Assessment and Impact Policy

Intent

Implementation

Impact

Aims of this policy

This policy document reflects the values and philosophy of Pace. It gives a framework to which all staff work. It gives guidance on how the Pace specialist integrated curriculum is planned, taught and assessed.

This document is intended to be used in conjunction with the Pace Curriculum Statement and the Pace Teaching and Learning Policy.

This policy is intended to articulate how the Pace specialist integrated curriculum is planned, delivered and assessed in order to ensure a consistent approach which is representative of Pace's high standards, values and habits.

Planning templates can be found within the 'Teachers' Sharepoint site.

Training in relation to the Pace Integrated Curriculum is delivered as part of the Pace 18 week induction programme, and further training is delivered via the 'Leading Programmes' module.

All programme leaders are expected to read and follow this policy in their planning and assessment.

Contents:

1.0 Pace Context

1.1 Pace Pupils

This document has been prepared to reflect the needs and provision of the pupils who have neurodisabilities such as cerebral palsy, many of whom also have learning, sensory processing and communication difficulties.

Neurodisabilities are characterised by problems in controlling and planning motor movements, due to a neurological impairment. Damage to the central nervous system can affect psycho-motor, sensory, language and intellectual development and social, emotional and motivation skills. This influences the personality in a complex way. For example, some pupils' motivation level is low and their interest in the outside world is limited.

See Admissions Policy for eligibility/admissions criteria for Pace school placement. (Admissions Policy 2025-2026)

2.0 Pace Assessment Model

2.1 Observational assessment

Transdisciplinary team members use observational assessment to understand pupils' learning. Staff watch, listen and interact as pupils engage in everyday activities, events and experiences, and demonstrate their specific knowledge, skills and understanding. Some observations are planned but some may be the spontaneous capture of an important moment. It is likely that observations of everyday activities will provide evidence of attainment in more than one area of learning and development.

2.2 Summative assessment

Throughout the year, transdisciplinary team members collate a range of assessment material which is used to conduct a formative assessment against the PLG goals, curricular objectives and agreed EHCP outcomes.

We use two different assessment systems; Goal Attainment Scaling (GAS) is used to measure progress in relation to the PLG goals and a Continuum of Skills Development (CSD) is used to assess the Integrated Pace Curriculum.

GAS:
-1 = regression
 0 = remained at baseline
 1 = some progress made, but expected progress not met
 2 = expected progress made
 3 = exceeded expectations

CSD consists of four areas:
- Prompting
- Maintenance

- Generalisation
- Fluency

Each area is scored between 1-10.

Evidence of progress is kept on our Evidence for Learning platform and will build a long-term picture of a pupil's learning journey at Pace.

2.3 Self-assessment

Pupils are encouraged to remain aware of their individual targets and areas of focus over the course of the day. This is done using questioning both incidentally and within programmes using the appropriate means of communication for the individual pupil, for example special job symbols.

At the end of programmes, plenaries are used to facilitate the pupil's self-assessment and individual reflection in relation to their goals. Across the school, personalised reward systems are implemented in each class to provide positive incentives that acknowledge pupils' effort and progress towards their goals.

3.0 Tracking Progress

Assessment and progress analysis are used to inform programme planning and to review goals in order to achieve the best possible outcomes for each pupil.

Our pupils' progress is not always linear and for some pupils, skills are rarely generalised spontaneously. Teachers and all members of the transdisciplinary team need to use their professional judgement taking into account the whole pupil and the learning context in analysing the outcomes of any assessment, particularly one that depends on a published tool or on an observation made on only one occasion.

In some cases, serious medical events such as undergoing surgery, changes in medication or in rare cases a degenerative condition must be considered when analysing progress.

Assessment of pupils' progress at Pace is done systematically and holistically, considering their key goals across all areas of their development. The assessment cycle is made up of three types of assessment:

- day to day
- periodic
- annual

3.1 Day to Day

3.1.1 Programme Plans

Programme leaders are encouraged to write comprehensive programme plans during the induction period, as directed by their supervisor, and also for observed lessons as a training tool. A programme leader can be directed to produce a detailed programme plan at any

point to develop and demonstrate their transdisciplinary thinking. Tablets are available in class for support staff to record progress towards the learning. The programme leaders direct support staff to which intents are the key focus within each programme, so that progress in this area is recorded. Weekly programme plans are also written in the Schemes of Work.

During the pupil academic progress cycle (formal/semi-formal: termly and pre–formal: twice a year), staff assess academic progress and determine the level of pupils.   Pupils' academic progress is assessed using Pace assessment frameworks and is analysed during the pupil progress cycle (see 'Periodic Assessment').

3.1.2 Individual Goal Progress Tracking

Tablets are available in class for support staff to record progress towards the PLG goals. The programme leaders direct support staff to which goals are the key focus within each programme, so that progress in this area is recorded at the end of each programme.

