



## Collaborative Summary Report secondary

Holistic, evidence-based overview for the identification of dyslexia

### Information from Step 1

|               |  |             |  |              |  |
|---------------|--|-------------|--|--------------|--|
| Pupil Name    |  | DOB         |  |              |  |
| Class teacher |  | SFL teacher |  | Date started |  |

**Summary of concerns and tools/strategies used so far within [Establishing Needs form B](#)** (initial concerns, concern raised by, assessment/tracking results, universal tools and strategies and their impact so far)

**Summary**

**Background**

**Strengths**

**Challenges**

Support

Step 2 / 3 [Scottish working definition](#)

| Dyslexia strengths - <a href="#">Made by Dyslexia</a>                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                            | Challenges - <a href="#">9 areas of difficulty</a>                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Visualising</b><br><br><input type="checkbox"/> inventing<br><input type="checkbox"/> making<br><input type="checkbox"/> moving<br><input type="checkbox"/> conceptualising<br>(connecting ideas)<br><br><b>Imagining</b><br><br><input type="checkbox"/> imagining | <b>Communicating</b><br><br><input type="checkbox"/> explaining<br><input type="checkbox"/> storytelling<br><input type="checkbox"/> entertaining<br><br><b>Reasoning</b><br><br><input type="checkbox"/> simplifying<br><input type="checkbox"/> analysing | <b>Exploring</b><br><br><input type="checkbox"/> questioning<br><input type="checkbox"/> learning<br><input type="checkbox"/> digging<br><input type="checkbox"/> energising<br><input type="checkbox"/> doing<br><br><b>Connecting</b><br><br><input type="checkbox"/> understanding self | <input type="checkbox"/> Visual processing<br><input type="checkbox"/> Auditory processing<br><input type="checkbox"/> phonological awareness<br><input type="checkbox"/> oral language<br><input type="checkbox"/> reading<br><input type="checkbox"/> short term and working memory<br><input type="checkbox"/> sequencing and directionality<br><input type="checkbox"/> number skills<br><input type="checkbox"/> organisation |

|                                                                            |                                                                         |                                                                                                                               |                                                                                                                |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> creating<br><input type="checkbox"/> interpreting | <input type="checkbox"/> deciding<br><input type="checkbox"/> visioning | <input type="checkbox"/> understanding others<br><input type="checkbox"/> influencing<br><input type="checkbox"/> empathising | <input type="checkbox"/> motor skills<br><input type="checkbox"/> spelling<br><input type="checkbox"/> writing |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|

| Standardised Assessments - scores/summaries:                    |                                                            |                                                                      |
|-----------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------|
| <b>GL Dyslexia Screener</b>                                     | <b>Dyslexia Index:</b>                                     | <b>Date:</b>                                                         |
| Missing pieces:                                                 | word sounds:                                               | spelling:                                                            |
| visual search:                                                  | reading:                                                   | vocabulary:                                                          |
| <b>GL Dyslexia Portfolio</b>                                    | <b>Dyslexia Index</b>                                      | <b>Date:</b>                                                         |
| SWRT:                                                           | SWST:                                                      | Naming speed:                                                        |
| Reading speed:                                                  | phoneme deletion:                                          | Nonword reading:                                                     |
| recall digits forwards:                                         | recall digits backwards:                                   | writing:                                                             |
| <b>YARC - secondary Reading Comprehension</b>                   | <b>SWRT age:</b>                                           |                                                                      |
| <b>Reading rate:</b><br>standardised score:<br>percentile rank: | <b>Fluency:</b><br>standardised score:<br>percentile rank: | <b>Comprehension age:</b><br>standardised score:<br>percentile rank: |

#### Step 4

| Collaborative Review of Evidence Meeting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Date: |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|
| <p>It is advisable for at least 3 people who know the young person to attend this meeting. This could be class teacher, SLT, SFL, DOS. One person should be a practitioner with dyslexia expertise, experience of dyslexia identification and/ or completion of the <a href="#">Dyslexia Scotland/Open University self study modules</a></p> <p>-An identification of dyslexia may or may not be agreed.</p> <p>-When considering evidence, reference should be made to the Scottish Government's "<a href="#">Working Definition of Dyslexia</a>" (Jan 2009)</p> |  |       |
| <b>Comment:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |       |
| <input type="checkbox"/> An identification of dyslexia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |
| <input type="checkbox"/> Evidence, at this time, does not indicate dyslexia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |       |

| Tools and strategies to support pupil's learning: | Actions |
|---------------------------------------------------|---------|
|                                                   |         |
|                                                   |         |
|                                                   |         |
|                                                   |         |
|                                                   |         |
|                                                   |         |
| Assessment Accommodations                         |         |

