, explanatory writing, recount writing and journalistic writing. Focus on grammar.

How is it used?
Guidelines to assist teachers to make reliable and valid teacher assessments. It enables teachers to analyse a pupil's writing against the national curriculum, providing qualitative information to aid planning.

Pros
- Can be used to map progress and inform target-setting.
- Much needed logical look at writing skills.
- It provides qualitative information, which is a guide to aiding planning.
- Shows how to analyse a pupil's writing against the national curriculum (in England).

Cons
- An age score is not given.

Is there a cost?
Yes.

Where can I access it?
www.nfer.ac.uk/schools/key-stage-2-guides/
www.nfer.ac.uk/publications

2.1 Overview of assessments by age and category

2.6.2 Written skills

Nova Scotia Writing Exemplars, Grades One to Eight
(Nova Scotia Regional School Boards & Nova Scotia Department of Education, 2005)

Age range
Approximately 6–14 years (Canadian Grades 1 to 8)

Who can use it?
Teachers, students, families.

What is it?
Exemplars/guidelines of writing: writing tasks, rubrics and resources. Indicates levels of achievement in reasoning, communication, organisation and conventions and provides instructions for next steps. Includes clearly defined criteria and tasks, including examples of positive feedback to give to the students. Links characteristics of student writing to professional, family and instructional resources. Reveals the forms and genres of student writing.

How is it used?
To monitor student's writing skills in the classroom.

What can it tell us?
Student's writing can be compared with that of hearing children of their age and grade. Shows links between expectations and how their work can be assessed.

Pros
- Collected by teachers and headteachers, and selected by teachers and administrators.

Cons
- Not a standardised assessment.

Is there a cost?
No. Free materials are provided on the website.

Where can I access it?
nswritingexemplars.ednet.ns.ca/exemplars.htm
nswritingexemplars.ednet.ns.ca/overview.htm

2.1 Overview of assessments by age and category

2.6.2 Written skills

Literacy Assessment: A Handbook of Instruments
(Rhodes, 1993)

Age range
Approximately 8-14 years (K–eighth US grade levels)

Who can use it?
Teachers.

What is it?
A handbook that includes interviews and attitude surveys; writing surveys, an inventory of classroom writing use, spelling analysis, self-assessments of writing and ongoing observations of writing. Also includes forms and procedures for teachers.

How is it used?
Participants are asked to complete interviews and surveys, and self-assess their writing.

What can it tell us?
Age- and grade-equivalent scores, standard scores, and percentiles provided. Composite scores for overall writing, contrived writing, and spontaneous writing. This means that the child's score can be compared with that of hearing children of their age and grade.

Pros
- Teachers may photocopy the materials in the handbook if for classroom use only.
- Can use in individual assessments and as a group screening instrument.
- Also includes resources for reading.

Cons
- All data was collected in the US and therefore care should be taken in making comparisons, particularly in age and grade equivalences.

Is there a cost?
Yes.

Where can I access it?
college.heinemann.com/

2.1 Overview of assessments by age and category

2.6.2 Written skills

Test of Written Language – 4 (TOWL-4)
(Hammill & Larsen, 2009)

Age range
9–17 years, 11 months

Who can use it?
Only available on the US website. Must have a Masters degree in appropriate subject.

What is it?
A norm-referenced assessment measure of writing. It provides assessments in eight subtests: vocabulary, spelling, style, logical sentences, sentence combining, contextual conventions, contextual language, and story construction.

How is it used?
Pupils are asked to carry out tasks involving text reading, pictures and writing texts. For individual and group assessment. Parallel forms A and B available in order to repeat testing without a practice effect. Test lasts 60–90 minutes.

What can it tell us?
Age- and grade-equivalent scores, standard scores, and percentiles provided. Composite scores for overall writing, contrived writing, and spontaneous writing. This means that the child's score can be compared with that of hearing children of their age and grade.

Pros
- Is norm-referenced.
- Can function for individual assessment and as a group screening instrument.

Cons
- Difficult to obtain from the US website. Access often refused.
- Works more as an assessment for researchers.
- Test is of a long duration.
- All normative data was collected in the US, and therefore care should be taken in making age and grade interpretations.

Is there a cost?
Yes.

Where can I access it?
www.pearsonclinical.com

2.1 Overview of assessments by age and category

2.6.2 Written skills

Test of Early Writing (TEWL-3)
(Hresko, Herron, et al., 2012)

Age range
4–11 years, 11 months

Who can use it?
Any relevant professional who has certified training; teachers can use it.

What is it?
A norm-referenced assessment measure of written language expression.

How is it used?

Children are asked to carry out tasks involving three main areas: basic writing, contextual writing and overall writing. Only for individual administration. Test lasts 30–50 minutes.

What can it tell us?
Raw scores, age- and grade-equivalents, normal curve equivalents, and percentiles; plus index scores for basic writing, contextual writing and overall writing.

Pros
- Is norm-referenced.

Cons
- All normative data was collected in the US, and therefore care must be taken in interpreting age- and grade-equivalents.

Is there a cost?
Yes.

Where can I access it?
www.wpspublish.com

2.1 Overview of assessments by age and category

2.6.2 Written skills

Single Word Spelling Test (SWST)
(Sacre & Masterson, 2000)

Age range
6–14 years

Who can use it?
Teachers.

What is it?
A norm-referenced assessment measure of spelling which covers vocabulary and high frequency, literacy hour and spelling bank words, looking at visual and phonological patterns.

How is it used?
Children are asked to carry out tasks involving spelling. For group administration.
Duration: 30 minutes.

What can it tell us?
Spelling ages, standard scores, percentile ranks, progress scores, structured analysis of spelling errors, supplementary assessments, and structured spelling lists.

Pros
- Is norm-referenced.
- Available in both paper and digital formats.
- Can be photocopied.
- Flexible – can choose a test appropriate to the child.

Cons
- All normative data was collected in the US, and therefore care must be taken in age- and grade-equivalents.

Is there a cost?
Yes.

Where can I access it?
www.gl-assessment.co.uk/products/single-word-spelling-test

2.1 Overview of assessments by age and category

2.6.2 Written skills

2.7 Mathematics

The role of language in the development of mathematical skills is often underrated and, for deaf children, it's vital to develop the language of early mathematical knowledge and skills in the early years. Mathematical assessments should not only cover skills with number concepts and manipulation, but also the understanding of mathematical concepts. The mathematical assessments used in school attainment tests will be used with deaf children too, but some other assessments may help to highlight areas of specific difficulty.

Name of test	Age range	Who can use it
Boehm 3 Pre-school	3–5 years, 11 months	Any relevant professional
Boehm – Test of Basic Concepts, Third Edition	Five–seven years	Any relevant professional
Key Maths 3	6–16 years, 11 months	Requires qualified teaching status and a further Postgraduate qualification in SEN i.e. Postgraduate Diploma or Masters.
NFER Test in Mathematics Suite 2	Years 3 to 5 (England) (approximately 7–10 years, 11 months)	Teachers
Wide Range Achievement Test (WRAT-4)	5–adult	Those with certified training

2.1 Overview of assessments by age and category

Boehm 3 Pre-school
(Boehm, 2001)

Age range
3–5 years, 11 months

Who can use it?
Any relevant professional.

What is it?
A standardised assessment to identify children's understanding of basic relational concepts.

How is it used?
Pupils are asked to carry out picture tasks which involve relational concepts. It includes a parent report form for individual assessment. Test lasts 20–30 minutes.

What can it tell us?
Raw scores, percent correct scores, performance range and percentiles. This means that the child's score can be compared with that of hearing children of their age and grade.

Pros
- Is well standardised.
- Quick and easy to carry out and score.
- Concepts are tested twice to determine the understanding.
- Includes a tool for observation and intervention.
- Instructions and testing materials for children of different abilities.

Cons
- None identified.

Is there a cost?
Yes.

Where can I access it?
www.pearsonclinical.co.uk/

2.1 Overview of assessments by age and category

2.7 Mathematics

Boehm – Test of Basic Concepts, Third Edition
(Boehm, 2000)

Age range
5–7 years

Who can use it?
Any relevant professional.

What is it?
A standardised assessment measure of basic relational concepts such as time, space and amount. It provides an assessment to identify children's understanding of relational concepts and verbal instructions necessary for early school achievement.

How is it used?
Participants are asked to carry out picture tasks which involve relational concepts. For individual and group assessment. Test lasts 30–45 minutes.

What can it tell us?
The progress of the child as a result of teaching or intervention. Provides performance range and percentiles. This means that the child's score can be compared with that of hearing children of their age and grade.

Pros
- Is well standardised.
- Group assessment possible.
- Concepts can be tested twice to determine understanding.

Cons
- None identified.

Is there a cost?
Yes.

Where can I access it?
www.pearsonclinical.co.uk/

2.1 Overview of assessments by age and category

2.7 Mathematics

Key Maths 3 UK
(Connolly, 2014)

Age range
6–16 years, 11 months

Who can use it?
Qualified Teachers of the Deaf or speech and language therapists with a specialism in SEN, specific learning difficulties or another relevant field. Must hold a postgraduate diploma or Masters degree.

What is it?
A standardised assessment measure of mathematical concepts and skills. It provides assessments in basic concepts (conceptual knowledge), operations (computational skills) and applications (problem-solving). Each of these sections is further divided in subtests.

How is it used?
Participants are asked to carry out tasks which involve conceptual knowledge, computational skills, and problem-solving. It involves identification of problems, calculation and writing. For individual assessment. Test lasts 30–90 minutes.

What can it tell us?
Scaled scores, standard scores, and percentiles provided. This means that the child's score can be compared with that of hearing children of their age and grade.

Pros
- Is well standardised.
- Helps with intervention planning.

Cons
- Test may be too long for some.

Is there a cost?
Yes.

Where can I access it?
www.pearsonclinical.co.uk/

2.1 Overview of assessments by age and category

2.7 Mathematics

NFER Test in Mathematics Suite 2
(NFER, 2016)

Age range
Years 3 to 5 (England and Wales) (P4–P6 in Scotland and Northern Ireland) (approximately 7–10 years, 11 months)

Who can use it?
Mainly used by qualified teachers.

What is it?
A standardised assessment measure of mathematical skills and concepts.

How is it used?
Participants are asked to carry out tasks which involve mathematical skills and conceptualisation; pictures, open and closed mathematical questions. For individual or group assessment.

What can it tell us?
Grade level scores provided. This means that the child's score can be compared with that of hearing children of their grade. It covers all aspects of Key Stage 2 Maths (in England) and can tell us where the pupil experiences particular difficulty.

Pros
- Is well standardised.
- Matched with national curriculum in England.
- Recent and up-to-date test.
- Can be used together with other measures.
- Easy to mark.

Cons
- None identified.

Is there a cost?
Yes.

Where can I access it?
http://www.nfer.ac.uk/

2.1 Overview of assessments by age and category

2.7 Mathematics

Wide Range Achievement Test (WRAT-4)
(Wilkinson & Robertson, 2006)

Age range
5 years–adult

Who can use it?
Those with certified training and experience in the relevant discipline; teachers can give it. Membership of a professional organisation appropriate to the focus of the test, and sufficient knowledge and skills of the instrument (use of psychological tests).

What is it?
A standardised assessment measure of maths.

How is it used?
Participants are asked to carry out tasks involving maths computation. Parallel forms are available and provide different materials of the same level to enable repeat testing to be carried out without the practice effect. Test lasts 15–25 minutes when used with children aged five to seven. For children above 8 years, test lasts 35–40 minutes.

What can it tell us?
Age- and grade-equivalent scores, a standard score and percentiles. This means that the child's score can be compared with that of hearing children of their age and grade.

Pros
- Is well standardised.
- Can be used for individual assessment and as a small group screening instrument.
- Parallel forms interchangeable or can be combined.

Cons
- Long duration for participants above eight years of age.

Is there a cost?
Yes.

Where can I access it?
www.hogrefe.co.uk/wide-range-achievement-test-4-wrat-4.html

2.1 Overview of assessments by age and category

2.7 Mathematics

2.8 Cognitive development

The assessment of cognitive development in deaf children is extremely important and should be carried out by those familiar with communicating with deaf children. It's crucial that any communication or language difficulties don't impact on the results of the assessment. It's also important to use an assessment which looks at a range of areas of development. It may be that the deaf child has an uneven pattern of development, with differing areas of strengths and weaknesses and only a full assessment will bring this to light.
A full assessment may highlight another area of difficulty: it has been estimated that between 30 and 40% of deaf children are likely to have another difficulty[10], the most common being a moderate learning difficulty. In the past, these difficulties may not have been diagnosed in the presence of severe to profound deafness. Today, with early diagnosis of deafness and better hearing technologies being fitted earlier, it's important that any cognitive assessment is carried out in good acoustic surroundings, with the best hearing technology used, to enable the assessor to uncover any other areas of difficulty the child may have.

Most of the following tests provide a range of assessments: many can only be used by an educational or clinical psychologist.

Name of assessment	Age range	Who can use it?
Wechsler Pre-School and Primary Scale of Intelligence, Fourth Edition	2 years, six months–7 years 7 months	Registered HCPC practitioner psychologist
Wechsler Non-Verbal Scale of Ability	4–21 years, 11 months	Registered HCPC practitioner psychologist
Wechsler Intelligence Scale for Children, Fourth/Fifth Edition	6–16 years, 11 months	As above
British Ability Scales (BAS), Third Edition	3–17 years, 11 months	Educational and clinical psychologists
Test of Non-verbal Intelligence (TONI)	Six years–adult	Psychologists or teachers
Raven's Educational Matrices	Depends on matrix used, but between 4 and 18 years	Any relevant professional
Griffiths Mental Development Scales (GMDS 0-2)	Birth–2 years, 11 months	Teachers, psychologists or speech and language therapists
Griffiths Mental Development Scales – Extended Revised (GMDS-ER 2-8)	2–8 years, 11 months	Teachers, psychologists or speech and language therapists
Cognitive Ability Tests (CAT4)	7 years, 6 months–17+ years	Teachers

2.1 Overview of assessments by age and category

[10] Department of Health and National Institute of Mental Health (2005). *Towards Equity and Access.*

Wechsler Pre-School and Primary Scale of Intelligence, Fourth Edition
(2006)

Age range
2 years, 6 months –7 years, 7 months. It has separate assessments for those up to four, and those over four years.

Who can use it?
This is a closed assessment and can only be administered by someone who is registered with the Health and Care Professionals Council (HCPC) as a practitioner psychologist and who is also a chartered psychologist with the British Psychological Society (BPS). It's also open to anyone who is registered with the HCPC as a practitioner psychologist and also has the protected titles of clinical psychologist, forensic psychologist, counselling psychologist or educational psychologist.

What is it?
It's a measure of cognitive development for preschoolers and young children, administered using paper and pencil. It has been particularly developed to be accessible to young children with child-friendly and developmentally appropriate assessments. The website gives a useful overview of the sections used at each level.

For both age bands the test structure includes three levels of interpretation: Full scale, Primary Index scale and Ancillary Index scale levels.