This enables a central chronological record of evaluative comments and observations in relation to each PLG goal to be kept for ongoing analysis. This can be done spontaneously throughout the day as well as in relation to planned differentiated objectives during programmes.

3.2 Periodic

3.2.1 Pupil progress cycle/assessment weeks

All students in Semi-formal and Formal pathways are assessed using Pace academic assessment frameworks that are structured in 'Steps' three times during the academic year at the end of each term, and students in the Pre-formal pathway are assessed bi-annually in February and July.

Pupils' PLGs are assessed twice during the academic year, in February and June.

Pupil progress meetings are used as an opportunity for teachers and conductors to:

- Present the assessment levels of their class
- Talk about what has worked well and had an impact on progress as well as things that have been less effective
- Present ways forward/next steps for pupils in terms of strategies and planned actions to ensure that pupils

Meetings take place at the end of each PLGs assessment cycle). Pupil progress meetings give the teacher and the conductor the opportunity to showcase provision and progress being made within their group, share how they are using transdisciplinary strategies to enhance achievement and highlight any areas of concern.   Notes from pupil progress discussions are recorded for each individual child (see appendix h).

The information discussed at the pupil progress meeting should be transdisciplinary, considering the needs and outcomes for the whole pupil. At least one team meeting prior

to the pupil progress meeting will be used to prepare, and all members of transdisciplinary team will contribute to the process.

Therapists meet with their respective Clinical Leads to monitor therapeutic progress and any concerns through regular supervision meetings.

3.2.2 Pupil progress
Evidence for Learning software is used to store and analyse information regarding pupil progress.

3.2.3 Assessment Weeks
In the weeks leading up to the pupil progress meetings, a two-week block of assessment weeks are scheduled across the centre. During this time, groups are given the flexibility to deviate from their regular timetable in order to conduct any assessments required for the individuals in their group. At this time, assessments are entered onto the Evidence for Learning database, PLG evidence is evaluated, and goals are reviewed and scored. New PLG goals are set within Evidence for Learning.

3.2.4 Moderation
Internal moderation of levels by staff takes place during the CPD meetings. This will be completed at various times throughout the year, focusing on PLGs and academic progress. Each cycle, PLGs will be moderated within the class team and academic progress between Pace teachers.

3.2.5 Evidence for Learning
Pace uses Evidence for Learning to record academic and PLGs progress and analyse progression data. Evidence for Learning is a piece of software that acts both as a database to record academic levels and also an assessment tool which enables even small steps of progress to be measured. It also enables a pupil's attainment profile to be summarised, for example, some pupils may present with a 'spiky' profile of attainment due to their individual needs, abilities and challenges. We have embarked on a project to write bespoke assessment frameworks that reflect our integrated curriculum, PLGs and Annual Reviews.

3.3.1 PLGs and Parent's Meetings
Personal Learning Goals (PLGs) are written in conjunction with parents and using the EHCP content to ensure key outcomes, which meet the whole needs of the child, are in place and reviewed twice a year. Parents are offered a meeting each term. If at any time parents or staff need to meet with each other informal meetings can be arranged.

Parents meetings are an opportunity to discuss progress at school and update PLGs as needed. The PLG is intended to be a working document and at Pace it is integral to its ethos to promote a 24-hour curriculum. One way to achieve this is to have collaborative goals that are practiced at home and school.

The transdisciplinary team formally assesses PLGs each cycle. Goals are assessed using a Goal Attainment Scaling. Goals are set again following each review.

3.3.2 Annual Reviews

On an annual basis (bi-annual for under 5's), pupils with an EHCP are required to undergo an annual review of progress. For this purpose, each pupil's PLG is reviewed, and Sections B/E/F of the plan are updated. **Individual therapy** assessments are conducted **by each professional area**, and standalone therapy reports are written for submission to the annual review.

4.0 Assessing the Whole Pupil

4.1 Academic

4.1.1 Early Years and Foundation Stage (EYFS)

The characteristics of effective learning outlined in The EYFS Handbook (2025) are in keeping with the principles of the 'orthofunctional personality' outlined in section 1 which is at the heart of the Pace Integrated Curriculum. To accurately assess these characteristics, staff need to observe learning which pupils have initiated rather than only focusing on what pupils do when prompted.

Pupils need rich opportunities to initiate ideas and activities so that they can develop the learning characteristics which are assessed by the EYFS profile. These characteristics also support lifelong learning. Opportunities for pupil-initiated learning are facilitated through a daily timetable, designed for this purpose. These opportunities are timetabled proportionately within the integrated curriculum according to the primary needs of the pupils in the EYFS group.

Within these sessions, goals relating to the whole pupil will be worked on and progress tracked using Evidence for Learning, a Record of Achievement is also completed for all EYFS pupils (see appendix g). In some cases, a decision might be made to continue with the EYFS curriculum despite the children starting year one according to their chronological age. This decision will be carefully considered and made in the best interests of the children concerned.

