

Form B: Application Form for Candidates with SpLD and/or ADD/ADHD



Please Note

This application form should be filled by the relevant professional and should be attached to Form A before submission.

Candidate's Details

ID Number _____ Date of Birth _____

Last Name _____ First Name _____

Condition _____

Did the candidate sit for any SEC examinations previously? Yes No

Please give details if previous examination access arrangements were granted by the ADSC:

Author of this report

Last Name _____ First Name _____

Qualifications: _____ MPPB Reg. No. _____

Are you a qualified psychologist? Yes No

Are you a qualified literacy specialist? Yes No

If you have answered NO to the previous questions, please explain how you deem your qualification(s) to be appropriate for the certification required:

I declare that the contents of this report are accurate:

Date: _____ Signature _____

Examination Access Arrangements Requested

Room with fewer candidates Word processor Prompter

Supervised rest breaks Extra time Reader

Other, please specify: _____

SpLD/Dyslexia Assessment

Candidate's Cognitive Ability Profile (fill in where relevant)

Year	BAS GCA	Verbal	Non Verbal	Spatial	
Year	WISC FSIQ	Verbal Comprehension	Perceptual Reasoning	Working Memory	Processing Speed

Please provide a summary of the outcome of the psycho-educational assessment and state the date when it was undertaken:

Literacy Update Scores (complete if applicable)

English Reading Comprehension Test (Suffolk)

Date	
Standard Score	
Reading Age	

Maltese Reading Comprehension Test (Naqra u Nifhem)

Date	
Standard Score	
Reading Age	

Spelling tests

	English	Maltese
Date		
Standard Score		
Spelling Age		

NARA (complete if applicable)

Date	
Reading Speed wpm	
Reading Rate Age	
Comprehension Age	
Accuracy Age	

Speed of writing test (complete if applicable)

Patoss Hedderley

Date	
Writing Speed wpm	
Standard Score	

ADD/ADHD Assessment
(complete if applicable and attach the summary score sheet)

Continuous Performance Scores Test

Date: _____

You may use either of the two Continuous Performance Tests (CPT) underneath or any other standardised CPT test that assesses the attention and concentration of the candidate.

IVA+

Conners CPT

Kindly **only** fill in the score for which the candidate achieved elevated scores (above T-score of 60) in the Conners CPT 3 or CATA and the below average scores (below standard score of 85) in the IVA+. Where possible, please attach a copy of the summary score sheet.

Variable type	Measure	CATA Score	CPT3 Score
Detectability	d'		
Error Type	Omissions		
	Commissions		
	Perseverations		
Reaction Time Statistics	HRT		
	HRT SD		
	Variability		
	HRT Block Change		
	HRT ISI Change		

	Full Score	Auditory Score	Visual Score
RCQ			
AQ			
SAQ			

Parent/Teacher Rating Scales

Date: _____

Ideally both the parent and the teacher rating scales are administered.

Where possible, please attach a copy of the summary score sheet.

Please indicate the rating scales used: _____

Please indicate in the table below the elevated T-score/s (above 60) and the corresponding subscale.

Subscale	Parent Rating Scale	Teacher Rating Scale

Other Comments: _____