The Primary Index scales include:

- Verbal Comprehension Index (VCI)
- Visual Spatial Index (VSI)
- Working Memory Index (WMI)
- Fluid Reasoning Index (FRI)
- Processing Speed Index (PSI).

The Ancillary Index scales include:

- Vocabulary Acquisition Index (VAI)
- Non-verbal Index (NVI)
- General Ability Index (CAI)
- Cognitive Proficiency Index (CPI).

What does it give us?
It gives us a measure of cognitive ability in young children, compared to their peers.

How is it used?
It is administered under strict guidelines by a restricted group of users, and consists of subtests appropriate for each age group.

It takes 30–45 minutes for the core subtests for ages 2 years, 6 months–3 years, 11 months and 45–60 minutes for ages 4–7 years, 7 months.

Pros

- The assessments have been devised to be appropriate for young children and were updated using a normative sample standardised on 1,700 US children.
- Good reliability on the subtest and composite scores.
- A good range of subtests.
- Can be carried out over a reasonable time frame.

Cons

- Standardised on US population and therefore care to be taken with interpreting age norms.
- Can only be used by restricted group.

Is there a cost?

Yes.

Where can I get it?

www.pearsonclinical.co.uk/

2.1 Overview of assessments by age and category

2.8 Cognitive development

Wechsler Non-Verbal Scale of Ability
(Wechsler & Naglieri, 2006)

Age range
4–21 years, 11 months.

What is it?
This is a flexible assessment which provides a non-verbal measure of ability. This can be compared to a set of standardised scores. The assessment is delivered without relying on verbal instruction, therefore minimising this as a source of invalidation of assessment or calling assessment results into question. Instructions are delivered through the use of pictorial directions. The assessment consists of: Matrices, Object Assembly, Coding, Recognition, Spatial Span, Picture Arrangement. Or if preferred a brief version can be done using two subtests to yield a single ability score.

Who can use it?
This is a closed assessment and can only be administered by someone who is registered with the Health and Care Professionals Council (HCPC) as a practitioner psychologist and is also a chartered psychologist with the British Psychological Society (BPS). It is also open to anyone who is registered with the HCPC as a practitioner psychologist and has the protected titles of clinical psychologist, forensic psychologist, counselling psychologist or educational psychologist.

What does it give us?
It gives us a non-verbal scale of ability that can be compared to a standardised population.

How is it used?
It's administered as a sequence of subtests under strict guidelines to ensure comparable results. A brief two-subtest assessment lasts 15–20 minutes. A four-subtest assessment lasts 45 minutes.

Pros
- It gives a standardised score that does not rely on verbal instructions, thereby giving an insight into a child's non-verbal cognitive ability without being influenced by their language skills.
- It has pictorial instructions.
- It's quick to carry out.
- It's easily accessible for children.
- It can be used to highlight and supplement other scores from the Wechsler series.
- It provides insight into a child's progress in school.
- It can be used in a linguistically diverse population.

Cons
- It can only be carried out by a narrow band of professionals.
- Other assessments may be required to explore reasons behind lack of progress.

Is there a cost?
Yes.

Where can I access it?
http://www.pearsonclinical.co.uk/

Wechsler Intelligence Scale for Children, Fourth/Fifth Edition
(Wechsler, 2004)

Age range
6–16 years, 11 months

Who can use it?
This is a closed assessment and can only be administered by someone who is registered with the Health and Care Professionals Council (HCPC) as a practitioner psychologist and who is also a chartered psychologist with the British Psychological Society (BPS). It is also open to anyone who is registered with the HCPC as a practitioner psychologist and also has the protected titles of clinical psychologist, forensic psychologist, counselling psychologist or educational psychologist.

What is it?
Comprising 15 short tests, each measuring particular types of knowledge, broken down into perceptual reasoning, verbal comprehension, working memory and processing speed. A core of 10 subtests needs to be administered, with the option of substitution or future assessment to explore some areas. The tests can by carried out using paper and pencil/pen, or web-based.

The assessment has a degree of verbal instructions. The developers make recommendations with regard to administering to deaf children, reiterating the importance of ensuring the child has understood the instruction. Appropriate communication for the child should be used – but the strict guidelines should not be breached because this will compromise the ability to compare these scores to the standardised scores. In the manual on page 15, there is a breakdown of the appropriate administration of subtests, indicating where administration and/or interpretation may be compromised by the child's hearing.

The four scales are listed below with the subtests (those in *italics* are the supplemental subtests):

Perceptual Reasoning:

- Block design
- Picture concepts
- Matrix reasoning
- *Picture completion*

Verbal Comprehension:

- Similarities
- Vocabulary
- Comprehension
- *Information*
- *Word reasoning*

Working Memory:

- Digit span
- Letter and number sequencing
- *Arithmetic*

Processing Speed:

- Coding
- Symbol search
- *Cancellation*

Reference should be made to the table in the book regarding the suitability of the subtest or if substitution is needed. Again this will rely heavily on the clinical judgement of the practitioner, requiring experience in working with deaf children.

Care must be taken in the write-up of the assessment that the degree to which the child's deafness impacted upon the assessment is clear.

What does it give us?
A set of scores looking at the four domains of cognitive functioning – perceptual reasoning, verbal comprehension, working memory and processing speed. There is the opportunity for substitution of some of the subtests, though this may presents some challenges around how the tests are delivered. Guidance is available in the manual to be used along with clinical judgement.

How is it used?
Test takes about 65–80 minutes.

Pros
- It has the possibility to give standardised scores across the four domains of cognitive functioning: perceptual reasoning, verbal comprehension, working memory and processing speed.
- There are additional assessments that can be substituted in if needed.
- It gives a comprehensive overview of a wide range of cognitive functioning.
- Can compare to standardised population of hearing children.
- It is easily accessible for children.
- It can be used to highlight and supplement other scores from the Wechsler series.
- It provides insight into a child's progress in school.

Cons
- It can only be carried out by a narrow band of professionals.
- Caution must be taken to ensure that the assessment is appropriate, balancing the need to ensure the child has understood the instruction whilst remaining within the defined assessment instructions, thus not compromising the use of the standardised scores.
- This assessment requires a large amount of time and may have to be split over two sessions.

Is there a cost?
Yes.

Where can I access it?
www.pearsonclinical.co.uk/

2.1 Overview of assessments by age and category

2.8 Cognitive development

British Ability Scales (BAS), Third Edition
(2011)

Age range
3–17 years, 11 months

What is it?
A series of individually administered tests to assess children or teenagers for whom further understanding of their underlying ability would be of benefit. It provides a comprehensive and flexible means of assessing different aspects of a child's current intellectual functioning across the age range of 3–17 years, 11 months.

The assessment is devised to give a lot of discretion to the examiner with regard to what should be administered. With regard to deaf children the examiner is encouraged to consider if the verbal tasks would give a fair measure of that child's ability.

There are two separate assessments – for early years and for school age. They are not labelled as such in the assessment resource, but the ages are given.

Who can use it?
The assessment is designed to be delivered by educational and clinical psychologists.

What does it give us?
It gives us a verbal ability score, a non-verbal reasoning ability score and a score of spatial ability. These can be compared with standardised scores.

There are three sub-scales (verbal ability, non-verbal reasoning ability and spatial ability) in both batteries. Each assessment gives a composite score for General Composite Ability (GCA). Further, where a child is unwilling or unable to complete the verbal scales, it's still possible to get a composite score called the Special Non-Verbal Composite Score. There are also achievement assessments contained within the BAS – Word Reading Scale; Number Skills Scale and Spelling Scale.

How is it used?
A variety of subtests are administered. Approximate timings are:

3–5 years, 11 months:
Core = 32 minutes; diagnostic = 20 minutes; achievement = 35 minutes

6–17 years, 11 months:
Core = 45 minutes; diagnostic = 25 minutes; achievement = 20 minutes

What can it tell us?
Intellectual functioning of the child and basic educational progress. The participant's scores can be compared with those of hearing peers of their age.

Pros

- It gives a lot of flexibility to the examiner.
- The examiner can determine how much they think the child can cope with.
- It has teaching items.
- It gives a breakdown of three ability scores and the verbal score doesn't have to be administered if the child's language levels are low.
- It can be compared to a standardised population.
- It provides insight into a child's progress in school.
- Has been co-normed with the YARC. Using the same population for the standardisation of both allows discrepancies between cognitive abilities and reading comprehension to be identified and compared.

Cons

- It can only be carried out by educational psychologists.
- The reliance on professional judgement requires a degree of understanding of deaf children's needs.
- Write up must include details of the language used in the assessment and considerations as to how their deafness may influence the results.

Is there a cost?
Yes.

Where can I access it?
www.gl-assessment.co.uk/products/bas3

2.1 Overview of assessments by age and category

2.8 Cognitive development

Test of Non-verbal Intelligence (TONI)
(2010)

Age range
Six years–adult

Who can use it?
Psychologists and teachers.

What is it?
A measure to test non-verbal intelligence. It's a norm-referenced test which taps into abstract reasoning and figural problem-solving. The task lasts approximately 10–15 minutes.

How is it used?
During the TONI, the administrator uses verbal and non-verbal instructions. The chidlren are asked to point out which response choice would fit in a matrix which they receive in front of them in print. The matrix consists of four to eight stimuli over nine boxes, and the pool from which to choose includes six response choices or four sets of response choices.

What can it tell us?
A raw and index score of the non-verbal intelligence of the child. This means that the child's score can be compared with that of hearing peers of their age.

Pros
- Quick and easy.
- Can be used to measure progress from one year to the next.
- Is well standardised.
- Contains instructions for other languages.
- Teachers can use it.

Cons
- Scorers for normative data not independent.
- Some children do well on the puzzle-like format, others find it difficult if they're not used to doing this style of work.
- Can be intimidating for younger children as there are no pictures, colour, etc.
- Only available on the US website.

Is there a cost?
Yes.

Where can I access it?
www.pearsonclinical.com/

2.1 Overview of assessments by age and category

2.8 Cognitive development

Raven's Educational Matrices
(Raven et al., 2008)

Age range
- Coloured Progressive Matrices (CPM): 4–11 years
- Standard Progressive Matrices– Plus version (SPM-Plus): 7–18 years

Who can use it?
Any relevant professional.

What is it?
A measure to test non-verbal ability. It's a norm-referenced test which looks at non-verbal and verbal reasoning.

How is it used?
Coloured Progressive Matrices (CPM) can be used for individual assessment. Test lasts 15 minutes.

Standard Progressive Matrices – Plus version (SPM-Plus) can be used for individual and group assessment. Test lasts 45 minutes.

The child or young person is provided with a booklet of patterns of increasing difficulty, and is required to complete the pattern from choices given.

What can it tell us?
Raw scores, standard scores, percentile ranks, confidence intervals, age equivalents, discrepancy analysis between matrices (CPM and SPM+) and vocabulary scales (Crichton Vocabulary Scales (CVS), and Mill Hill Vocabulary Scale (MHV)). This means that the child's score can be compared with that of hearing peers of their age. Can provide insights into a child's functioning with non-verbal challenges.

Pros
- Is well standardised.
- Teachers can use it.
- Can provide insights into how the child tackles non-verbal challenges.

Cons
- Can be lengthy to carry out.

Is there a cost?
Yes.

Where can I access it?
www.pearsonclinical.co.uk/

2.1 Overview of assessments by age and category

2.8 Cognitive development

Griffiths Mental Development Scales (GMDS 0-2)
(Griffiths & Huntley, 1996)

Age range
Birth–2 years, 11 months

Who can use it?
Training specific to the test is required to have been undertaken. The scales are supplied only to paediatricians and health professionals who have successfully completed a training course accredited by the Association for Research in Infant and Child Development (ARICD).

What is it?
A standardised measure to test mental development. Measures motor/coordination and balance skills, independence and social development, hearing and receptive and expressive language, fine motor skills, dexterity and visual monitoring, and performance tests (including visual spatial skills).

How is it used?
Test lasts 50–60 minutes.

What can it tell us?
Raw scores, standard scores: age-equivalents, sub-quotients and general quotients, percentile equivalents. This means that the child's score can be compared with that of hearing peers of their age.

Pros
- Is well standardised.

Cons
- This is a 1996 version. A new standardised version is in development.

Is there a cost?
Yes.

Where can I access it?
www.hogrefe.co.uk/gmds-0-2.html

For information on ARICD training dates: www.aricd.org.uk

2.1 Overview of assessments by age and category

2.8 Cognitive development

Griffiths Mental Development Scales – Extended Revised (GMDS-ER 2-8)
(Luiz et al., 2006)

Age range
2–8 years, 11 months

Who can use it?
The scales are supplied only to paediatricians and health professionals who have successfully completed a training course accredited by the Association for Research in Infant and Child Development (ARICD).

What is it?
The scales were originally developed for children aged between birth and two years and have now been extended to include children from two to eight years. A standardised measure to test mental development including: motor/coordination and balance skills, independence and social development, hearing and receptive and expressive language, fine motor skills, dexterity and visual monitoring, performance tests (including visual spatial skills) and practical reasoning.

The website has useful illustrations and video. It has six sub-scales:

- Sub-scale A: Locomotor: Gross motor skills including the ability to balance and to coordinate and control movements.
- Sub-scale B: Personal-Social: Proficiency in the activities of daily living, level of independence and interaction with other children.
- Sub-scale C: Language: Receptive and expressive language.
- Sub-scale D: Eye and Hand Coordination: Fine motor skills, manual dexterity and visual monitoring skills.
- Sub-scale E: Performance: Visuospatial skills including speed of working and precision.
- Sub-scale F: Practical Reasoning: ability to solve practical problems, understanding of basic mathematical concepts and understanding of moral issues.

How is it used?
Test lasts 50–60 minutes.

What can it tell us?
Raw scores, standard scores: percentiles, z-scores, age-equivalents or mental age, general quotient. This means that the child's score can be compared with that of hearing peers of their age.

Pros
- Is well standardised on British children.

Cons
- None identified.

Is there a cost?
Yes.

Where can I access it?
www.hogrefe.co.uk/gmds-er-2-8.html

For information on ARICD training dates www.aricd.org.uk/

2.1 Overview of assessments by age and category

2.8 Cognitive development

Cognitive Ability Tests (CAT4)
(Lohman, Hagen, & Thorndike, 2012)

Age range
7 years, 6 months–17+ years

Who can use it?
Teachers.

What is it?
A measure to assess reasoning ability and likely academic potential. The test is available in both paper and digital formats and can be administered individually or in a group setting.

How is it used?
Children have to carry out quantitative, verbal, non-verbal and spatial tasks. For individual or group assessment.

What can it tell us?
Standard scores comparable to group scores, and indicator table provided.

Pros
- Is well standardised.
- Can be considered alongside a wide range of other factors, such as attitude to learning.
- Other editions and associated tests available (e.g. Irish version, attitudinal survey).

Cons
- None identified.

Is there a cost?
Yes.

Where can I access it?
Can be purchased by schools only: www.gl-assessment.co.uk

2.1 Overview of assessments by age and category

2.8 Cognitive development

2.9 Social/emotional development

Challenges in the area of social/emotional development for deaf children may arise from difficulties in communication and language development. There are few assessments available, but here is a selection which may help to provide some insights. They should always be used with care and by someone who is experienced in working with deaf children and young people.