Where pupils join Pace mid-year, a baseline assessment is conducted from which goals are set and provision is planned.

4.1.2 Primary and KS3/4

A broad range of assessment methods are used across Primary and KS3/4 and are integrated within Pace planning systems and assessment cycles. Those used will vary according to the needs of the individual pupil and the learning context and will be adapted accordingly. These include:

- observational assessment, where a member of staff who knows a pupil well and observes his or her response to learning activities and various situations throughout the day
- dynamic assessment, which looks at the pupil's responses in the context of learning a task. For example evaluation comments in relation to individual success criteria, learning intent or PLG goals

- questioning, which enables the teacher to make a judgement about pupils' degree of understanding
- criterion-referenced assessment, which measures a pupil's attainment against a list of skills or pieces of knowledge
- formal assessment, such as Standard Attainment Tests (SATs) or standardised tests such as Burt Reading test/Schonell Spelling test (see appendix i)
- marking and review of written work (if appropriate and accessible for the individual pupil)
- reviewing other evidence, such as photos and videos, collected over a period of time
- functional assessment of behaviour
- records of frequency and intensity of behaviour
- mind maps, before and after topics
- assessments set by the class teacher in relation to a specific area of learning
- transdisciplinary discussion, e.g. to review an PLG

4.13 WJEC externally accredited assessments

Our Essential Skills for Work and Life / Entry Pathways Personal Progress units are internally assessed and externally quality assured.

Internal assessment:

Internal assessment is based on a portfolio or folder of evidence collected by the learner that is assessed on a Pass/Not Yet Achieved basis.

Competence can be evidenced in a variety of ways, and this process must not in itself become a barrier to achievement.

The following principles apply to the assessment of each unit:

• All assessment criteria must be met as specified for the learning outcomes of each unit to be achieved

• Each unit must be assessed independently

• Learners must evidence each learning outcome through the same piece of evidence, which can apply when cross-referenced to more than one learning outcome, where considered appropriate

• Evidence can be provided through products of learners' work, observations, witness statements, questions and answers, expert witness statements, etc

• All evidence claimed must be readily available for external quality assurance when called for by WJEC and/or supported by robust witness statements

• All assessment criteria must be met as specified for the unit learning outcomes to be achieved

External assessment

The consistency of assessment practices and decisions across centres is achieved through external quality assurance of a sample of candidate work from each centre, which involves a process of external verification. The purpose of external verification is for WJEC to confirm that a centre is correctly applying the Essential Skills for Work and

Life/Entry Pathways Personal Progress standards and that its internal quality assurance procedures are robust, rigorous, and effective in practice. WJEC will select which candidate's work will be sampled according to a sampling strategy agreed with the centre during the qualification approval process. External quality assurance will be carried out through a combination of remote verification and/or through external verification visits.

For remote verification activity, centres will be required to send the sample or arrange for it to be securely shared with their allocated External Quality Assurer (EQA) e.g. through WJEC Connect, One Drive, Google Drive etc. For an external verification visits, the EQA will select the sample from all available work.

The EQA will review all evidence presented to ensure standards are aligned. Evidence will be judged against the assessment criteria and the following:

• Annotation – is the evidence produced by candidates appropriately annotated, including the detail and clarity in evidence produced by the assessor?

• Authentication – is it clear that the evidence submitted was authentically produced by the learner?

• Standardisation – is there evidence of effective standardisation/internal quality assurance within the centre?

The outcome of external quality assurance process will be to either accept or amend a centre's assessment decisions. Feedback will be provided through a Centre EQA Report which will include guidance on any required actions needed before re-submission.

4.2 Conductive

Operative Observation

Observation in Conductive Education is an ongoing process. As the education process is dynamic and constantly changing, so the evaluation of results cannot be limited to single, occasional actions but is rather a continuous process.

Observation within a Conductive setting, consists of three main elements; operative, progressive and comparative. These elements relate specifically to what is being observed, the situation and the context.

Observation within Conductive Education is unique as it relates specifically to learning. As conductors are focused on the immediate development of the individual, set assessment tools cannot be used within a daily setting. Different forms of observation, knowing what to observe and creating an active link between the Transdisciplinary team and the individual are therefore paramount in the overall learning process. Constant structured observation is key in order to assess, evaluate and consider what needs to be changed/adapted to further promote learning.

Operative observation is an ongoing process during daily activities, which gives information and feedback about pupils' cognitive, motor and social abilities and their emotional well-being. The goal of ongoing observation is to use the results to inform the planning of and group pupils' programmes and the appropriate individual facilitation through which they will reach their full potential in all areas of learning.

Operative observation will also give feedback regarding the success of teaching methods and styles and group organisation. Operative observation is used simultaneously by the staff and if necessary, it is followed by immediate intervention in the planning of daily routine, the context (staff allocation or teaching aids and equipment), and teaching styles or methods.

