

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 exams previously?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please give details if previous examination access arrangements were granted by ADSC:			

Author of this report			
Last Name		First Name	
Qualifications		MPPB Reg. No.	
Are you a qualified psychologist?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a qualified literacy specialist?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 hereby declare that the contents of this report are accurate			
Date		Signature	

Examination Access Arrangements Requested		
Room with fewer candidates <input type="checkbox"/>	Word processor <input type="checkbox"/>	Prompter <input type="checkbox"/>
Extra time <input type="checkbox"/>	Reader <input type="checkbox"/>	
Other, please specify:		



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.					

SpLD/Dyslexia Assessment

Literacy Update Scores (complete if applicable)

English Reading Comprehension Test (Suffolk)	
Date	
Standard Score	
Reading Age	

Maltese Reading Comprehension (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 <input type="checkbox"/> Hedderley <input type="checkbox"/>	
Date	
Writing Speed wpm	
Standard Score	

ADD/ADHD Assessment

Complete if applicable.

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. 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.

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: _____