Name of assessment	Age range	Who can use it?
Special Needs Assessment Profile-Behaviour, Second Edition (SNAP-B PK10)	5–16 years	Any relevant professional
Pathways to Independence	Young children, young people and adults	Any relevant professional
Adolescent Anger Rating Scale (AARS)	11–19 years	Any relevant professional
Scale for the Assessment of Social-Emotional Developmental Age Level (SEDAL)	Birth–14 years, 11 months	Any relevant professional
Eyberg Child Behaviour Inventory	2–16 years, 11 months	Mainly used by parents.
Sutter Eyberg Student Behaviour Inventory – Revised	2–16 years, 11 months	A professional with a degree from an accredited 4-year college or university in psychology, counselling, speech-language pathology, or a closely related field plus satisfactory completion of coursework in test interpretation, psychometrics and measurement theory.

2.1 Overview of assessments by age and category

Special Needs Assessment Profile-Behaviour, Second Edition (SNAP-B PK10)

Age range
5-16 years

Who can use it?
Any relevant professional.

What is it?
A measure to test social, emotional and behavioural development, focusing on the identification of specific skills. It looks at 1) the relationship with self: anxiety, explosive anger, implosive anger, depression; 2) relationship with peers: friendship deficit, instrumental aggression, attention-seeking from peers, hurtful behaviour towards peers, and 3) relationship with adults: attention-seeking from adults, defiance towards adults, over-dependence upon adults and hurtful behaviour towards adults.

How is it used?
Teachers, parents, students and others involved (e.g. teaching assistant) are asked to complete questionnaires. A CD-Rom is used for analysis of the results and profiling.

What can it tell us?
Scores matched to an overall matrix of social, emotional and behavioural difficulties. The scores can be compared with those of hearing peers of their age.

Pros
- Able to monitor the student's progress over time.
- Information from home and school, parents, teachers and the student are involved in the assessment.
- Help sheets and strategies provided.
- For both peripatetic and in-school use.
- Includes optional self-esteem assessment.

Cons
- None identified.

Is there a cost?
Yes.

Where can I access it?
www.snapassessment.com

2.1 Overview of assessments by age and category

2.9 Social/emotional development

Pathways to Independence
(Jeffrey and Cheseldine)

Age range
Young children, young people and adults.

Who can use it?
Any relevant professional.

What is it?
Checklists to check independence in everyday life and self-help for personal and social skills. To assess and record progress and determine the level of support needed.

How is it used?
Checklists to check competency skills to lead an independent life. Includes a visual profile which provides strengths and weaknesses.

What can it tell us?
Scores matched to an overall matrix of social, emotional and behavioural difficulties. The scores can be compared with those of hearing peers of their age.

Pros
- Updated version includes use of technology such as microwaves and other electrical appliances.
- Can be used for programmes involving children with difficulties, for teenagers and adults with learning or physical difficulties, for rehabilitation programmes.

Cons
- None identified.

Is there a cost?
Yes.

Where can I access it?
www.hoddertests.co.uk

2.1 Overview of assessments by age and category

2.9 Social/emotional development

Adolescent Anger Rating Scale (AARS)
(McKinney-Burney 2011)

Age range
11–19 years

Who can use it?
Any relevant professional.

What is it?
A measure to assess the level and type of teenage response to anger. It focuses on the intensity and frequency of anger expression.

How is it used?
On four-point response scales, young people indicate what kind of behaviours they exhibit and how often each behaviour occurs. When used with individuals, test lasts 5–10 minutes and 10–20 minutes in a group.

What can it tell us?
Raw scores, percentiles and T scores. The scores can be compared with those of hearing peers of their age.

Pros
- Is well standardised.
- For individual or group use.
- Can be used for programmes involving teenagers with different types of anger.

Cons
- None identified.

Is there a cost?
Yes.

Where can I access it?
www.annarbor.co.uk

2.1 Overview of assessments by age and category

2.9 Social/emotional development

Scale for the Assessment of Social-Emotional Developmental Age Level (SEDAL)
Hoekman, Miedema, Otten & Gielen

Age range
Birth–14 years, 11 months

Who can use it?
Any relevant professional

What is it?
A measure to assess social and emotional development. The social development domain focuses on: initiating contact, social independence, moral development, impulse control, self-awareness in social contexts, social assessment skills, social skills, relating to authority, and social aspects of sexual development.

The emotional development domain focuses on: self-image, emotional independence, sense of reality, moral development, fears, impulse control, and regulation of emotions.

By measuring the domains separately, SEDAL is able to calculate a developmental age level for each domain individually, as well as a global score combining the two.

How is it used?
Each domain includes 76 items which are organised according to age.

What can it tell us?
Comparisons to age level.

Pros
- Available in English, Dutch and German.
- Has electronic scoring

Cons
- None identified.

Is there a cost?
Yes.

Where can I access it?
www.hogrefe.co.uk

2.1 Overview of assessments by age and category

2.9 Social/emotional development

Eyberg Child Behaviour Inventory
(Eyberg, 1990; revised Eyberg & Pincus)

Age range
2–16 years, 11 months

Who can use it?
Mainly used by parents.

What is it?
A measure to assess the behaviour of children and adolescents at home as reported by parents.

How is it used?
Descriptions are given for 36 behaviours, and parents are asked to assess their child on a seven-point scale (one being never to seven being always) for the intensity score, and indicate if the behaviour is a problem or not (yes or no) for the problem score. Can be used for individual, group and phone administration. Test lasts 5–10 minutes.

What can it tell us?
Raw scores and T scores. T scores indicate how far individuals' scores are from the mean of 50 (standard deviation of 10).

Pros
- Is well standardised.
- Short duration.
- English and Spanish version available.
- Supplemental information on adult-child interaction.

Cons
- None identified.

Is there a cost?
Yes.

Where can I access it?
www4.parinc.com

2.1 Overview of assessments by age and category

2.9 Social/emotional development

Sutter Eyberg Student Behaviour Inventory – Revised
(Eyberg & Pincus)

Age range
2–16 years, 11 months

Who can use it?
Must have degree from an accredited four-year college or university in psychology, counselling, speech-language pathology, or a closely related field plus satisfactory completion of coursework in test interpretation, psychometrics and measurement theory.

What is it?
A measure to assess the behaviour of children (conduct problems) and teenagers in school as reported by teachers.

How is it used?
Descriptions are given for behaviours and teachers are asked to assess the child on a seven-point scale (one being never to seven being always) for the intensity score, and indicate if the behaviour is a problem or not (yes or no) for the problem score. Tests last 5–10 minutes.

What can it tell us?
Raw scores and T scores. T scores indicate how far individuals' scores are from the mean of 50 (standard deviation of 10).

Pros
- Is well standardised.
- Short duration.
- English and Spanish version available.
- Supplemental information on adult-child interaction.

Cons
- None identified.

Is there a cost?
Yes. For more info on separate packages and additional sheets, see www.hogrefe.co.uk/.

Where can I access it?
www4.parinc.com

2.1 Overview of assessments by age and category

2.9 Social/emotional development

3. Assessment in practice

Assessment and monitoring is only a productive use of time if something happens as a result of it and if the assessment tests or profiles help us to sufficiently explore areas of strength and any areas of difficulty in a child's development.

In other words, everyone's understanding of the child's progress should be enhanced by assessment and a plan for future work made as a result of it. The results must be analysed and placed in a context which considers rate of progress and any factors such as illness or specific difficulties (other identified needs, poor amplification and so on) that need to be taken into account and to be addressed.

3.1 Interpretation and use of assessment procedures: identifying targets and narrowing the gap

Sections one and two explored the main principles and challenges of assessing and monitoring the progress of deaf children and young people, and the specialist assessments and tests which might support this. This section sets these assessments within the context of broader assessment and practices, particularly those that are part of routine mainstream educational practice. The second part considers how the two sets of information must be fitted together so that priorities for next steps can be identified.

This is the 'so what' principle, that is critical to the child moving forward and closing any 'gap' that might have opened or might have been in danger of opening – in relation to their hearing peers or indeed between their functioning and their acknowledged potential. The child did this, understands this but is having more difficulty with these elements – so what? How will this influence the provision that we make for them and the emphases that we put on the use of any available support? What advice will we give to their parents/carers/mainstream teachers and indeed the child themselves? Is the provision working? Is progress outstanding? Good? Or does it cause concern?

These are the questions we need to be able to answer following an assessment.

Feedback following assessment
It's vital that feedback following assessment includes parents and that it shows the way forward, even when there are major difficulties, or if new challenges have been uncovered.

"It meant so much to us as a family to have people to spend the time with David and help us understand who he is a bit more and the difficulties that relate to him. I really thought the assessment was so accurate and acutely intuitive. Everything that was said was like a penny dropping to me and I came home feeling much closer to my son and had lots to tell my family. The feeling that there is some hope of building a closer relationship with him by understanding him and having my own belief in him acknowledged was great and now I feel more positive about finding ways of getting David to express himself more and talk to us more – predominantly more time and attention."
Parent of deaf child with complex needs

The feedback needs to lead to action and to improved outcomes in identified areas for the child. This may involve multi-professional feedback and relaying the information to family and teachers or support workers from a range of assessments. One assessment is unlikely to give the information required to make future planning possible, as highlighted in the case studies found later in this resource.

Following assessment we should be able to:

- highlight strengths and weaknesses, valuing what has already taken place
- identify if progress is delayed or if deviant in a certain area
- identify if progress in an area is impacted by other factors, for example, cognitive abilities, management of deafness
- identify if there are other areas which need to be explored by another professional
- identify if there are management issues which need to be changed such as, acoustics in the classroom, communication interactions, and if so how
- share the information with parents and teachers and the child/young person in accessible formats and involve them in decisions
- identify the measurable targets which can be set, with time frames.

Combining information from different assessments and ongoing monitoring, particularly for children with complex needs will provide a picture of their current functioning and which decisions about management and future learning and teaching objectives need to be made. This feedback should be made orally and in writing.

Monitoring progress
The requirement to monitor children and young people's progress towards their targets is written into every curriculum framework and all inspection frameworks check on how well children's progress is being documented and promoted. For deaf children and young people, like others who might have additional learning needs, this means checking up regularly on not simply how well they are doing in relation to their targets in areas such as English and mathematics, but also into other areas that are at risk.

For a deaf child, these areas are likely to include the development of listening skills, language levels, their attitudes to learning and their personal development, including their behaviour. Children are likely to have 'specialist' targets in these areas set within their personal education or single plan. These targets need to be written in such a way that stepping stones towards them can be identified and checked on regularly – often at half term or termly intervals – and support adjusted if the child does not appear to be progressing swiftly enough. These steps may be very small and require skilled observation and monitoring to note.

Linking into mainstream assessments
All schools are required to monitor pupils' progress and to intervene where this is not considered to be strong enough. Indeed they also expect that the impact of having specialist involvement and interventions is that the child will make 'good progress' in beginning to close the gap, where it exists between themselves and others of their age. The results from such assessments are used in a range of ways and sometimes the most controversial is to help review a school's effectiveness.

In reality the aspect of assessment that we are most concerned with here is how it can be used for improvement – in the first instance how it enables us to check up on what is working and what is not working within the child's provision and what now needs to happen to improve the child's achievement and wellbeing further.

Examples of how such monitoring might take place and of the ways in which targets might be meaningfully set or adapted as a result of assessment can be found in the following case studies.

3.2 Individual case studies/examples of practice

The following case studies, across different ages, provide a range of examples of assessment in practice, including why the assessments were carried out, what was used, who was involved, and what the outcomes were.

Sasha, 15 months old

Overview
Sasha is 15 months old and was identified as deaf after screening. Concern grew about visual milestones and it was important to look carefully at her milestones in all areas. This study illustrates an example of multi-professional practice, with close involvement of parents.

Background
Sasha was born a well baby at 41 weeks gestation but gave no clear responses on her newborn hearing screen (otacoustic emmissions (OAEs) and automated auditory brainstem response (AABR)). After further tests Sasha was identified with bilateral, moderate, mixed sensorineural and conductive deafness. She has consistently worn two hearing aids from two months old, had regular clinic appointments and been visited at home by the Early Years Hearing Support Service. Initially this was weekly and from six months fortnightly, during the first year.

The process of assessment
The Monitoring Protocol for deaf babies and children is used by the support service as an early support tracking tool. Sasha's parents were keen to use it to track all her progress towards milestones and support her.

It soon became apparent that Sasha was not reaching the visual milestones; she didn't focus on her mother's face, or make clear responses to visual interaction and seemed fixed on the light source. Further ophthalmic testing detected visual delay, and progress and change were monitored using the Monitoring Protocol for Visual Impairment, with support from the Visual Impairment Team. Picking this up early has enabled the right advice to be sought and support arrangements to be put in place.

The paediatrician's assessment suggested that Sasha had improving visual skills and visual behaviour but identified a slight delay in motor skills. Parents observed she lacked confidence exploring outside her immediate reach and new environmental situations. The Teacher of the Deaf chose a global assessment pack in order to check all areas of development. The assessment tool was the Schedule of Growing Skills II (available from www.gl-assessment.com). This was developed from Mary Sheridan's STYCAR sequences

The assessment took place when Sasha was 15 months old.

Assessment date: 4 December 2012

Active Posture	Loco-motor	Mani-pulative	Visual	Hearing and Language	Speech and Language	Interactive Social	Self-care Social	Cognitive
10 months	12 months	15 months	15 months	12 months	12 months	18 months	18 months	15 months
			Q*		Q*		Q*	

**"Concerns about quality of performance within a skill area can be marked with a Q, it may indicate that an item is poor, even though the task has been completed… it may indicate that a skill has recently been acquired. Items marked Q still score." User's Guide*.

For Sasha, the skill areas that fall on or exceed her chronological age are Manipulative, Visual, Interactive Social and Self-care Social. Skill areas that fall below are Active Posture, Locomotor, Hearing and Language, Speech and Language and Cognitive.

The guide suggests that if the developmental age is delayed by one age interval (minus three months for Sasha = 12 months old) the discrepancy is probably not significant. The area that indicates the widest discrepancy is Active Posture with results at 10 months level. Sasha has difficulty getting into a crawling position as she still doesn't have enough strength in her arms to support herself.

It is worth noting that three areas have a 'Q' as her parents and the assessor felt she was able to do the tasks but in a limited and inconsistent manner. It's worth noting these areas to monitor and track development.

Assessing with the parents in their home ensured accurate responses from Sasha, as she felt comfortable and relaxed and not under any pressure. Parents' comments were helpful as they were able to tell me if she was reacting as they would expect or if the challenge was beyond her abilities.

Follow-up practice

Following the assessment we and the parents looked at the results and reflected on the areas, highlighting delay. We chose three areas that we felt we could work on together using our joint understanding of Sasha's needs from the assessment. These areas focused our targets and were put together to form part of the Family Service Plan. This would be shared with the paediatrician, hearing clinic, childminder, health visitor and extended family. The speech and language therapist is not yet working with Sasha.

The focused areas we agreed on were Visual skills, Locomotor skills, Hearing, Speech and Language skills.