The result of the observation will be reviewed and discussed in consultation with the staff. When elements of the daily routine are identified as requiring modification or adaptation this will be noted used to inform the timetable, task series and Personal Learning Goals (PLGs).

4.3 Communication

A broad range of Speech, Language and Communication assessment methods are used across EYFS, Primary and KS3/4 and are integrated within Pace planning systems and assessment cycles. Those used will vary according to the needs of the individual pupil and the learning context and will be adapted accordingly. These include:

- observational assessment, directly by the Speech and Language Therapist and including input from other members of staff who know a pupil well, observe and record his or her language and communication within specific learning activities and various situations throughout the day
- informal assessment, directly by the Speech and Language Therapist or trained designate (e.g. Communication Assistant), which measures performance against developmental guidelines (e.g. MLU -mean length of utterance, key word level of comprehension) but may require specific modification or adaptation for access by the pupil.
- dynamic assessment, which looks at the pupil's responses in the context of learning a task. For example, change in relation to a specific adaptation made during an informal assessment or a programme
- criterion-referenced assessment, which measures a pupil's attainment against a list of skills or pieces of knowledge, such as the AAC Profile, A Continuum of Learning (Linguisystems), as listed in appendix j)
- formal assessment, appropriate for the age and abilities of the individual pupil (see appendix j)
- reviewing other evidence, such as videos, written/recorded work, collected over a period of time
- functional assessment of communicative behaviour
- transdisciplinary discussion, e.g. to analyse and synthesize various assessment results to provide a holistic picture of the pupil to inform learning strategies and PLG goals

Areas of assessment will also vary according to the specific needs of the individual pupil and may include:

- attention and listening
- receptive language
- expressive language
- speech and/or oral motor skill
- pragmatics and social communication

- augmentative and alternative communication (AAC)

Individual progress, notable therapeutic opinion/comments and requisite actions observed during individual and group sessions are recorded by therapists in the pupil's Speech and Language Therapy notes during individual and group sessions, in addition to the methods listed in Section 4.1 above. Information is used to inform the weekly programmes and PLGs.

4.4 Physical/Mobility

Initial/progress assessment
On entry into Pace each child will be assessed in order to baseline their skills and abilities and areas for development. The baseline assessment includes gathering of information on muscle tone, their orthopaedic status, the equipment that they use both at home and at school, what the child is able to do and what movements they find challenging.

Information on goals they have been previously working on or what the child and their family would like them to work on will also be identified to assist in goal setting for the academic year in line with the outcomes on their EHCP.

These assessments are repeated annually or more regularly if there is significant change, for instance when a child has surgery.

Observational assessment/ongoing assessment
Observation and assessment are a large part of every interaction a physiotherapist has with a child. Constant observation of the ways in which a child attempts to move or achieves a specific movement help the Physiotherapist analyse where a child needs support and facilitation to enable them to move more efficiently.

Any changes are addressed and documented through transdisciplinary notes, annual review reports and through the transdisciplinary assessment systems described above.

Assessments used by the Physiotherapy Team
The following assessments are used when assessing physical/mobility needs:
- Gross Motor Function measure (GMFM)
- Range of Movement analysis (RoM)
- Paediatric Evaluation of Disability Inventory (PEDI)
- Goal Attainment Scores (GAS)
- Spinal Alignment and Range of Motion Measure (SAROMM)
- Paediatric Borg Balance Scale
- Video Gait analysis

24 Hour Postural Care

In order to protect the musculoskeletal systems of children at Pace, Physiotherapists use a 24 hour postural care approach.

Activities and positions the child uses throughout the day and night will be analysed in order to identify a full overview of how their posture needs supporting or facilitating to improve activity and protect their growing bodies.

Information is shared with community therapists and teams where parents consent, in order that a joined up approach between teams is ensured.

(See appendix k for more details.)

4.5 Occupational Therapy (OT)

The aim of an Occupational Therapist's assessment is to identify the child's abilities and needs, related to their activities of daily life. In Occupational Therapy these are referred to as Occupational Performance Areas, which in the context of Pace include access to the curriculum/school, play and self-care.

The scope of OT assessment is varied and is planned according to the needs of the child, looking at the foundation skills affecting functional performance. This includes areas such as, Arousal, Attention and modulation, Sensory Processing, Gross & Fine Motor function, Praxis, Visual processing and intrapersonal skills. Occupational Therapists assess the child in their different environments, including school and home.

Occupational Therapy Assessments
There are a wide range of Standardised Assessments used by Occupational Therapists at Pace (see Appendix l). Those used will vary according to the needs of the individual child.

In addition, clinical observations are made of the child during group and/or individual programmes, academic lessons or during specific OT sessions and can include assessments of physical, sensory motor, cognitive, intrapersonal and interpersonal skills, for example, performance during task series, functional performance during academic lessons, transition movements, upper limb function, ICT and environmental factors affecting performance. Detailed observation and analysis are conducted to identify:

- What can the child or young person do? How?
- What are the barriers to learning and active participation?
- What does the child or young person need to be able to do, to increase functional performance?