### Actions to maximise learning at home

#### examples of support if learner is identified as dyslexic - delete/edit as appropriate...

- Discuss growth mindset and self-advocacy as a dyslexic learner ('I'm a dyslexic learner, [This is what I need](#)...')
- Encourage willingness to try tools and strategies exploring what best suits/supports
- [Readwrite Texthelp Toolbar](#) – checkout [Tools Thinglink](#) and [Tools list](#)
- Touch typing skills websites – [Typing Club](#) or [Doorway](#) or [BBC DanceMat](#)
- [Dyslexia Outreach Service Website](#) – [Pupil Zone](#) and [Parent Zone](#)
- Parent [leaflets](#) from Dyslexia Scotland
- Watch videos about dyslexia together - [See dyslexia differently](#) [Famous Dyslexics](#) [How Do Dyslexic Brains Work?](#) [Students with Dyslexia on Why Self-advocacy is Important](#) [3 Dyslexia Strengths Explained](#) <https://www.madebydyslexia.org/quiz/>

|                      |                       |                                                                                                                                 |
|----------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>Completed by:</b> | <b>Date complete:</b> | <b>Review Date:</b><br><br>Meeting arranged with parent/carers and class teacher to discuss agreed future planning and actions. |
|                      |                       |                                                                                                                                 |

#### Effective tracking and monitoring of Support

- A support meeting should be arranged with parent/carers and SFL/class teacher to discuss agreed future planning and actions.
- Not all learners with dyslexia will require an IEP as significant adaptations often do not have to be made to meet their needs. IEPs are usually provided when the curriculum planning is required to be 'significantly' different from the class curriculum. Involvement with group work or extraction for a number of sessions a week does not normally meet the criteria for an IEP. (Dyslexia Scotland)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date/Initials |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <input type="checkbox"/> <b>Collaborative meeting with colleagues</b><br><p>Three staff members who know the pupil to discuss, review evidence and decide whether an identification is to be made for the learner (or not) and next steps for support. Meet should include a practitioner with dyslexia expertise, experience of dyslexia identification and/or completion of the <a href="#">Dyslexia Scotland modules</a>.</p> <input type="checkbox"/> Complete <a href="#">Collaborative discussion form</a> and <a href="#">Collaborative Summary form</a>                                   |               |
| <p>Discuss conclusion, next steps for support, recommended support tools &amp; strategies.</p> <input type="checkbox"/> <b>Meeting with parents/carers</b><br><input type="checkbox"/> <b>Meeting with learner</b><br><input type="checkbox"/> Learner Profile complete with learner                                                                                                                                                                                                                                                                                                              |               |
| <p><b>Transition of information</b></p> <input type="checkbox"/> Upload this Collaborative Summary Report as PDF to SEEMIS<br><input type="checkbox"/> Upload standardised assessments as PDFs to SEEMIS (e.g. screener, portfolio etc)<br><input type="checkbox"/> Mark pupil as dyslexic (if necessary) on SEEMIS<br><input type="checkbox"/> Add paper copies of above to PPR file<br><input type="checkbox"/> Share digital copies of Collaborative Summary Report along with standardised assessments with parents as proof of identification/supports for further education, employment etc |               |