Though reassured that Sasha's visual skill results were age-appropriate, we still felt her lack of exploration of new stimuli was linked with her reduced early visual experiences. Her reluctance to reach out and touch new objects, especially those beyond her immediate span of approximately 40cm from her body might well have been a result of her early visual delay. The Visual Impairment Team had previously visited the home and supported this view. A focus on vision was therefore felt to be the highest priority, especially as it could be incorporated with Locomotor skills, as they both supported independent movement. Hearing and speech and language were especially relevant to ensure good practice, collaboration and commitment from all those involved.

Impact of strategies to support assessment findings
The Schedule of Growing Skills helped to confirm our knowledge about Sasha's development. It was a good tool to highlight any other areas of concern and will be used as a baseline for the next time we test. It helped us prioritise immediate needs and opened up discussions about areas of concern.

We have used The Monitoring Protocol (approximately three monthly) to maintain our awareness of her rate of progress and enable us to track her targets more specifically. Her visual delay has also been closely monitored by the hospital.

An ideas sheet supports the targets and provides the parents with ideas to encourage Sasha's development and experiences in these areas. It also ensures that those who share the targets are aware of the ideas and strategies in place and what the parents want for Sasha.

It's too soon to review the impact of the assessment at this stage but the strategies have provided Sasha with consistent input from all those working with her.

The assessment results and Family Plan have been shared with the health visitor, ophthalmics, and the paediatrician. Within the Monitoring Protocol document the parents will record evidence of the skills that are still developing and those that have been achieved. These will form the basis of discussion during home support visits to identify the next steps. This information can then be collated and used to inform others of any continuing needs and inform later targets. For example, is she now turning to sound? Are her hearing aids meeting her needs? Is she moving towards objects she wants? Has her movement and balance progressed? Her progress will be assessed again in three months' time using the same assessment and the Monitoring Protocol.

Below are examples of our plans for Sasha and practical ideas to support these.

Family Plan targets:

1: Sasha will confidently explore new stimuli.

Why? To build her confidence to explore new objects. To encourage her to explore beyond her immediate reach.

For example? Pouring and sieving sand, water, play dough, hand painting, cooking. Feely bags of different shapes and textures. Hands and bare feet exploring textures and mood boards. Wet painting, musical jars etc.

How? Sasha to be introduced to a range of new materials and textures through exploratory play. Items of interest to be placed so she has to reach out or move towards them. Playing with good role models who show confidence with the items introduced – small groups only to begin with so she is not overwhelmed. Sasha should know where items are kept so that she can get them out/put them away independently when appropriate.

How will we know it has made a difference? Sasha will be confident to touch new items. She will reach out confidently to bring them towards her. She will independently move to get the objects.

2: Sasha will develop her movement and balance

Why? To develop her confidence to move and balance.

For example? Play tunnels, large boxes, bean bags for throwing, play skittles. Dancing and movement. Toddler groups. Nursery rhymes with movement.

How? Exploratory play such as searching for objects, large motor skill play such as pushing trolleys/buggies, reaching and exploring lucky dip games, encouragement to start crawling by using boxes. Building tall towers using large, foam blocks. Balance and movement groups such as Tumbletots, Babyboogies.

How will we know it has made a difference? Sasha will move without fear of falling. She will be aware of her surroundings and move confidently around them.

3: Sasha will be attentive to everyday sounds

Why? To build up her listening, recognition and responses in preparation for understanding language. To ensure hearing aids are meeting her auditory needs.

For example? Story sharing, singing, home gadgets, photo book of everyday life, one-to-one play in quiet situations, nursery rhymes with good rhythm and repetition, book of sounds, listening walks, music groups, anticipation games. Attending Tiny Tunes.

How? Book sharing, leading to play that extends familiar language. Make the most of outdoor opportunities to listen for environmental/animal sounds. Giving Sasha the chance to locate sounds within the home, help her to find the source. Make it clear when to listen and when to chatter through simple turn-taking games.

How will we know it has made a difference? Sasha will turn to localise sound. She will become aware of sounds around her and be inquisitive about what they are. She will begin to use her voice to direct attention to objects and people. Baby babble will develop. There will be varied intonation in the babble and she will start to develop 'words' recognisable to her parents for everyday needs – bottle, food, etc.

Ideas sheet

January 2013 (Review: March 2013)

Name: Sasha
Age: 15 months

Focus: confidently exploring new stimuli, developing movement and balance, attending to everyday sound.

Mathematics

- Use turn-taking songs: *Five Currant Buns*.
- Play turn-taking games: putting a block on top of each other, knocking it down together.
- Put pieces of a jigsaw puzzle into a bag. Take it in turns to take one out and add to the puzzle.
- Encourage Sasha to give things out to people, one at a time.

- Sand/water tray – will have good vision of others and easy to stand up against.

Understanding the world
- Develop play skills by 'feeding' the doll and giving her a 'drink' and 'food'. Use lots of repetitive language.
- Start to build up her repertoire of sounds: "*The train goes…"* "*The dog goes…"*
- Use trains to go through homemade cardboard tunnels. "*Where's the train… there it is!"* Get her to listen to the commands "*Stop!"* "*1,2,3, go!"*.
- Use a feely bag for different objects, tell her about them. Let Sasha enjoy her kitchen. Use her toys to share things out and use language relevant to what is happening.

Personal, social and emotional development
- Discuss what she would like to play and get it out together.
- Encourage Sasha to look for things with you. *"Where's your coat, Sasha?"*
- Encourage Sasha to tidy up with you after she has played with something. Use the opportunity to discuss if things are too big for the box. ""*Where's teddy gone?"* "*I'm looking for the blue train*"
- Use books to encourage awareness of others. "*She's sad because…"* "*She's happy because..."*

Communication and language/literacy
- Talk to Sasha about what is happening in books. Use her finger to point to things as you speak. Use simple rhymes and predicable speech.
- Enjoy songs together. Have a song that you sing at a particular time – the tidy up song or *Round and Round the Garden*, *Pat a Cake, Pat a Cake*, when cooking etc.
- Talk to her about what you are doing. Tell her what you are going to do next.
- Take some photos of what you have done through the day – select one in the evening to chat about so she hears the language again.
- Make a memory book of her doing different things – use photos so she can show friends and hear the language again.
- Make a book about her Christmas and her special toys.
- Use some toy animals that she is familiar with. Hide two animals. *"Can you find the cow? Can you find the dog?"*

Physical development
- Go to the park and enjoy the swings/slide etc. This will develop her large motor skills.
- Fill and empty jars with pasta shapes etc. This will develop her fine motor skills.
- Puzzles will help her motor skills.
- Climbing up and down stairs etc. – use the language as she does this – "*Up, up, up!"*
- Rough and tumble games.
- Roll balls to each other. Call out her name before you do it to gain her attention.

David, seven years old

Overview
David is seven years old, in a mainstream school. His deafness was diagnosed at four, and he wears two hearing aids. Assessment followed concerns about his increasing difficulties in following in class.

Background
David is in Year 3 at a mainstream school. He was referred to Sensory Support by his reception teacher who was aware of his speech articulation problems and had noticed him struggling with the pre-phonics, phonological development work she was doing in her class. David was described as a bright boy who watched faces intently and asked “What?” frequently. He seemed interested in everything but was not happy to put himself forward.

David was diagnosed at the age of four and fitted with hearing aids before the start of the second term. David has a moderate, bilateral sensorineural deafness with a better ear average of 61dB. He wears hearing aids consistently, has well-fitting ear moulds and looks after his equipment with ease.

Following fitting, David had weekly visits from a teacher of hearing impaired children [Teacher of the Deaf], focusing on audition skills using the Auditory Skills Program and speech work through audition. David had no need for one-to-one support in school but INSET was provided to all staff and two learning support assistants began their level three Open College Network training in Supporting Hearing Impaired Children. David is not the only hearing impaired child at this school and that impacted on the decision to train two adults.

With good aiding and well-fitting ear moulds David made immediate strides, most noticeably in his participative behaviour at school and with his speech clarity. With a strong and supportive family and appropriate intervention at school, he not only caught up with his peers but overtook many of them. Two years after hearing aid fitting, David achieved above average for his age in the Assessment of Comprehension and Expression, the British Picture Vocabulary Scale and the Test for Reception of Grammar language assessments.

David moved from regular visits to monitoring visits from a teacher of hearing impaired children [Teacher of the Deaf] once every half term. During the first half term monitor visit, David seemed less relaxed and more watchful in class. Although seated in a good position, he did not always seem to be following. David did his best to convince adults that he could hear well at all times.

While in Year 2 the Teacher of the Deaf tried to introduce David to a radio aid system. However, reaction to any change to his hearing aids; even an FM battery drawer (far less an audio shoe and MLXi receiver) had been severe and unexpected. He cried and was inconsolable so in discussion with family and school the decision was made to leave the introduction of a radio aid until another time.

Process of assessment
Following that first visit, David’s speech discrimination in noise was assessed using the Manchester Junior Word Lists and the BKB Sentence Test both close and at distance. Assessment was carried out in a 5 x 3m carpeted room with taped babble centrally behind him, set at 60dBA and live voice signal at 65dBA.

	Manchester Junior Word Lists	BKB Sentence Tests
At one metre with lip-reading	100%	-
At one metre with listening only	76%	92%
At three metres with listening only	40%	40%

David worked very hard throughout the assessment but the results that day were clear. Having been less dependent on lip-reading when he was younger, David was now relatively reliant on it for single word and whole sentence discrimination. This would impact negatively on all learning situations but especially on spelling tests or mental maths tests where there are few linguistic clues. The use of language skills can be seen by the good sentence score at one metre with no lip-reading. This score indicates how hard David has to work to make sense of sentences that he can hear but not see. As soon as distance is introduced David is lost; guessing at single words and not able to harness his language skills to assist him.

The results were shared with the school and the family and explained that David may have been having an 'off' day. We agreed to reassess in a fortnight's time with parents present. In the meantime, David's teacher was going to remain alert to his distance hearing; continue to get his attention before speaking, stay near him and reiterate other children's contributions. His hearing aids were tested and found to be in optimum working order.

The repeat assessment was carried out in exactly the same way with almost identical results, except that the final assessment was abandoned as David and both parents were upset.

Follow-up actions

The upset allowed David to open up and admit that he couldn't hear the teacher in his new classroom if she needed to move around the room, to turn away or was not at his table. David hadn't wanted to admit he was having difficulties as he did not want his hearing aids to be changed. We discussed the possibility of integrated receivers which would be less of a change but David was not keen. With all information shared, I left David and his parents to reflect on the findings. We agreed that in the meantime an appointment should be made for David to have a full audiology review, not least to rule out possible conductive overlay. The consultant was given all relevant information, assessment scores and concerns.

Following the appointment the parents reported that David's hearing was marginally down, his middle ears were healthy and that he had agreed to have integrated receivers. They were fitted without upset and the teacher is now using the transmitter. INSET to all school staff has been arranged to maximise radio aid use around the school. David is delighted that he can now hear his teacher's voice even when he is looking somewhere else. In the most recent speech discrimination assessment David scored 100% at a distance of three metres, without lip-reading.

This was a straightforward assessment with an easy solution but it took time and effort on the part of all adults involved. Assessment works best when it is part and parcel of the relationships that exist around the child.

Jane, primary-age pupil

Overview
This case study describes assessments undertaken when Jane was 9 years and 10 months, with repeat assessments a year later to assess progress, evaluate the impact of support strategies and inform future plans for secondary school.

It illustrates the detailed information which can be obtained from the use of careful assessment and ongoing monitoring in a range of areas, rather than merely obtaining standardised scores, for example reading ages, which may mask areas of challenge.

The assessments were completed as part of ongoing monitoring of her linguistic progress and literacy skills, in line with the Sensory Inclusion Service speech and language assessment schedule. The assessments were used to track progress and inform the annual review of Jane's statement of SEN, the setting of targets and programmes of support.

Information on progress, strengths and weaknesses was also gathered from Jane, school and parents to provide context for the formal assessments.

Background information
Jane has a profound bilateral sensorineural deafness identified shortly after birth. She wears a cochlear implant and a hearing aid.

Home circumstances and parental support
Jane lives at home with her mother and father and older brother, none of whom are deaf. Her parents are supportive and are knowledgeable about deafness. They help with schoolwork and ensure she has access to a wide range of sporting and social activities outside school. Although pleased with Jane's progress, they reported that she seemed to be hearing less at home than she would normally.

Hearing equipment
Jane was fitted with a cochlear implant at the age of three, wears a speech processor for all of her waking hours and a hearing aid in the contralateral ear. She uses a radio aid system in school in all lessons (except PE) and at home. She makes good use of her hearing equipment and is independent in its handling and care. All staff are familiar with its use. Daily checks are carried out and direct input leads have been provided for use with laptops and the interactive whiteboards in her classrooms.

Communication and listening
Jane speaks clearly and intelligibly with a good quality of tone and confidence. She sticks to her intended message, uses appropriate vocabulary and can sustain extended conversations by asking questions, making comments, giving opinions and offering explanations. She is easily understood by unfamiliar listeners. Her age-appropriate conversational spoken language may mislead people into thinking that she can hear as well as she can express herself. As a result there is a risk of her profound deafness and its implications for language and understanding being overlooked.

Jane listens well in one-to-one discussions, coping with challenging changes of topic in a conversation. However there are many occasions when she misses key concepts or words when listening as part of a group or in a class. She therefore requires well-structured one-to-one support in an acoustically favourable environment to ensure there are opportunities to listen and check her

understanding of vocabulary and concepts used in lessons so that she is able to access teaching and learning.

Social integration
Jane generally gets on well with her peers both in the classroom and at breaks and lunchtimes, although she does sometimes find it difficult to hear in the playground due to the high level of background noise. She sometimes misses or mishears phrases or quick fire conversations and this can place her at a disadvantage in interactions with her peers and have an effect on her social competence that is sometimes hard to recognise as she is usually so cheerful and positive. Her parents report that she is having some difficulties with her peers in social situations at school such as meeting up with friends in the playground or arranging who to sit with at lunchtime.

She can be slightly dominant in group situations, taking instructions very literally and this can cause difficulties when she is working in a group of peers.

Support in school
Jane is fully included in all aspects of the curriculum – academic, sporting and social. She attends clubs and participates in a range of sports which she enjoys.

Staff at the school are very supportive and are aware of the issues resulting from her deafness. They have considerable experience of supporting children with deafness. Jane is well supported in class by her teaching assistant (10 hours a week) and her class teachers, who are fully aware of her needs and the delays in language and implications for accessing the curriculum. Regular planning meetings are held to decide when she will need pre-tutoring, in-class support and benefit from being withdrawn to complete activities with the teaching assistant or Teacher of the Deaf. Jane receives three hours with her Teacher of the Deaf a week. Some Teacher of the Deaf sessions in Year 5 have focused on technical vocabulary and concept development in mathematics

Jane sits in a good position in class so that she can clearly see the teacher's face and is able to see the majority of children in the class when they are speaking. She experiences difficulty in hearing all contributions during class discussions, requiring the teacher to reiterate the pupils' contribution. Apart from this Jane says she can hear in her classes and if she misses anything her friends help her or she asks the teacher.