5.0 Training and ongoing development

5.1 Raising and maintaining high standards: training new and existing staff

Curriculum training is embedded within the extensive Pace induction training programme which is delivered to all new staff, irrespective of role and experience.

This training is designed to provide all Pace transdisciplinary team members with a consistent baseline level of understanding in relation to the integrated curriculum at Pace and how planning and assessment is used to maintain the highest possible standards of provision and outcomes for pupils.

Half termly CPD meetings for teachers are used to upskill and prompt professional discussion/sharing of good practice amongst the teachers within the transdisciplinary team. Where external training opportunities which are pertinent to raising standards in relation to planning and assessment at Pace, are identified, staff are sent, and training is cascaded to colleagues wherever possible.

5.2 Vision and next steps

Processes and systems outlined in this policy have been devised with input from the transdisciplinary teams. This policy is subject to ongoing review and development in order to ensure that planning and assessment systems are robust, effective and sustainable within the outstanding practice delivered by transdisciplinary team at Pace.

The Pace Integrated Curriculum is well articulated (see curriculum statement and teaching and learning policy.) Pace school developmental priorities are now centred around devising an assessment framework which will enable the accurate tracking of progress towards all 9 areas of the Pace integrated curriculum.

Written by: Richard Smith, Modesta Rimkute
Reviewed: October 2025
Date of next review: October 2026

Appendix – Standardised clinical assessments in use to assess progress and impact at Pace

Formal Speech and Language Therapy assessments

Assessment Tool	Description of assessment
Preschool Language Scale – 4th Edition – UK (PLS–4UK) Authors: Irla Lee Zimmerman, Violette G. Steiner, Roberta Evatt Pond (2008)	The *PLS–4UK* is used to identify young children who have a language disorder or delay. There are two subscales – Auditory Comprehension and Expressive Communication – and three supplemental assessments – the Language Sample Checklist, the Articulation Screener and the Caregiver Questionnaire. The test uses some manipulatives as well as coloured drawings. Age range: birth to 6 years, 5 months
Clinical Evaluation of Language Fundamentals – 4th Edition (CELF–4UK) Authors: Eleanor Semel, Elisabeth Wiig and Wayne Secord (2006)	The *CELF–4UK* is designed to identify disordered comprehension and/or expression of language, across a range of subtests which combine to make up a Core Language Score, depending on the child's age. Further testing allows in depth description of the nature of the disorder. The *CELF–4UK* also provides supplemental tests . These optional assessments are designed to evaluate underlying clinical behaviours and language in context Age range: 5 to 16 years
Clinical Evaluation of Language Fundamentals – Preschool 2nd Edition (CELF – Preschool2) Authors: Elisabeth Wiig, Wayne Secord and Eleanor Semel (2006)	The *CELF – Preschool2* is designed to assess comprehension and/or expressive language difficulties, identify if a disorder is present and delineate strengths and weaknesses. The assessment includes 11 subtests. Three are used to identify a Core Language Score, and the others describe the nature of any difficulties in further depth and will guide intervention. Test materials are coloured drawings. Age Range: 3– 6 years
Test for Auditory comprehension of Language 3rd Edition (TACL-3) Author: Elizabeth Carrow-Woolfolk (1999)	*TACL-3* is designed to test a child's ability to understand the structure (syntax) of spoken language. The test has 3 category subtests – Vocabulary, Grammatical Morphemes Elaborated Phrases and Sentences Age range: 3 years to 9 years 11 months

Test for Reception of Grammar – Version 2 (TROG–2) **Author: D.V.M. Bishop (2003)**	The *TROG–2* is a receptive language test, designed to assess understanding of English grammatical contrasts marked by inflections, function words, and word order. It identifies specific areas of difficulty as well as age norms. It is useful for people with : SLI – specific language impairment Hearing loss Physical disabilities affecting speech production Learning difficulties Acquired aphasia The test consists of 80 four choice items (4 line drawings per page). Results inform intervention. Age range: 4 to adult
Bayley Scales of Infant and Toddler Development, 3rd Edition (Bayley III) **Author:** Nancy Bayley, Ph.D. (2005)	Bayley –III is comprehensive tool for identifying, measuring, and assessing a child's development. A language subscale is included. Age Range: birth to 3years, 6 months. Formal Training Required
Diagnostic Evaluation of Articulation and Phonology (DEAP) **Authors:** Barbara Dodd, Zhu Hua, Sharon Crosbie, Alison Holm and Anne Ozanne ((2002)	The *DEAP* provides a comprehensive assessment and differential diagnosis of speech impairment/disorders in children. It includes the following component subtests: Diagnostic Screen Articulation Phonology Inconsistency Oro–Motor Age range: 3years to 6 years 11 months
British Picture Vocabulary Scale, 3rd Edition (BPVS–III) **Authors: Lloyd Dunn and Douglas Dunn (2009)**	The *BPVS–II* is designed to assess understanding of vocabulary for Standard English. It is a well establishes and widely recognised measure. It can additionally be used as a screening measure for verbal ability/intelligence when English is the first language only. The *BPVS–II* format is a set of 4 black and white line drawings per page. The person is required to point to the one matching the verbal description given by the examiner. Age Range: 3 to adult
Test of Language Competence – Expanded Edition (TLC–E) **Authors:** Elisabeth Wiig and Wayne Secord(1989)	The Assessment is designed to help identify children and young adults who have no acquired the expected levels of metalinguistic competence in semantics syntax and or pragmatics The test includes 4 subtests at each of 2 age levels plus one supplemental subtest: Remembering Word Pairs Age Range: 5 years to 18 years 11 months