## P7 Dyslexic Learner Profile

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Name:</b>                                                                                                                                                                                                                                                                                               | <b>DOB:</b>                                                                                                                                                                                                                                                                                                                                    | <b>Date created:</b>                                                                                                                                                                                                                                                                                                                                                               | <b>Primary School:</b>                                                                                                                                                                                                                                                                                                             | <b>Secondary school:</b>                                                                                                                                                                                                                               | <b>House:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Strengths</b> - <a href="#">Multiple Intelligences quiz</a>                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                    | <b>Challenges (dys ID pathway evidence)</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                        | <b>I can ask teachers to</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> Storyteller<br><input type="checkbox"/> Mover<br><input type="checkbox"/> Maker<br><input type="checkbox"/> Imaginer<br><input type="checkbox"/> Questioner<br><input type="checkbox"/> Entertainer<br><input type="checkbox"/> People person                                     | <input type="checkbox"/> Word smart<br><input type="checkbox"/> Problem solving smart<br><input type="checkbox"/> Visual spatial smart<br><input type="checkbox"/> Body smart<br><input type="checkbox"/> Music smart<br><input type="checkbox"/> People smart<br><input type="checkbox"/> Self smart<br><input type="checkbox"/> Nature smart | <input type="checkbox"/> Others                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Reading<br><input type="checkbox"/> Writing<br><input type="checkbox"/> Spelling/sounds<br><input type="checkbox"/> Number<br><input type="checkbox"/> Remembering<br><input type="checkbox"/> Instructions<br><input type="checkbox"/> Time                                                              | <input type="checkbox"/> Speaking/ choosing right words<br><input type="checkbox"/> Sequencing, left/right, directions<br><input type="checkbox"/> Organisation<br><input type="checkbox"/> Handwriting                                                | Give me work digitally<br><br><input type="checkbox"/> Give me text I can listen to<br><input type="checkbox"/> Model how to use digital tools<br><input type="checkbox"/> Teach me how to study, memorise, organise<br><br><input type="checkbox"/> Give me other ways to show what I know (orally, PPTs etc)<br><input type="checkbox"/> Chunk things down<br><input type="checkbox"/> Mark me fairly (not spelling) <b>AAs:</b><br><input type="checkbox"/> Extra time<br><input type="checkbox"/> Digital papers<br><input type="checkbox"/> ICT w. spell check<br><input type="checkbox"/> Text- speech<br><input type="checkbox"/> Speech-text<br><input type="checkbox"/> 100 square<br><input type="checkbox"/> Multiplication square |
| <b>To learn and study best I can</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Organise</b><br><input type="checkbox"/> Planner/diary<br><input type="checkbox"/> Date/ title<br><input type="checkbox"/> Folders - label<br><input type="checkbox"/> Resources ready<br><input type="checkbox"/> Colour code (subjects, folders, days of week)<br><input type="checkbox"/> Checklists | <b>Chunk</b><br><input type="checkbox"/> Break it down<br><input type="checkbox"/> Lists numbered<br><input type="checkbox"/> WAGOLL<br><input type="checkbox"/> Pomodoro technique (25 min study, 5 min break repeat x 3)<br><input type="checkbox"/> Longer break<br><input type="checkbox"/> Traffic light                                  | <b>Memory</b><br><input type="checkbox"/> See/hear/say/ do<br><input type="checkbox"/> Pics, vid, diags<br><input type="checkbox"/> Post its<br><input type="checkbox"/> Highlight<br><input type="checkbox"/> Mind maps<br><input type="checkbox"/> Flashcards<br><input type="checkbox"/> Visualise<br><input type="checkbox"/> Repetition<br><input type="checkbox"/> Fun hooks | <b>Technology</b><br><input type="checkbox"/> Read&write<br><input type="checkbox"/> Orbitnote (PDFs)<br><input type="checkbox"/> Listen to text<br><input type="checkbox"/> Text to speak<br><input type="checkbox"/> Accessibility (phone)<br><input type="checkbox"/> Notes app (phone)<br><input type="checkbox"/> Voice notes | <b>Focus</b><br><input type="checkbox"/> Take a break<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Fidgets<br><input type="checkbox"/> Healthy snacks<br><input type="checkbox"/> Exercise<br><input type="checkbox"/> Focus Tree app |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