Jane's end of year exam results reflect the need to continue to focus on independent written comprehension tasks, careful analysis of text, and questions, and advanced reading skills, as well as higher order writing skills. Jane greatly benefits from the opportunity to develop her language one-to-one or with a helpful peer. She has a good imagination and always has lots of ideas for pieces of written work that she can readily express verbally, however these don't always come through when she comes to completing the piece. Some of the sessions with the Teacher of the Deaf were aimed at helping her plan more effectively and develop strategies to structure her work, especially for extended pieces of writing.

In mathematics Jane usually works alongside her peers with support where appropriate. Any gaps in Jane's vocabulary or understanding of concepts are identified so that the teaching assistant or Teacher of the Deaf can work on them individually with Jane.

Jane says she finds maths hard and needs to sharpen her skills and increase confidence so she can understand and make use of mathematical concepts. She has experienced difficulties with multiplication tables and division. Jane needs longer to process mental maths questions and it's vital

that she has opportunities to practise mental maths individually with support in order to give her the additional time she requires.

Assessments used

Recent video evidence shows Jane talking confidently about the class activity session she is doing for her class on her deafness and equipment, and the similar activity she will complete at Brownies to gain her disability badge. Jane's intonation and expression is good although some of the endings of words are still unclear when she rushes, usually because she gets excited about what she is saying. However when listening to the playback of what she has said she self-corrects automatically and quite accurately.

Jane completed the following assessments in school at chronological age 9 years, 10 months (last year's scores are shown in brackets):

- BPVS (British Picture Vocabulary Scales)
- ACE (Assessment of Comprehension and Expression)
- TROG-2 (Test for the Reception of Grammar)
- Edinburgh Reading Test
- Pragmatics Profile of Everyday Communication Skills.

British Picture Vocabulary Scale (BPVS)

This was used to assess receptive vocabulary and help staff match the language used for teaching to Jane's level of comprehension.

Chronological age*	Age equivalent score	Raw score	Standardised score	Percentile rank
9 years, 10 months (8 years, 9 months)	9 years, 7 months (8 years, 10 months)	94 (90)	98 (100)	45 (50)

* Age when assessment undertaken

Jane was very focused during the test, with good listening and attention skills and she enjoyed completing the task. The results show that Jane's vocabulary is almost age-appropriate; however she still has gaps due to her profound deafness and delayed language acquisition as highlighted by her ranking on the 45th percentile. She also shows a lack of year on year progress, highlighted by an improvement in her age-equivalent score of only nine months over the past year.

She was able to successfully identify some words she has already met through the curriculum such as *fictional,* including some less frequently used words such as *summit* and *agricultural,* but struggled to recognise vocabulary such as *collision*, *isolation*, *weary*. However, the ceiling set (the set of 12 words where Jane made more than eight errors included words such as *salutation*, *geriatric*, *talon*, *emaciated*, *lubricating*, which would be challenging words for many nine year olds to understand.

ACE Assessment of Comprehension and Expression 6–11
This test gives a measure of language development. ACE tests verbal comprehension and grammar as well as aspects of semantic and pragmatic knowledge.

	Raw score	**Percentile**	**Standard score**
Sentence Comprehension	31 (29)	99 (91)	17 (14)
Inferential Comprehension	11 (9)	84 (63)	13 (11)
Naming	16 (17)	37 (63)	9 (11)
Syntactic Formulation	26 (24)	37 (50)	9 (10)
Semantic Decisions	15 (13)	63 (50)	11 (10)
Main Test		79	112
Non-literal Comprehension	12 (10)	37 (25)	9 (8)
Narrative Propositions	21 (12)	91 (25)	14 (8)
Narrative Syntax/Discourse	18 (15)	84 (50)	13 (10)
Extended Test		81	113

- **Sentence Comprehension** assesses the ability to decode sentences of increasing length and complexity. Jane scored full marks in this section of the test, showing excellent understanding of sentences such as *the crocodile that bit the lion is small*, *Sam felt sure he would be picked for the football team but his name wasn't called.*
- **Inferential Comprehension** assesses inferencing skills in answering a series of questions. In this section, a picture and story are presented and questions are asked about these. Jane scored on the 84th percentile in this section, an improvement on last year's scores, using visual clues extremely well (present throughout the questions) as a guide. This improvement reflected the support previously given by the teaching assistant in helping Jane to access more complex texts.
- **Naming** is a picture identification task which gives a measure of expressive vocabulary. Jane's score was almost the same as last year and her percentile ranking fell considerably to the 37th percentile from the 63$^{rd.}$ Jane's difficulties in this area are also highlighted by her receptive vocabulary score on the BPVS above. For example she named *judge* as *hat/wig*, *flask* as *bucket/bottle*, and *barrel* as *bowl*. This highlights the need for individual sessions with a teaching assistant/Teacher of the Deaf to discuss forthcoming topics and look at topic-specific glossaries so that she can access the more technical vocabulary used to teach the curriculum. Her teachers comment that she struggles to make more ambitious vocabulary choices in her creative writing without help. She needs support in this area because she lacks the broad foundation available to hearing children through incidental listening.
- **Syntactic Formulation** is designed to elicit syntactical structures of an increasingly complex level. Jane's percentile ranking fell, to the 37th from the 50th percentile in this part of the assessment. One area of weakness highlighted is that she did not consistently use the past tense plus an auxiliary verb e.g. *they've broken the window.* Jane's teachers commented that she can miss endings when she is writing, e.g. the 's' off plurals and 'ed' off tenses, as she does with spoken language (see comment about video evidence) but that she identifies this immediately when the text is read back to her. A good example of this is her own writing for the review: the handwritten version contains some errors, which she re-read aloud to produce a typed version when she spotted and corrected errors as she went along. This is an area where Jane will develop

greater independence with continued guidance. She also found conditionals difficult e.g., *if he'd run faster, he'd have caught the bus*. Jane will continue to need support to develop the correct use of syntax in her written work.

- **Semantic Decisions** involves being given a picture and a choice of four words or phrases with similar meanings. Jane's score in this test was an improvement on the previous year, showing that her ability to understand synonyms is developing. However, she struggled to correctly identify some of the words, confusing *correction* with *error, wild* with *tame,* and towards the end of the test began to utilise visual patterns to guess the word involved, *racoon* for *monsoon and decent* for *vacant*. On the main test Jane's marks fall within the average score band.
- **Non-Literal Comprehension** assesses the ability to understand idiomatic expressions and the understanding of verb usage. Jane's score on this subtest was an improvement on the previous year, although remained an area of weakness as demonstrated by her ranking on the 37th percentile. She is continuing to work on developing her understanding of idiomatic expressions with her Teacher of the Deaf: *let off the hook, driving me up the wall*, and she is starting to use some expressions in her everyday spoken language.
- **Narrative Propositions.** The narrative subtests involve a story retell task in which Jane was told a story with the support of pictures and then had to retell the story using the pictures as a stimulus. Jane lacked confidence during her retell of the story, although her score was very pleasing, and a marked improvement on last year, moving her from the 25th to the 91st percentile, demonstrating that Jane was able to accurately recall almost all of the story. However, it was noticeable that her recall dwindled towards the end of the test, which slightly lowered her marks and indicates her difficulties on extended pieces of work.
- **Narrative Syntax/Discourse** tests the use of grammatical structures and narrative style features. In this subtest Jane again greatly improved on last year's score, moving her from the 50th to the 84th percentile which is very pleasing. Jane did not use all the structures required in this part of the test, in particular lacking emphatic order e.g. *after a short period of time,* and post-modifying phrases/clauses such as *a pineapple with a spiky green crown/a scarf covered in golden thread.*

On the extended test Jane's marks fell within the average score band.

These scores demonstrate that Jane's language is developing well, however it should be noted that this is a result of the high levels of individual support she receives and, although her scores fall within the average band overall, the subtests highlight weaknesses in naming, syntactic formulation and non-literal comprehension, which will need addressing if she is to continue to develop her language to its maximum potential commensurate with her ability.

TROG-2 Test for Reception of Grammar

This test gives a measure of understanding of English grammar.

Chronological age	Age equivalent	Raw Score	Percentile	Standard Score
9 years, 6 months (8 years, 9 months)	Above 12 years(10 years, 10 months)	18 blocks (16)	81 (61)	113 (104)

Jane's score on this test was very pleasing, more than two years in advance of her chronological age, as was last year's score. Jane was able to correctly identify, for example, *the pencil is not only long but also red*, but her ability to use this grammatical structure accurately in her written work is still

developing. For example, she could not identify more advanced areas of grammar such as relative clause in object, *the cup is in the box that is red*, and centre-embedded sentence, *the duck the ball is on is yellow*.

Edinburgh Reading Test 2

Level 2 of this test was administered for the first time this year (appropriate for Jane's chronological age). The Edinburgh Reading Test 1 was used in the previous year.

Chronological age	Age equivalent	Raw score	Standardised score	Percentile rank
9 years, 10 months (8 years, 11 months)	10 years(8 years, 2 months)	57	101 (90)	53 (25)

Jane obtained an age-equivalent score of 10 years. This is an improvement of nearly two years on last year's score; her improved percentile rank and standardised score highlighting the excellent progress she has made. She scored particularly well on the comprehension of main ideas sub-section, where she gained full marks.

Jane is using more varied clues to help her interpret text and is better able to grasp the overall meaning of a piece of text. However, the test did expose particular weaknesses identifying the meaning of more sophisticated vocabulary: *extended, eagerly, amazed, hesitantly, punctually,* and in comprehension of sequences, matching questions with answers and ordering sentences in a story. Although Jane's score is age-appropriate, these are areas that will need to be targeted and supported in future if she is to make progress commensurate with her ability. Jane enjoys reading both at school and at home, although she tends to favour similar types of stories, mostly fictional, and would benefit from reading further afield to extend her exposure to different genres and styles of writing.

Pragmatics Profile of Everyday Communication Skills

This was completed in conjunction with the teaching assistant in school and with Jane's mother at home.

- **A. Communicative Functions.** Jane attracts the attention of an adult by using their name directly and making eye contact as well as putting her hand up. She communicates well with adults and responds well to questions. This is especially noticeable when she is at one of the many sporting events she attends outside school with her family. She is also happy to ask for help when she gets stuck or doesn't understand. She appreciates humour in books and real life and can retell events from school and enjoys telling stories about things that have happened at home. She includes lots of detail but can sometimes need help with the ordering and sequencing of the events.
- **B. Response to Communication.** To get Jane's attention it's best to move to where she can see you and use her name before instructions. She takes phrases literally and doesn't understand many simple idioms and needs phrases like *you drive me up the wall*, explaining. She is very sensitive to comments or unkind phrases used by others and can become adamant in the playground or in group working or sports team situations if she feels something is unfair or deviating from instructions. This ties in with anecdotal evidence from school and home about peer interactions.
- **C. Interaction and Conversation.** Jane prefers one-to-one situations where she interacts well with other children and is happy to talk to a range of adults, especially familiar ones where she

takes an equal share in conversations. However she can become uncomfortable in large groups and participates less unless she is secure in the subject matter or situation. She knows about turn-taking but will not always wait to join a conversation at an appropriate moment. She often assumes her conversational partner knows all of the background to her ideas and can need redirecting to what is relevant to the current topic but she is happy to repeat/rephrase to make her meaning clear.

- **D. Contextual Variation.** Jane is more communicative with her friends and with younger children at school than in other situations. She responds well to books, especially when shared with an adult, she is happy to listen or to read. She is able to discuss text of appropriate level and is able to answer questions although struggles to move away from the literal. She is able to use different voices for different characters and loves acting out situations and characters. She usually plays well alongside friends but can tend to dominate activities. She is polite and aware of social conventions of behaviour.

Strategies to support the achievement of the targets

- Jane to re-read written work and look at extending the vocabulary used with the help of a self-made word book which she will complete in class and at home with the help of her parents to build up a bank of alternative 'wow' words.
- Jane to develop her listening and proofreading skills to assist her to self-correct past and future tense endings where inaccurate in her recorded spoken or written language. One-to-one support with this will be provided by her Teacher of the Deaf and teaching assistant.
- Opportunities for one-to-one discussion of situations naturally arising from the curriculum or from her experience to be utilised to help Jane develop her linguistic skills via modelling of language usage.
- Jane to undertake a story retell task on a regular basis and be recorded on video so that she is more confident about performing this task under test conditions and she can see and hear the improvements she makes each time she retells the story.
- Jane to extend the range of reading she undertakes at home with a view to addressing the weaknesses identified in her test. In particular, identifying the meaning of more sophisticated vocabulary, and comprehension of sequences, matching questions with answers and ordering sentences in a story. Jane's parents and Teacher of the Deaf, in liaison with the school library service, to review available literature for her age group, both fiction and non-fiction (she is interested in animals and sports) and provide her with a list of alternative reading to try. Teacher of the Deaf to work on comprehension skills, using the class reader, *Kensuke's Kingdom* by Michael Morpurgo, as well as utilising a range of school textbooks covering science and humanities topics.
- Jane to use a variety of visual planning tools to support adequate recording of her ideas before writing, for example, by using coloured sticky notes which can be moved around as her ideas take shape or the use of mind mapping software to facilitate an overview. Video footage will also be useful here as she enjoys listening to her own voice and has already shown she can self-correct and extend what she has said on replay. This will be a focus of one-to-one sessions with her Teacher of the Deaf as it has a cross-curricular focus and will also help support increasing complexity in her writing.
- Jane to lead a listening activity for her class during which she will talk about her deafness and answer any questions with the support of her Teacher of the Deaf. Her classmates will also have an opportunity to listen through hearing aids and radio aid systems. The aim of this activity is to promote her confidence and give her a supportive platform to raise in an informal way some of the issues she encounters such as missing or mishearing things in the playground. She will also give this presentation at Brownies and Guides with the support of her Teacher of the Deaf and parents.

- After agreement with Jane, a buddy system is to be set up using a rota of volunteers from her class and the parallel class to alleviate the difficulties she finds being left out at playtimes and lunchtimes due to missing or mishearing quickly made arrangements.
- Some pre-/post-tutoring sessions to be given in a small group situation with one or two peers and Jane, to enable modelling of good strategies in cooperative working in a secure environment.
- Further INSET to be given to all school staff, teaching and non-teaching next term to remind them about Jane's deafness and the issues raised. A place to be made available for in-depth staff training on the annual Sensory Inclusion Service training course to provide her new class teacher with knowledge of Jane's deafness and strategies to support her language and literacy development and social and emotional needs.

Action taken in the light of information from the assessments
Following discussions at the annual review with Jane, her parents, the special educational needs coordinator, her class teachers and her teaching assistant, priorities were established and the Individual Education Plan (IEP) updated with new targets.

Targets for the following 12 months were:

Language/literacy target

- To use a wider variety of vocabulary and tenses in written language.
- To read a greater range of fiction and non-fiction texts at home and at school.
- To use more effective planning as a tool to add depth and detail to written work, which will impact across the curriculum.

Audiological target

- To be able to explain the function of her hearing technology to others.
- To continue to initiate daily checks of her equipment and alert an adult to any faults.