The Bus Story Test – 4th Edition **Author:** Catherine Renfrew (1997)	*This narrative assessment is designed to assist in the identification of the ability to give a coherent description of a continuous series of events. It is often used as an adjunct to help guide therapeutic targets for intervention.* Age Range: 3 years 6 months to 8 years
The Word Finding Vocabulary Test **Author: Catherine Renfrew (1995)**	This test helps to identify a specific deficit area within expressive communication. Identification and analysis of responses given will assist in the planning and implementation of treatment strategies for word finding difficulties Age Range: 3 years 3 months to 8 years 5 months
The Action Picture Test Author: Catherine Renfrew (1997)	The test was designed to stimulate children to give samples of spoken language in a standardized form which could be evaluated for informational content and grammatical structures. Used as a supplemental assessment and/or to specifically compare semantics vs. syntax in 10 coloured picture cards are used to elicit answers to questions asked by the examiner. Age Range: 3 years 6 months to 8 years 5 months

Criterion referenced & Non Standardised assessments (Used across PACE):

Assessment Tool	Description of assessment
The Communication Function Classification System (CFCS)	Scale to rate the functional communication of an AAC user – focus on effective message transmission for social interpersonal communication
MacArthur–Bates Communicative Development Inventory (MacArthur CDI) MacArthur and Bates	The CDI is comprised of 2 checklists – Early Words and Words & Sentences. It is intended to track how a child's understanding, and expression of words and gestures, are developing at the earliest stages. It can be used to inform intervention and to measure progress. Age Range: young children with less than 70 words/signs expressively
Checklist of Communicative Competence (0-2years) Author: Kathryn A Gerard (1986)	This checklist provides a detailed breakdown of development in the first two years, developmentally. It encompasses pre-verbal communication, social communication, comprehension, expressive language and cognitive development/play. Age Range: 0-2 years
The Pragmatic Profile of Everyday Communication - Child Authors: Dewart and Summers (1995)	The *Pragmatic Profile™* enables you to determine how effectively a child communicates socially in everyday situations. The information gained can be used to give you greater insight about the child particularly for intervention planning. It can also be used to qualitatively measure progress. Age range: preschool (0-4) and school age (5-10) versions
The Augmentative and Alternative Communication Profile: A Continuum of Learning Authors: Tracy M. Kovach (2009)	The Profile has two functions: An assessment tool that measures subjective, functional skills for developing communicative competence using AAC systems; re-evaluates skill level; and monitors progress. A guide to help manage clients who use any type of speech-generating AAC system. The profile grew out of the literature related to critical pathways and continuums of care implemented to increase quality of care and efficiency and to reduce costs. The AAC Profile allows you to: identify areas of strength and those that need intervention and instruction determine functional, long-range outcomes and the steps toward achieving them compare individual performance over time toward desired outcomes identify ways that AAC support team members can define and coordinate their roles for intervention and instruction programs identify and provide optimal learning environments

	Age range: 2–21
Children's Speech Intelligibility Measure Authors:	This assessment is designed to rate the intelligibility of a child's speech. A sample of speech is recorded and scored. Suitable for identification of level of intelligibility and to record progress.
Nuffield Centre Dyspraxia Programme (NDP) Assessment – 3rd Edition Authors: Pat Williams and Hilary Stephens (2004)	Specialist assessment for differential diagnosis of dyspraxia which then informs intervention. Examines single sounds through to connected speech. Age range: to adult
Talk Tools – Assessment and Treatment of the Jaw Author: Sara Rosenfeld-Johnson (2006)	This is a structured approach to assessment of jaw stability and oral motor skills required for feeding and speech, which is then used to inform this therapeutic method of treatment Age range: no limit
Jays Observational Assessment of Paediatric DysphagiaJAYS Authors: Judi Hibberd and Jeanne Taylor (2000)	A complete yet flexible package for the assessment of paediatric dysphagia – formatted into relevant categories for observations/information, regarding phases of the swallow, textures, etc. Overall, it can help to assign rating of impairment and inform the management plan
Functional Eating and Drinking Ability Classification System (EDACS) for people with cerebral palsy Author: Diane Sellers (2014)	Designed to classify eating and drinking performance of people with CP, in line with other rating scales such as the GMFM and the CFCS among others. It is evidenced based for validity and reliability. Age Range: from 3 years.