## Secondary Dyslexic Learner Profile

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| <b>Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DOB:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Date created:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>SFL teacher:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Secondary school:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>House:</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b><u>Dyslexic profile strengths</u> - VICREC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Challenges</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>I can ask teachers to</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Assessment arrangements</b>                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p>Visualising</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> inventing</li> <li><input type="checkbox"/> making</li> <li><input type="checkbox"/> moving</li> <li><input type="checkbox"/> conceptualising (connect ideas)</li> </ul> <p>Imagining</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> imagining</li> <li><input type="checkbox"/> creating</li> <li><input type="checkbox"/> interpreting</li> </ul> <p>Communicating</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> explaining</li> <li><input type="checkbox"/> storytelling</li> <li><input type="checkbox"/> entertaining</li> </ul> | <p>Reasoning</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> simplifying</li> <li><input type="checkbox"/> analysing</li> <li><input type="checkbox"/> deciding</li> <li><input type="checkbox"/> visioning</li> </ul> <p>Exploring</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> questioning</li> <li><input type="checkbox"/> learning</li> <li><input type="checkbox"/> digging</li> <li><input type="checkbox"/> energising/doing</li> </ul> <p>Connecting</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> understand self</li> <li><input type="checkbox"/> understand others</li> <li><input type="checkbox"/> influencing</li> <li><input type="checkbox"/> empathising</li> </ul> | <p><u>Multiple intelligences:</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Word smart</li> <li><input type="checkbox"/> Problem solving smart</li> <li><input type="checkbox"/> Visual spatial smart</li> <li><input type="checkbox"/> Body smart</li> <li><input type="checkbox"/> Music smart</li> <li><input type="checkbox"/> People smart</li> <li><input type="checkbox"/> Self smart</li> <li><input type="checkbox"/> Nature smart</li> </ul> <p>Others:</p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Visual processing</li> <li><input type="checkbox"/> Auditory processing</li> <li><input type="checkbox"/> Phonics/spelling</li> <li><input type="checkbox"/> Oral language</li> <li><input type="checkbox"/> Sequencing &amp; directionality</li> <li><input type="checkbox"/> Reading fluency</li> <li><input type="checkbox"/> Short term mem</li> <li><input type="checkbox"/> Organisation</li> <li><input type="checkbox"/> Number skills</li> <li><input type="checkbox"/> Writing</li> <li><input type="checkbox"/> Motor &amp; coordination</li> </ul> <p>Others:</p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Give me work digitally</li> <li><input type="checkbox"/> Give me text I can listen to</li> <li><input type="checkbox"/> Model how to use digital tools</li> <li><input type="checkbox"/> Teach me how to study, memorise, organise</li> <li><input type="checkbox"/> Teach me to read with understanding</li> <li><input type="checkbox"/> Give me other ways to show what I know (orally, PPTs, audio clips etc)</li> <li><input type="checkbox"/> Chunk things down</li> <li><input type="checkbox"/> Mark me fairly (not on spelling)</li> <li><input type="checkbox"/> Remind me of my strengths in class</li> <li><input type="checkbox"/> Give me breaks</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Extra time</li> <li><input type="checkbox"/> Digital papers</li> <li><input type="checkbox"/> ICT w. spell check</li> <li><input type="checkbox"/> Text- speech</li> <li><input type="checkbox"/> Speech-text</li> <li><input type="checkbox"/> 100 square</li> <li><input type="checkbox"/> Multiplication square</li> <li><input type="checkbox"/></li> </ul> |

**To learn and study best I can**

**Organise**

- ☐ Planner/diary
- ☐ Date/ title
- ☐ Folders - label
- ☐ Resources ready
- ☐ Colour code  
(subjects, folders,  
days of week)
- ☐ Checklists

**Chunk**

- ☐ Break it down
- ☐ Lists numbered
- ☐ WAGOLL
- ☐ Pomodoro  
technique (25  
min study, 5 min  
break repeat x  
3)
- ☐ Longer break
- ☐ Traffic light

**Memory**

- ☐ See/hear/say/  
do
- ☐ Pics, vid, diags
- ☐ Post its
- ☐ Highlight
- ☐ Mind maps
- ☐ Flashcards
- ☐ Visualise
- ☐ Repetition
- ☐ Fun hooks

**Technology**

- ☐ Read&write
- ☐ Orbitnote (PDFs)
- ☐ Listen to text
- ☐ Text to speak
- ☐ Accessibility  
(phone)
- ☐ Notes app  
(phone)
- ☐ Voice notes

**Focus**

- ☐ Take a break
- ☐ Sleep
- ☐ Fidgets
- ☐ Healthy snacks
- ☐ Exercise
- ☐ Focus Tree app