Social and emotional aspects of learning target

- To maintain good relationships with staff and peers and have the confidence to raise any issues that arise before they develop into worries.
- To work appropriately in group situations with peers.

Special arrangements for tests and examinations
Special arrangements for all tests and examinations, including her Key Stage 2 SATs were identified so that she can demonstrate her underlying ability. They included:

- 25 percent extra time – to recognise the time it takes for Jane to fully process language and understand its nuances – and to plan and construct written work that articulates her ideas clearly
- the use of mental maths flashcards and modified script along with 100% additional time allowance for mental maths to allow for slower processing of language
- mental maths and spelling test to be completed in a quiet room with good acoustics with a live speaker whose voice is familiar to Jane
- taking the tests in a small room with good acoustics so that she can read aloud to herself.

Evaluation and review
Progress was reviewed at three month intervals at Jane's IEP review and again after approximately 12 months at her annual review in conjunction with Jane, her parents and school staff using information from updated assessments:

English:

- Syntatic formulation: evidence of improvements in the correct use of the past and future tenses in her written work was noted, especially when she took the time to re-read her work carefully. However, the endings of words remain a little unclear in her spoken language, particularly when she is rushing.
- Writing: Jane used planning effectively in several pieces of written work, some completed in school and some at home. Using sticky notes has proved most successful as it is a quick and flexible way of informally recording her views.
- Reading: Jane has been successful in reading new books, which have exposed her to a wider variety of vocabulary and writing styles. She has also taken it upon herself to research new authors she wants to try in the future. However, comprehension of technical textbooks is still an area in which she needs support and extra time to extract and process the information given.

Social development and inclusion:

- Jane's presentation on her deafness and issues raised was very successful and enjoyed by herself, her classmates and the staff involved. She was able to describe the functions of all her hearing equipment, explaining in clear and simple terms what each did for her, and demonstrated checking her speech processor, radio aid system and hearing aid in front of the class as well as answering questions very confidently from the audience.
- The buddy system was suspended after a very successful half term as Jane is now able to make her own arrangements with friends as to where to meet up at breaks and lunchtimes. However, the situation will continue to be monitored in the future.
- Jane and her peers have enjoyed the small group academic sessions which have focused on curriculum content and have given an opportunity to model group working skills. She has been able to transfer some of this into class situations but still needs teaching assistant and Teacher of the Deaf support in some group activities in lessons.

Repeat of the assessments to ascertain progress over 12 months

Jane was reassessed at the age of 10 years and 11 months. Results are given below and the previous scores for assessments taken at 9 years and 10 months are shown in brackets:

British Picture Vocabulary Scale (BPVS)

Chronological age	Age equivalent	Raw score	Standardised score	Percentile rank
9 years, 10 months (10 years, 11 months)	10 years, 10 months (9 years, 7 months)	103 (94)	100 (98)	50 (45)

These results show that Jane's vocabulary remains age-appropriate and her score is an improvement of more than a year on last year's score, which is pleasing progress. However, she still has gaps in

her vocabulary due to her profound deafness and delayed language acquisition. She still struggled to recognise vocabulary such as 'collision', 'utensil', 'isolation', 'syringe', 'weary'.

ACE Assessment of Comprehension and Expression 6–11

	Raw Score	Percentile	Standard Score
Sentence Comprehension	30 (31)	91 (99)	14 (17)
Inferential Comprehension	13 (11)	95 (84)	15 (13)
Naming	18 (16)	37 (37)	9 (9)
Syntactic Formulation	30 (26)	84 (37)	13 (9)
Semantic Decisions	18 (15)	84 (63)	13 (11)
Main Test		92 (79)	121 (112)
Non-literal Comprehension	13 (12)	50 (37)	10 (9)
Narrative Propositions	21 (21)	91 (91)	14 (14)
Narrative Syntax/Discourse	16 (18)	50 (84)	10 (13)
Extended Test		87 (81)	117 (113)

- **Sentence Comprehension.** Jane's score dipped slightly in this section of the test compared to last year but this was probably due to a slight lapse in concentration.
- **Inferential Comprehension.** Jane has improved on this task since last year. She will continue to benefit from one-to-one support from a teaching assistant to facilitate greater access to more complex texts, vital for further development in this crucial area to achieve her maximum potential.
- **Naming.** Jane's score in this vocabulary test has improved slightly from last year but her score, still on the 37th percentile, indicates that this is an area of continued difficulty for her. This is indicated by several of the tests she has completed for this review. For example she named *spanner* as *tool*, *flask* as *drink holder*, and *stethoscope* as *headphones*. As the curriculum becomes more reliant on technical vocabulary Jane will continue to need individual sessions with a teaching assistant/Teacher of the Deaf in order to allow for pre-tutoring and looking at topic-specific glossaries.
- **Syntactic Formulation.** Jane's score improved significantly from last year, moving her from the 37th to the 84th percentile. She was beginning to use more complex sentences but will continue to benefit from having time to proofread her written work and read it aloud to use receptive language skills to identify errors.
- **Semantic Decisions.** Jane's score was an improvement on the previous year. She was less reliant on visual patterns to guess answers and demonstrated a careful consideration of choices, having the confidence to trust her understanding of the words presented.
- On the main test Jane's marks improved from falling within the average score band to fall within the moderately high score band.
- **Non-Literal Comprehension.** Jane's score on this subtest showed a slight improvement indicating a need to develop an understanding of idiomatic expression.
- **Narrative.** Jane was particularly tired on the day of this test so her scores were probably not a true reflection of her ability. Although she was able to recall most of the story events as they occurred, Jane did not use all the structures required in this part of the test, less than last year in fact, although it was obvious that some of these structures are a feature of her normal working. For example, although there were none in her retell, she uses question form and commands

readily in everyday speech. Although she was able to produce one of the structures missing from last year's test, a post-modifying phrase, *a pineapple with a spiky green crown*, there are still features, such as emphatic order, which she has not yet demonstrated in this test.

Once again, on the extended test, Jane's marks improved from falling within the average score band to fall within the moderately high score band which is pleasing.

TROG-2 Test for Reception of Grammar

Chronological age	Age equivalent	Raw score	Percentile	Standard score
10 years, 11 months (9 years, 10 months)	Above 12 years (above 12 years)	18 blocks (18)	66 (81)	106 (113)

Jane's score on this test remained the same as the previous year so her percentile ranking dropped although her score places her a year in advance of her chronological age. The same two blocks remained problematic, the more advanced areas of grammar, relative clause in object: *the cup is in the box that is red*, and centre-embedded sentence: *the duck the ball is on is yellow*.

Edinburgh Reading Test 3

Chronological age	Age equivalent	Raw Score	Percentile	Standard Score
10 years, 11 months (9 years, 10 months)	10 years, 8 months (10 years)	63	50 (53)	100 (101)

Jane's age-equivalent score of 10 years, 8 months is almost age-appropriate, although her percentile ranking has dipped slightly from last year. Areas identified for development were comprehension of sequences, which she continued to find problematic, especially once the passages become more complex. She also found it difficult to extract the main facts and ideas from some of the more challenging text presented. Her weakest area was vocabulary, which highlights the continuing gaps in her language skills in spite of her age-appropriate score.

The extended view given by the assessments shows that Jane's language and literacy skills are developing well. However they have also highlighted some important areas for development where individual support will be required to ensure that Jane can access the Key Stage 3 curriculum and achieve her true potential.

Susie, 13 years old

Overview
Susie is 13, with a profound bilateral sensorineural deafness. She wears a cochlear implant and a hearing aid. The cause of deafness was cytomegalovirus (CMV), and she has a diagnosis of Auditory Processing Disorder. She attends a resourced provision in a mainstream secondary school. Susie's most recent assessments indicate that her language acquisition is slowing and there needs to be a more diagnostic consideration of next steps so that intensive, well-tuned support can be provided and progress accelerated.

Reason for assessment
Service policy means that the following information is regularly collected on all pupils with similar levels of deafness, both to monitor progress and ensure that interventions and support are working. The following assessments are carried out at least yearly.

Susie is struggling with the language of the curriculum and the assessment is to look at her strengths, weaknesses and what is required to drive her spoken language forward so that she can access the curriculum more independently.

Background information
Susie had a cochlear implant at two years, six months. She has a hearing aid in her contralateral ear and her cochlear implant gives aided thresholds of between 25–35dB across the frequencies. Susie communicates using spoken language. She knows some sign but doesn't like to use it in mainstream classes. Her non-verbal cognitive scores are at least in line with others of her age.

Current provision
Susie is withdrawn to the resource base for four hours a week for one-to-one sessions from a Teacher of the Deaf to support language and content of the curriculum, mainly English, science and maths. She has one-to-one support from resource staff in the mainstream for six hours a week. Susie has an annual six week block of speech and language therapy.

The process of assessment
Tests chosen specifically to give information about Susie's understanding of grammar at single sentence level were Test of Reception of Grammar: TROG-2 when vocabulary is known; and the British Picture Vocabulary Test.

The Assessment of Communication and Expression (ACE) and The Clinical Evaluation of Language Fundamentals (CELF) were chosen to give information about Susie's ability to use structure. Understanding paragraphs were compared with TROG-2 to see how the amount of language delivered impacts on Susie's understanding.

Assessments used
TROG-2, BPVS 3, ACE 6–11 (non-literal, inferential subtests), CELF 4 (Formulated Sentences, Understanding Paragraphs) were all used when Susie was 13 years and 11 months.

Results of assessment
TROG-2: age equivalent: 7 years, 11 months. Percentile rank: 21. Key difficulties identified were understanding clauses and passive tense.

BPVS 3: age-equivalent: six years, nine months. Percentile Rank: <2. There were gaps in understanding vocabulary in earlier sections of the test and this will impact seriously on Susie's ability to access curriculum language.

ACE: 6–11 years: non-literal 8/15; inferential: 7/15. Susie's chronological age is above the age range for this assessment so percentile scores cannot be given. At 11 years, 11 months this non-literal score would give a percentile rank of one and an inferential percentile rank of five. Susie is two years older. She has significantly more difficulty with this type of language compared with structures.

CELF 4:

- Formulated sentences: percentile rank: 9. Poor control over use of tense, higher level structures using words such as *however*, *until*.
- Understanding paragraphs: used paragraphs for eight to nine year olds because of other assessment results. Raw score 6/15. Shows that Susie struggles when quantity of language is increased (in line with APD).

Susie's language scores are significantly below non-verbal cognitive ability. The impact of Auditory Processing Disorder combined with her language levels is seriously affecting Susie's access to the curriculum. Susie needed to lip-read more when there was more language delivered or there was new vocabulary and curriculum content.

How Susie approached the tests

Attending and Listening Behaviour: Susie concentrated throughout. Although Susie is a cochlear implant user, she needed to lip-read for all the assessment tasks. Susie particularly focused on the speaker in Listening to Paragraphs.

When the task was hard, Susie asked for repetitions and these were given when allowed in the test procedures. Susie understood the need to take the task and accepted that the tasks would become more difficult. When Susie did not know the answer, she either said she did not know or had a guess.

With regard to the items that Susie showed she could nearly do, she scored 75% on two blocks on TROG-2 indicating features that are developing but not consistent.

To help her access more difficult meanings so that she got them right or nearly right, Susie used the strategy of discounting some of the possible answers thus reducing the number so that she could have an educated guess.

Follow up practice

Implications for support for Susie?

Susie needs a higher level of Teacher of the Deaf and speech and language therapy input to develop language potential that starts to close the gap with her non-verbal cognitive abilities. This means that Susie needs less time in the mainstream classroom and more with specialist staff. However, as Susie will begin GCSE courses next year the balance between time spent with subject-specialist teachers in mainstream classes and time spent with a Teacher of the Deaf on specific programmes needs to be considered carefully.

An increase in Teacher of the Deaf and speech and language therapy input was requested along with an increase in class support to cover all subjects, to enable language differentiation to occur.

The appropriateness of mainstream resourced base placement is under review.

Review and evaluation of the interventions
Susie was assessed 12 months later to see whether the intervention strategies were working.

- Her TROG-2 score improved by nine months in a year.
- Her BPVS improved by eight months in a year.

Although Susie had not made 12 months progress her level of improvement in these areas was better than progress over the previous two years.

Access to language continues to be dependent on the skills of the adult to differentiate the language, particularly with regards to speed of delivery and chunking of language because of her Auditory Processing Disorder.

With regard to support for Susie:

a) A need to train teaching assistants on language differentiation was identified and they are now more aware of language levels and the need to use shorter chunks of language supported by written language.
b) There is difficulty in getting the increased amount of direct teaching time from the Teacher of the Deaf that is required.
c) There has been input from the speech and language therapist and support staff working on non-literal/inference language. It has been easier for targets related to this to be applied in the resource base than mainstream lessons.

Hana, preparing for higher education

Overview

Hana is preparing for higher education. She has a profound, bilateral, congenital deafness diagnosed as severe at nine months and found to be progressive and profound at eight/nine years. She initially wore two hearing aids and received one cochlear implant when she was 10 years old and a second when she was 16 years old. She attends a mainstream school. Her auditory skills were assessed to plan a programme to support university studies on linguistics.

Background information

Hana was referred to the Sensory Support Service at nine months and equipped with two hearing aids. She initially received weekly home visits, rising to twice weekly visits when she started nursery (one of these visits was to support the family in the home and the other took place at the nursery) from a qualified Teacher of the Deaf experienced at working with young deaf children and with additional qualifications in early years.

Hearing aids were tolerated from the outset and worn consistently. Hana was also provided with two auditory training units (ATU), for both home and nursery. Her support in nursery was trained to use this for short periods daily, to ensure regular access to wideband listening experiences. A radio aid system was successfully introduced in the home prior to entry to nursery.

At the age of 10, and following deterioration in hearing levels, Hana received her first cochlear implant. Her Teacher of the Deaf, working in collaboration with family, school and healthcare services, devised a rehabilitation programme to ensure maximal development of listening via her implant. By extending Hana's already good descriptive 'sound/music' vocabulary prior to implantation, she was well-equipped to provide quality feedback during tuning sessions.

Support from a Teacher of the Deaf has been maintained with Hana over her years of schooling and is currently weekly. Hana received her sequential implant at the end of July 2012 (and had her original processor upgraded) and had her initial tuning at the beginning of September 2012.

Rehabilitation is considerably more challenging as Hana is now studying for four A-Levels. A programme has therefore been devised to align auditory skills with work on phonetics, thereby supporting A-Level English and helping lay a firm foundation for studying English at university.

Assessments used

In order to monitor progress and plan interventions following sequential implantation, Hana was assessed using the Auditory Skills Program Placement Test Checklist. Most of the test was conducted with her listening through her new processor only, although some of each session is conducted with both processors in-situ.

Results of assessment

Testing over a period of several weeks enabled the service to ascertain that Hana's access to the prosodics was good almost from the outset. She rapidly progressed to being able to recall four+ critical elements in a message, retelling a story with the topic undisclosed and identifying words where the initial phonemes are identical but medial vowel and final phoneme differ by a number of characteristics (listening through her new processor only).