Standardised Assessments used to assess physical/mobility needs:

Assessment Tool	Description of assessment
Gross Motor Function measure	The Gross Motor Function Measure (GMFM) is a clinical tool designed to evaluate change in gross motor function in children with cerebral palsy. The GMFM-88 samples motor skills that are typical of normal developmental milestones, and therefore it may be useful for children other than those with whom it has been validated i.e.

The GMFM is carried out annually or when there is a change i.e. following surgery. |
| Range of Movement analysis (RoM) | This looks at range of movement of joints in the legs and arms and gives an indicator as to tonal changes, muscle tightness which may lead to a reduction in function and/or the need for input other than hands on therapy i.e. botox, antispasticity medication, surgery.

The RoM is carried out 6 monthly or when there is a change i.e. when a child has botox/surgery. |
| Paediatric Evaluation of Disability Inventory (PEDI) | The PEDI measures abilities in the three functional domains of Daily Activities, Mobility and Social/Cognitive. The PEDI Responsibility domain measures the extent to which the caregiver or child takes responsibility for managing complex, multi-step life tasks. The PEDI-CAT can be used across all clinical diagnoses and community settings.

This assessment is carried out annually. |
| Goal Attainment Scores (GAS) | GAS goals used for more specific physiotherapy led programmes such as individual programmes for children and hydrotherapy. These are carried out on a termly basis. |
| Spinal Alignment and Range of Motion Measure (SAROMM) | The SAROMM is a measure of posture and flexibility. Reliability and validity testing conducted for children with cerebral palsy is reported in Developmental Medicine and Child Neurology. This assessment is carried out annually or 6 monthly if concerns are raised from assessment.

Assessments also form the basis for any report needed for liaison with other medical professionals i.e. consultant reports, reports needed for clinics such as orthotics and also when looking at equipment needs for individual children. |

Standardised Occupational Therapy assessments

Assessment Tool	Description of assessment
Motor Free Visual Perceptual Test – 3rd Edition (MVPT) Authors: Ronald Colarusso, Ed.D. and Donald Hammill, Ed.D. (2003)	The MVPT-3 assesses an individual's visual perceptual ability––with no motor involvement needed to make a response. The test format is a visual multiple choice: the individual is shown a line asked to choose the matching drawing from a set of four on the followir Five categories of visual perception are measured: Spatial Relationship Visual Closure Visual Discrimination Visual Memory Figure Ground Age range: 4 – 70+ years
Beery–Buktenica Developmental Test of Visual–Motor Integration, Sixth Edition (Beery VMI) **Authors:** Keith E. Beery, PhD, Norman A. Buktenica, and Natasha A. Beery (**2010**)	The Beery VMI helps assess the extent to which individuals can integrate their visual and motor abilities. The tests present drawings of geometric forms arranged in order of increasing difficulty that the individual is asked to copy. The Beery VMI series also provides supplemental Visual Perception and Motor Co-ordination tests. These optional assessments are designed to help compare an individual's test results with relatively pure visual and motor performances. Age range: 2- 100 years
Detailed Assessment of Speed of Handwriting (DASH) Authors: Anna Barnett, Sheila E Henderson, Beverly Scheib, Joerg Schulz (2007)	The *Detailed Assessment of Speed of Handwriting* assesses handwriting speed and can be used to identify children with handwriting difficulties and provides relevant information for planning intervention. The assessment includes five subtests, each testing a different aspect of handwriting speed. The subtests examine fine motor and precision skills, the speed of producing well known symbolic material, the ability to alter speed of performance on two tasks with identical content and free writing competency. Age Range: 9 years to 16 years 11 months
The Sensory Integration and Praxis Test (SIPT) Author: A. Jean Ayres, Ph.D	The *Sensory Integration and Praxis Tests* (SIPT) measure the sensory integration processes that underlie learning and behaviour. By showing you how children organise and respond to sensory input, SIPT helps pinpoint specific organic problems associated with learning disabilities, emotional disorders, and minimal brain dysfunction. **17 tests provide a comprehensive assessment** The SIPT measures visual, tactile, and kinesthetic perception as well as motor performance. It is composed of the following 17 brief tests: <table><tr><td>1. Space Visualization</td><td>7. Praxis on Verbal Command</td></tr><tr><td>2. Figure-Ground Perception</td><td>8. Constructional Praxis</td></tr><tr><td>3. Standing/Walking Balance</td><td>9. Postrotary Nystagmus</td></tr><tr><td>4. Design Copying</td><td>10. Motor Accuracy</td></tr></table>

| | 5. Postural Praxis | 11. Sequencing Praxis | 17 |
| | 6. Bilateral Motor Coordination | 12. Oral Praxis | |