Hana began to struggle when she progressed to words with identical initial and final phonemes and differing medial vowels (e.g. shirt/short/shoot)/and where the words were identical apart from their initial consonants (which differed by three features, e.g. mouse/house, bell/shell).

Follow up practice
In discussion with Hana, and subsequently her A-Level English teacher, it emerged that she was having a little trouble in class with the phonetics element of the A-Level syllabus.

As she is hoping to study English at university, we researched the course and found, unsurprisingly, that there is a module on phonetics. I therefore planned interventions around word level work and phonetic transcription/articulation. A session will run something like this:

- listen for the difference between a word pair e.g. baet/haet; mu:z/ma:z (new processor only)
- discuss how they differ
- investigate how the differing phonemes are articulated (place/manner/voicing) and think about the impact of this on how the sound is perceived
- using the phonetic code (like a secret code) work out how to record – more discussion and plenty of debate around precisely how words sound and how they should be recorded.

Hana makes notes in her phonetics notebook so that we can refer back and there is close liaison with her learning support assistant to ensure carry over.

Impact of strategies to support assessment findings
It's early days but Hana is already mastering basic aspects of phonetics, learning about articulation and improving her listening skills with practise. She is a bright and very busy girl and there was a risk that learning to listen with her second implant could be seen as a chore she had no time for, especially as she was already doing very well with her first implant. This approach is relevant and appeals to her enquiring mind.

A further development has been to use phonetic transcription to support A-Level French pronunciation, which we also devote time to in our sessions. This involves regular liaison with her French teacher. Assessment is continuous and informs all planning.

3.3 Service assessment provision in practice

This section provides examples of service protocols for supporting deaf children, and tracking assessments to provide points for discussions for services.

3.3.1 An example of a pre-school protocol

Oxfordshire Hearing Support Service: Pre-school Protocol

Vision statement

The families of babies with hearing impairment in Oxfordshire will be offered early years support from diagnosis. The Teachers of the Deaf providing this support will be well-trained, qualified and skilled in facilitating the parents' ability to enable their babies to acquire the best language and communication skills they can in their chosen mode(s) of communication. The ethos of early support will be central to family support.

Principles and values upon which the service delivery is based

- Families have the central role in the development of their child.
- A child with a hearing impairment should be given the support necessary to allow them to achieve their potential, regardless of the level of their deafness.
- Early diagnosis and intervention is vital in order to optimise habilitation programmes.
- Early diagnosis will only ameliorate the effects of hearing impairment if there is good quality appropriate intervention.
- Early, consistent use of appropriate amplification is a key factor in the effective development of the child.
- A facilitative environment will help the child on the path to communicative competence.
- Working practice will emphasise a 'family-friendly' approach in line with the ethos of early support.
- When hearing impairment is the main identified difficulty the Teacher of the Deaf will be the family's lead professional.

Aims

1. To work in partnership with families and caregivers, to support, encourage and enable them to acknowledge, understand and manage their child's hearing impairment.
2. To work closely with Health Authority Paediatric Audiology teams to ensure the hearing impaired child has access to appropriate amplification, that is regularly checked and assessed.
3. To give parents information about the range of communication options available to hearing impaired children. To develop with families an appropriate way of encouraging communication to allow the child to be fully included in their family life and wider society, as well as to achieve their personal ambitions.
4. To establish alongside the parents the most facilitative environment to encourage the development of communicative competence.
5. To ensure a seamless approach to multi-agency working following the Oxfordshire Early Support Model to ensure that the child's needs are fully met.
6. To work effectively alongside foundation stage staff to ensure that the child's needs are appropriately met.

7. To monitor and evaluate the child's progress closely, following agreed procedures for reviewing and report writing.
8. To provide appropriate pre-school support that meets the child's agreed needs.
9. To prepare the child and family for school entry
10. To develop the knowledge base of pre-school support Teachers of the Deaf

How these aims are put into practice in Oxfordshire

Aim 1

To work in partnership with families, to support, encourage and enable them to acknowledge, understand and manage their child's hearing impairment.

Objectives

i. Support and counsel the families through the initial stages following confirmation of diagnosis so that they in time come to acknowledge, understand and manage their child's hearing impairment in a positive way.
ii. Provide appropriate information both written and oral, in the home language where possible, to empower families and caregivers.
iii. Skill and empower the family in their understanding of audiological information and in hearing aid management.
iv. Provide balanced information and advice to support parents in their views concerning communication methods for their child.
v. Enable the family to communicate naturally and confidently with their child by developing their knowledge and understanding of the factors that facilitate this within their chosen context.
vi. Offer parents contact with other parents of children with a hearing impairment.
vii. Offer parents contact with adults who are hearing impaired.
viii. Offer parents a contact at the Oxfordshire Deaf Children's Society.
ix. Offer parents a contact with the Oxfordshire Parent Partnership Scheme as appropriate

Aim 2

To work closely with Health Authority Paediatric Audiology teams to ensure the hearing impaired child has access to appropriate amplification, that is regularly checked and assessed.

Objectives

i. A Teacher of the Deaf to follow up with the family within 24 hours of confirmation of a child's deafness if this is the wish of the family.
ii. Conduct regular electro-acoustic testing of amplification equipment.
iii. Provide feedback to Paediatric Audiology staff on the child's listening development.
iv. Follow liaison protocols for children with cochlear implants.
v. Support and empower parents in their audiological management role
vi. Work with the paediatric audiology team to provide a family friendly service for mould impression taking
vii. To liaise with Paediatric Audiology about hearing aid verification at interim times between regular appointments as necessary.

Aim 3

To give parents information about the range of communication options available to hearing impaired children. To develop with families an appropriate way of encouraging communication to allow the child to be fully included in their family life and wider society, as well as to achieve their personal ambitions.

Objectives

i. Discuss with parents the range of communication options for their hearing impaired child and to offer the parents written information.
ii. To offer support to extended family members and the opportunity to discuss the child's hearing impairment and its implications.
iii. To facilitate support from other professionals, such as the speech and language therapists, where appropriate.

Aim 4

To establish alongside the child's parents the most facilitative environment to encourage the development of communicative competence.

Objectives

i. Provide advice and guidance as appropriate to the parents/caregivers in fostering communicative behaviour, enhancing their confidence in the skills they demonstrate.
ii. Share and where possible jointly complete profiles/assessments of the child's communicative behaviour.
iii. Jointly set up Individual Family Plans to facilitate the development of communicative behaviour.

Aim 5

To ensure a seamless approach to multi-agency working following the Oxfordshire Early Support Model to ensure that the child's needs are fully met.

Objectives

i. Place the child at the centre of multi-agency working.
ii. Take on the role of lead professional with the family if hearing impairment is identified as the child's main special educational need.
iii. After initial diagnosis make other agencies aware of our involvement with the child.
iv. Maintain direct links with other agencies as appropriate to the child and family.
v. Provide information to other agencies about the child's functioning and needs as required and always with the agreement and full involvement of the family.
vi. Use the NHSP Interagency Group to support the monitoring of quality standards and good practice in the early years.

Aim 6

To work effectively alongside foundation stage staff to ensure that the child's needs are appropriately met.

Objectives

i. Provide initial INSET and ongoing training.
ii. Agree a level of support from the lead Teacher of the Deaf.
iii. Liaise with and encourage families to be fully involved in the child's early years education.
iv. Contribute to and support delivery of the child's IEP.
v. Assess and monitor the early years setting and support the placement in requesting funding for acoustic treatment/soundfield systems for example through the Access Initiative.
vi. Provide and maintain amplification devices such as radio systems as appropriate.

Aim 7

To monitor and evaluate the child's progress closely, following agreed procedures for reviewing and report writing.

Objectives

i. Regularly assess children using the Monitoring Protocol and other assessments as needed (see Assessment Protocol) and to use the information gained formatively.
ii. Maintain a video record using HSS timescales.
iii. Complete FEPs and IEPs with parents following HSS timescales.
iv. Involve other agencies in reviews as appropriate.
v. Produce reports for reviews, statutory assessment, MDA's and other agencies as necessary.

Aim 8

To provide appropriate preschool support that meets the child's agreed needs.

Objectives

i. Following diagnosis offer parents at least weekly visits in the initial phase.
ii. Discuss and agree with parents the initial home visit frequency. Offer some visits where both parents and possibly extended family can be present.
iii. Offer support to attend the Pre-School Family Support Group held on a weekly basis.
iv. Inform parents of the resource bases and the range of pupils they support.
v. Staff to support parents in their choice of preschool placements.
vi. Provide a service to families for 52 weeks of the year.

Aim 9

To prepare the child and family for school entry.

Objectives

i. Support the family in visiting appropriate educational placements for their child, offering advice, for example, about acoustics so that the family can make an informed choice.
ii. Liaise with the placement to arrange link visits.
iii. Ensure that essential equipment such as a radio system is provided where appropriate.
iv. Provide in service training to the placement staff.
v. Discuss and arrange with the family and placement the level of support to be provided and the balance of home: placement support.

Aim 10

To develop the knowledge base of preschool support Teachers of the Deaf.

Objectives

i. Encourage all early years Teachers of the Deaf to undertake continuing professional development in working with deaf early years children and their families.
ii. Seek funding for discrete training modules in early years training for Teachers of the Deaf.

3.3.2 An example of a whole service protocol to serve as an example

Northumberland Sensory Support (Hearing Impaired): Assessment, monitoring, reporting and review

Statement of purpose:

Facilitating a deaf child's achievement of potential; socially, emotionally and academically, is dependent on rigorous ongoing assessment and identification of need. Monitoring, assessing and reporting upon progress in aspects of development affected by deafness are central to the role of Sensory Support Service (SSS) staff.

SSS staff are committed to ensuring that all pupils and parents are full participants in the monitoring and assessment process.

The results of specialist assessments carried out by a Teacher of the Deaf (ToD) are integral to decision making processes.

The ToD has detailed and specialised knowledge about deafness and the educational functioning of the child or young person with a hearing impairment (HICYP). Service staff work collaboratively with families and professional colleagues to effectively meet the needs of these children and young people in their educational setting.

Quality standard	Performance indicator
Assessment Levels of support are determined by initial assessment of need using nationally agreed eligibility criteria. Assessment is appropriate, informative and effectively communicated to relevant others.	An initial assessment is carried out by the ToD to determine the impact of deafness on an individual HICYP in terms of functional hearing, the development of language and communication, access to the school curriculum and learning. The individual needs of the child and family are taken into account when assessing, including families where English is not the first language. The ToD accepts responsibility for ongoing assessment in the areas of: • listening/use of hearing • effective use of amplification • functional communication • interaction and pre-verbal communication • attention control • receptive language • expressive language • speech intelligibility • literacy development.

Quality standard	Performance indicator
	The TOD uses assessment techniques/tools as agreed by the service and discussed with parents. Assessments have clear aims and are appropriate to the child's individual needs. Those used will be discussed with parents, school staff and aligned professionals as well as HICYP where appropriate. Standardised and non-standardised measures are used to regularly monitor progress and inform future planning across all relevant areas of development. A group of core assessments will be completed on a regular basis with each individual HICYP to clearly measure progress over time. Results are documented by the ToD and used to inform planning, short- and long-term objectives, and advice and guidance to families and professional colleagues. Additional assessments and monitoring tools will be used to supplement the information gleaned by core assessments as required on an individual basis. For all HICYP on regular caseloads, the standardised scores of specialist assessments are collated annually by the management team. Scores are analysed and evaluated to provide an overview of service effectiveness and, by reviewing on an individual basis, flag up any causes for concern. For HICYP who are 'monitored' or 'school to contact', assessments are carried out as requested by health/school-based colleagues/families.
Monitoring Pupils are monitored continually so that planning is informed, progress acknowledged and success appraised.	Information from the process of monitoring is used to review need, provision and approach on an individual basis. The ToD prepares Family Plans or Intervention Plans (IPs) in consultation with pupils, parents and school colleagues at a rate appropriate for individual children – with termly being the most usual rate. Annually, the TOD will review the nature and frequency of monitoring required for children without a statement of special educational needs (SEN).

Quality standard	Performance indicator
	This will be carried out in conjunction with families, schools and aligned professionals.
Recording SSS staff record the outcomes of assessments on an ongoing basis to provide evidence of individual HICYP progress across all phases, and inform decision making.	Consistent and current records are kept for every child including IPs which reflect most recent monitoring and assessment. Planning sheets clearly relate to IP objectives and can be shared with families and colleagues. IPs and Family Plans indicate progress achieved and current objectives for individual pupils across areas affected by deafness. Longitudinal records of progress are available for each child to demonstrate progress over time. Up-to-date records of attainment are in place.
Reporting SSS staff are committed to providing reports which accurately and clearly describe the needs of a HCIYP, highlighting areas of strength and areas requiring further support.	Reports provided contain a clear description of the needs arising from the deafness and a recommendation of resources and strategies to meet those needs. The service routinely provides substantive reports for individual HICYP supported regularly for the following: • as professional advice for the statutory assessment process • as professional advice for the statement review process in accordance with local authority guidelines • as contribution to the Pre School Advisory Group • as a contribution to school reviews of non-statemented HICYP. In addition, reports are provided in advance of all appointments at the Ear Nose and Throat (ENT) Department of Freeman Hospital, and for appointments in the Paediatric Audiology Department.

Quality standard	Performance indicator
	For HICYP on the monitored caseload, a report is written following each visit. This is shared with both the family and school.
Statement and review process The service holds a central role in the statutory assessment and review process for HICYP.	The ToD informs parents about the statutory assessment process and supports their full participation in the process. SSS staff will initiate or contribute to referral for statutory assessment if necessary, following local authority guidelines. Requests for professional advice as part of the statutory assessment process are responded to within the time frame defined by the local authority. The ToD works in partnership with parents, pupils, school staff and aligned professionals in following local authority guidelines for the review process. For HICYP supported on a regular peripatetic basis, the ToD provides a substantive review report and attends review meetings, provided adequate notice is given. For children supported on a monitored basis, SSS staff will provide an educational report for the Annual Review meeting if requested.

The statement and review process performance indicators reflect local authority processes as they stand at the time of writing (January 2013). These are currently under review and the policy will be amended according to changes scheduled to be implemented from April 2014 when the statement of special educational needs will no longer exist and the single Education, Health and Care plan is introduced.

3.3.3 An example of an assessment grid for deaf children

This example illustrates one way in which assessments can be logged and the service provides a comprehensive assessment system.