Age range: 4 years to 8 years, 11 months.
Formal Training Required

Perceived Efficacy and Goal Setting System (PEGS) **Author(s):** Cheryl Missiuna, Ph.D., O.T. Reg (Ont) , Nancy Pollock, M.Sc., O.T. Reg (Ont), and Mary Law, Ph.D., O.T. Reg (Ont) (2004)	PEGS utilizes a child's self-reported performance on everyday tasks to establish and prioritize goals for intervention. Assess a child's daily activities in the home, school, and community environments. • Using colourful picture cards, enable even young children to reflect on their participation in daily activities and select areas for intervention • Parent and teacher questionnaires give you insight on their perceptions of the child's performance and participation • Compare responses of the child, parent, and teacher to establish collaborative goals • Can be administered to children diagnosed with ADHD, cerebral palsy, autism, developmental coordination disorder, learning disabilities, medical conditions, and other functional-motor impairments Age range: 5 – 10 years
Bayley Scales of Infant and Toddler Development, 3rd Edition (Bayley III) **Author:** Nancy Bayley, Ph.D. (2005)	Bayley –III is comprehensive tool for identifying, measuring, and assessing a child's development. Age Range: one month to 42 months old. Formal Training Required
Bruininks-Oseretsky Test of Motor Proficiency (BOT 2) **Authors:** Robert H. Bruininks, PhD & Brett D. Bruininks, PhD (2005)	The BOT-2 is an instrument for measuring gross and fine motor skills. It can also be used for developing and evaluating motor training programmes. **There are eight subtests which assess:** **Fine Motor Precision—**7 items (e.g., cutting out a circle, connecting dots) **Fine Motor Integration—**8 items (e.g., copying a star, copying a square) **Manual Dexterity—**5 items (e.g., transferring pennies, sorting cards, stringing blocks) **Bilateral Coordination—**7 items (e.g., tapping foot and finger, jumping jacks) **Balance—**9 items (e.g., walking forward on a line, standing on one leg on a balance beam) **Running Speed and Agility—**5 items (e.g., shuttle run, one-legged side hop) **Upper-Limb Coordination—**7 items (e.g., throwing a ball at a target, catching a tossed ball) **Strength—**5 items (e.g., standing long jump, sit-ups) Age range: 4 -21 years

Sensory profile (1999) and School Companion (2006) **Author**: Winnie Dunn, PhD, OTR, FAOTA	The *Sensory Profile™* enables you to determine how well a child processes sensory information in everyday situations and how this affects their functional performance. The information gained can be used to give you greater insight about the child for diagnostic and intervention planning. Age range: 3 to 10 years The Sensory Profile School Companion enables school-based clinicians to evaluate a child's sensory processing skills and how these skills affect the child's classroom behaviour and performance. This standardized and theoretically-based assessment involves the teachers' perspective of the child interaction in an academic setting. Age range: 3 years – 11 years 11months
Draw a person: A Quantitative Scoring System **Author:** Jack A. Naglieri (1988)	This assessments provides a measure of cognitive development through human figure drawing. Age Range: 5- 17 years
Miller Assessment of preschoolers (MAP) **Author:** Lucy J. Miller(1988)	The Assessment provides you with a broad overview of a child's developmental status in comparison to other children the same age. The test includes: **Foundations Index**—Assesses abilities involving basic motor tasks and the awareness of sensations, both of which are fundamental for the development of complex skills. **Coordination Index**—Items assess complex gross, fine, and oral motor abilities. **Verbal Index**—Items focus on memory, sequencing, comprehension, association, and expression in a verbal context. **Nonverbal Index**—Examines memory, sequencing, visualization, and the performance of mental manipulations not requiring spoken language. **Complex Tasks Index**—Items measure sensorimotor abilities in conjunction with cognitive abilities from the Complex Tasks Index. In contrast to items assessing sensorimotor or cognitive abilities alone, items in the Complex Tasks Index require the interpretation of visuospatial information. Age Range: 2 years 9 months to 5 years8 months
Vineland Adaptive Behaviour Scales, 2nd Edition **Authors:** Sara S. Sparrow, Domenic V. Cicchetti & David A. Balla **(2005)**	*Vineland Adaptive Behavior Scales* is used to measure personal and social skills needed for everyday living. The scales of the Vineland II include the following domains: Communication, Daily Living, Socialization. Motor Skills Maladaptive Behavior Index (optional) Age Range: Birth to 90 years

Paediatric Evaluation of Disability Inventory (PEDI) **Authors:** Stephen M. Haley, Wendy J. Coster, Larry H. Ludlow, Jane T. Haltiwanger, and Peter J. Andrellos (1992)	The PEDI is used to assess key functional capabilities and performance, enabling you to evaluate functional disabilities. This is achieved by observing self-care, mobility and social function. PEDI helps you identify treatment progress and recommends areas of new functional intervention. Also, use it to identify functional deficits and establish treatment plans. Age Range: 6months to 7 years