OPTIONAL SPEECH AND LANGUAGE ASSESSMENTS

Age / H.Loss / Visiting Rate	Listening			Receptive / Expressive		Speech	Parental Interaction		
	LIP	Telephone profile	GRASPS	TROG	Renfrew	STAPP	Stokes Analysis	Woods Moves Matrix	Parent child play checklist
0 – 18 months - all children									
1 yr - 2½ yrs – Severe / Profound									
1 yr - 2½ yrs – 1 / f visits									
1 yr - 2½ yrs – 1 / m visits									
2 yrs – 4 yrs – Severe / Profound									
2 yrs – 4 yrs – 1 / f visits									
2 yrs – 4 yrs – 1 / m visits									
3 yrs – 6 yrs – Severe / Profound									
3 yrs – 6 yrs – 1 / f visits									
3 yrs – 6 yrs – 1 / m visits									
6 yrs – 11 yrs – Severe / Profound									
6 yrs – 11 yrs – 1 / f visits									
6 yrs – 11 yrs – 1 / m visits									

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Sp & Lang Assessment Grid 22.02.07

SENSORY INCLUSION SERVICE (HEARING IMPAIRED)

Speech and Language Assessment Schedule

	Age / H.Loss / Visiting Rate	Receptive and Expressive Communication											Video Schedule	Pragmatics	Literacy	Review		
		Early Developmental and Communication profile 0 – 2	Reynell III Comprehension	Reynell III Expressive	STASS / LARSP	BPVS	ACE Main	ACE Extension	NC Assessments / P Levels	Callier Asousa Scale	Portage Checklist	Affective Communication Assessment	Video at least once a year	Pragmatics profile	Edinburgh Reading Test	Three-monthly	Six-monthly	Annually
KS2	6 yrs – 11 yrs – 1 / m visits					X			X									X
	11 yrs + Severe / Profound					X	X	X[1]	X				X		X			X
KS3	11 yrs + 1 / f visits					X	X		X				X		X			X
	11 yrs + 1 / m visits					X			X									X
	Use of BSL/Sign Assessment where appropriate for all groups																	
	Children with additional difficulties																	
	HI	X							X		X	X	X	X				X

1 As relevant (consider children who are at Ed Stage 3 or lower)

2 Complete Edinburgh Reading Test first and use BPVS if scores are not age appropriate

3.3.4 An example of a tracking system developed for use with deaf children in a mainstream school

Combining the specialist assessments required for deaf children within a mainstream framework can be challenging. The school system of data collection may not be sensitive enough to reflect the progress and challenges of deaf children. This section sets out an example of collecting assessment information within a school-based system.

Background information
Assessing the attainment of deaf children in school is frequently done through the use of specialist standardised assessments which provide the information needed to focus on areas for development and improvement. This is, of course, necessary and useful (as seen in table four) however, as a Teacher of the Deaf in a resourced provision in a mainstream primary school, a way was needed to collate data that could sit alongside the school information management system (SIMS).

This is the system used to collect, collate and analyse population, year group and class attainment. It is based on APS (average point score) with the expected termly gain to be two points progress.

The SIMs system is used to record progress in reading, writing and mathematics for each pupil and also includes information related to agreed targets in each area and expected end of Key Stage levels based on Fischer Family Trust (FFT) data used by the majority of schools in England and Wales.

Frequently deaf pupils would have their progress labelled as zero and they were being flagged up on mapping attainment grid (MAGs) as red or amber, indicating no progress or insufficient progress for that term.

This was not the case for a number of the children. Progress was being made in many aspects of achievement but the SIMS used at the time was not sensitive enough to record one or part of one APS of attainment in the indicated areas.

A system was devised to sit in parallel with SIMS that was much more sensitive to the sometimes small steps of progress that our deaf children were making. This would make it much easier to demonstrate the effectiveness of intervention programmes and support as well as providing a framework for discussion for senior managers with the SIP and governors if the Teacher of the Deaf was not present.

It also allows the Teacher of the Deaf, specialist teaching assistants and class teachers to reflect on progress in order to maintain high aspirations and challenge to ensure deaf children meet their targets. It was decided to shadow the SIMS format in an Excel document and use PIVATS [11]as a way of measuring small (0.4 of an APS) steps of progress.

Additional columns were added to demonstrate progress in speaking and listening and to list additional provision and provide a context to the analysis of progress. All deaf pupils in the school were tracked in this way.

The example shown is of a severely deaf bilateral hearing aid wearer who moved into the provision in Year 2. He had one-to-one support in the morning due to significant behavioural difficulties. Close

[11] Lancashire County Council (1999). *Performance Indicators for Value Added Target Setting.*www.lancashire.gov.uk.

monitoring was required as he was also a cared for child and subject to close monitoring by the parent authority.

Table one – Example of parallel tracking system

Child A 2010–11	Speaking	Listening	Reading	Writing	Maths	Provision
Start of Year 2	5	5	5	5	6.7	Daily reading with teaching assistant. He is being taught to apply his limited phonic awareness independently. Behaviour strategies are used to encourage independent writing. Maths support is focused on helping him develop recording of his work. Speech and language therapy input 1x35 minutes every fortnight with follow up by teaching assistant 3x10 minutes weekly plus circle of friends – 1x1 hour weekly.
Autumn	5.4	5.4	7	5.4	9	
Progress	0.4	0.4	2.0	0.4	2.8	
Spring	7	7	12	7	13	
Progress	1.6	1.6	5	1.6	4	
Summer	9	8.6	12.2	8.6	14.6	
Progress	2	1.6	0.2	1.6	1.6	
Total Progress	4	3.6	5.2	7.2	8.4	
End of Year Target	11	11	15	9	15	

Table two: Continuation of tracking enabling progress to be closely monitored

Child A 2010–2011	Speaking	Listening	Reading	Writing	Maths	Provision
Start of Year 3	9	8.6	12.2	8.6	14.6	Daily reading with teaching assistant focusing on sentence structure and modelling English word order and comprehension. Support is to enable and encourage him to focus on teacher voice, listen and record. Specialist speech and language therapy input 1x35 minutes every fortnight with follow up by teaching assistant 3x10 minutes. Continuation of weekly circle of friends session – 1x1 hour weekly.
Autumn	10.2	10.6	15.4	9.4	15	
Progress	1.2	2	3.2	0.8	0.4	
Spring	12.6	11.4	16.2	12.2	16.2	
Progress	2.4	0.8	0.8	2.6	1.2	
Summer	15	12.6	19	13	19	
Progress	2.4	1.6	2.8	0.8	2.8	
Total progress	6	4.4	6.8	4.4	4.4	
End of year target	13	13	17	13	19	

Table three: Example of data taken from SIMS, which gives progress in 2 APS.

HI Tracking Sheets – Maths 11–12. End of Year Summary SIMS data only

Year group		SIMS SEN Category	End of KS1	FFT D Estimate targets	Our own EoKS targets	Previous end of year level	Yearly targets	Autumn assessments	Spring assessments	Summer assessments	Comment
3 (4)	Child A	HI BESD (CFC)	2b	4	4	2B		2b	2a	3c	Achieved target 4 points progress

It can be seen that the data in the parallel tracking system (tables one and two) gives a better overview of progress and the strategies in place to support learning compared to the end of year summary (table three).

In maths, the PIVATS score indicates that child A is a 2Bb at the end of Year 2 (14.6 APS) rather than a 2B (15 APS). His progress then slows in Year 3 as he goes through a period of adjustment. Using the parallel system it can be seen that progress was made but it was a very small step.

Child A did not meet his yearly target in writing in 2010–2011 and would have been flagged up as making no progress at all in the autumn term, but his progress, although sporadic, was substantial from his starting point and therefore a good indicator of value-added-input from the Teacher of the Deaf and teaching assistants.

Total progress can be reflected on to see if the child is closing the gap in their learning which may eventually lead to them meeting or exceeding targets in future years rather than over-focusing on meeting age-related or FFT targets.

Outcome from the new data collection format
This format was certainly a more powerful tool for discussion as a Teacher of the Deaf when reflecting on progress of the HI pupils as a specific group with senior managers, SIP and Ofsted.

Alongside this data it has also been useful to have the summaries from the Annual Review (Table four). This document was created to enable annual progress against a number of standardised assessments to be easily seen by parents and other professionals.

It's also a useful tool when describing and explaining any specific difficulties a child may have that will impact on their overall attainment as well as contributing to the IEP and consideration of intervention programmes in key areas of speech and language development.

Feedback from senior managers, other Teachers of the Deaf and parents has been very positive. The document is regularly updated and keeps a specific focus on the attainment of all the pupils, which then informs how support and intervention is timetabled and delivered.

Table four: Example of summary sheet in individual pupil progress folder

Child A Annual Review Data: Year 3 – May 2012

	May 2011	**March 2012**
English	Reading 1C Writing 1C Speaking and Listening 1C	Reading 2Ac Writing 2Cc Speaking 2Cb Listening 2Ce
Mathematics	1B	2A
Science	P8	2B

	Reading Accuracy	**Reading Comprehension**	**Spelling**
	Neale Analysis of Reading Ability II	Neale Analysis of Reading Ability II	Graded Word Spelling Test
Previous Annual Review **Date: 5 November**	Reading accuracy age seven years two months Standardised score 95 Percentile rank 37th Book Band 8 NC level = 2C	Reading comprehension age six years five months Standardised score 86 Percentile rank 18th	Spelling age six years seven months Standardised score 85 Percentile rank 16
Current Annual Review	Reading accuracy seven years four months	Reading comprehension age seven years eight	Spelling age seven years one month

Date: 5 December	Standardised score 89 Percentile rank 24th Book Band 12 NC level = 3B	months Standardised score 90 Percentile rank 26th	Standardised score 85 Percentile rank 15.9
Rate of progress	2 months in 12 months	5 months in 12 months	6 months in 12 months

	British Picture Vocabulary Scale (BPVS)	**Test of Reception of Grammar (TROG-2)**	**Ravens Coloured Matrices**
Previous Annual Review **Date: 5 November**	BPVS II Age-equivalent six years five months Standardised score 90 Percentile rank 26	Blocks passed = 12 Age-equivalent six years six months Standardised score 92 Percentile rank = 30	Age-equivalent six years six months
Current Annual Review **Date: 5 December**	BPVS III Age-equivalent four years five months Standardised score <70 Percentile rank <2	Blocks passed = 15 Age-equivalent nine years Standardised score 106 Percentile rank = 66	Age-equivalent eight years
Rate of progress	Change of test affects scoring	30 months in 12 months	18 months in 12 months

Progress of deaf children is monitored termly using the PIVATs tracking system by the Teacher of the Deaf in discussion with teaching assistants and the class teachers. Class teachers continue to record progress in two APS steps on the SIMS system as part of the class and year group tracking.

These formats are also used by the Teacher of the Deaf and headteacher as part of the performance management discussion in relation to pupil progress, which features as a performance management target for all teaching staff.

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- Alexandra Horlock, Specialist Advisory Teacher of the Deaf, SEN Support Services (SENSS), Oxfordshire
- Paula Harding, Teacher of the Deaf, Middlewich Primary School, Cheshire East local authority
- Lorna Gravenstede, Specialist Speech and Language Therapist, Mary Hare Training Services.

Please note that this list does not reflect any changes, where applicable, to roles since 2014 when this resource was first published.

About the National Deaf Children's Society

The National Deaf Children's Society is the leading charity dedicated to creating a world without barriers for deaf children and young people across the UK. We support deaf children, their families and the professionals who work with them, and challenge governments and society to meet their needs.

We provide information on all aspects of childhood deafness including:

- education
- audiology
- benefits
- technology
- communication
- additional needs
- parenting.

Got a question?

Our Freephone Helpline can answer your questions about any issues relating to deaf children's education or development. Give us a call at 0808 800 8880, email us at helpline@ndcs.org.uk or take part in a live chat at www.ndcs.org.uk/livechat. You can also order our information resources through the Helpline.

Raising awareness

Deafness isn't a learning disability. With the right support, most deaf children and young people can achieve the same outcomes as other pupils. We produce lots of resources to support professionals who work with deaf children and young people to promote best practice and raise expectations. Our guidance, written by expert Teachers of the Deaf, set out the interventions and reasonable adjustments that can be made in education settings to improve deaf children and young people's outcomes.

All of our resources are **free** to download or order. They include:

Supporting the Achievement of Hearing Impaired Children in Early Years Settings
Supporting the Achievement of Deaf Children in Primary Schools
Supporting the Achievement of Deaf Children in Secondary Schools
Supporting the Achievement of Deaf Children in Further Education
Supporting the Achievement of Hearing Impaired Children in Special Schools
Here to Learn videos: *A resource for schools*. Online at www.ndcs.org.uk/heretolearn
Look, Smile, Chat Deaf Awareness Pack
Bullying and Deaf Children: A guide for primary and secondary schools
Creating Good Listening Conditions for Learning in Education www.ndcs.org.uk/acoustics
Teaching Phonics to Deaf Children.

To order any of our free resources, visit www.ndcs.org.uk/publications or contact the National Deaf Children's Society Freephone Helpline.

Tell families about our free support

We support families from initial diagnosis up to the age of 25 across education, health and social care in a range of ways including:

- events where families can meet one another and get support from professionals
- a Freephone Helpline offering clear, balanced information. We offer a free interpreting service for families who do not speak English as a first language
- events for deaf children and young people, with priority places for particularly vulnerable children
- support for mainstream art, sport and leisure organisations to run their activities in a deaf-friendly way, with free resources
- free resources for families
- Technology Test Drive loan service that enables deaf children and young people to try out equipment, including radio aids, at home or school.

Buzz website

Our Buzz website is a safe space where deaf children and young people can get support. It also provides deaf young people with a range of information on education and growing up.
www.buzz.org.uk

Find us on YouTube
We have a YouTube channel full of videos starring deaf teenagers, parents of deaf children and the professionals who work with them. Start watching today at www.youtube.com/ndcswebteam.

For more information about the National Deaf Children's Society:
Visit our website: www.ndcs.org.uk
Facebook: www.facebook.com/NDCS.UK
Twitter: twitter.com/NDCS_UK

Become a professional member
Join the National Deaf Children's Society for free today by calling our Freephone Helpline on 0808 800 8880 or go to
www.ndcs.org.uk/professional_support.

About the National Sensory Impairment Partnership

The National Sensory Impairment Partnership (NatSIP) is a partnership of organisations working together to improve outcomes for children and young people with sensory impairment (SI). The agreed purpose of NatSIP is:

- to improve educational outcomes for children and young people with sensory impairment, closing the gap with their peers, through joint working with all who have an interest in the success of these young people.
- to help children achieve more and fulfil the potential of children and young people who have SI.
- to promote a national model for the benchmarking of clear progress and impact criteria for children and young people who have SI.
- to support a well-trained SI workforce responsive to the Government agenda for education.
- to inform and advise the Department for Education in England and other national agencies on the education of children and young people with SI.
- to promote collaboration between services, schools, professional bodies and voluntary bodies working with children and young people who have SI.
- to promote collaborative working between education, health and social care professionals in the interest of children and young people who have SI.

NatSIP has produced a range of resources for professionals including:

- *Better Assessments, Better Plans, Better Outcomes: A multi-disciplinary framework for the assessment of children and young people with hearing impairment*
- *Eligibility Framework for Scoring Support Levels*
- *Effective Working with Teaching Assistants (HI, MSI and VI) in schools*
- *Equality Act (2010) Duties: NatSIP guidance with reference to SI*
- *Quality Standards for Support Services*
- *Think Right Feel Good (a programme to develop emotional resilience with young people with SI)*

For more information about NatSIP and to access to resources, visit www.natsip.org.uk – a major gateway for SI professional practice.

The National Deaf Children's Society is the leading charity dedicated to creating a world without barriers for deaf children and young people.

Freephone Helpline: **0808 800 8880** (voice and text)

helpline@ndcs.org.uk

www.ndcs.org.uk/livechat

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