Learning Difficulties: What Assessment Can Clarify



A school meeting, a report comment or repeated homework battles can bring **learning difficulties** into focus. For some children, the concern is specific - reading remains slow and effortful, spelling does not settle, or maths facts are hard to retain. For others, the picture is broader: schoolwork takes far longer than expected, instructions are missed, or fatigue and frustration build across the day.

These patterns do not point to one explanation on their own. A careful assessment considers the child's learning history, development, attention, emotional wellbeing,

school environment and day-to-day functioning. The purpose is not to attach a label quickly. It is to understand the pattern clearly enough to guide the next steps.

What learning difficulties can look like

Learning difficulties can affect one area of learning or several. They may become apparent in the early years of school, when literacy and numeracy demands increase, or later, when students are expected to organise independent work, write longer responses and manage several subjects at once.

A child may understand ideas well in conversation but struggle to show that knowledge in written work. Another may read accurately but slowly, making it difficult to finish classroom tasks or tests. Some children find number concepts, calculation, sequencing or problem-solving especially difficult. These experiences can occur alongside strong abilities in other areas.

School reports and teacher observations are useful parts of the picture, but they are not diagnostic on their own. Performance can also be affected by attendance, changes at home or school, sleep, anxiety, hearing or vision concerns, language development, attention, and the fit between a child's needs and classroom demands.

Why the full picture matters

Learning is not separate from attention, organisation and emotional regulation. A child with attention difficulties may know the work but lose track of instructions, rush, avoid starting or leave work unfinished. Anxiety can make tests, reading aloud or unfamiliar tasks much harder to manage. Sleep difficulties can affect concentration, memory and stamina the next day.

Autism can also be relevant to a child's educational experience, particularly where there are differences in communication, sensory processing, flexibility or managing the social demands of school. These factors do not automatically explain a learning difficulty, and a learning difficulty does not automatically indicate ADHD or autism. Assessment considers where patterns overlap and where they differ.

This distinction matters because support needs may be different. A child who has not had the opportunity to learn a skill needs a different response from a child who has had suitable teaching but continues to experience a marked and persistent difficulty. Similarly, a child who cannot begin work because of worry may need a different plan from a child who loses track of multi-step instructions.

What an assessment for learning difficulties involves

A psychological assessment brings together information from more than one source. The process usually begins with an appointment with parents or caregivers to take a detailed developmental and educational history. This can include early development, health history, family history, previous supports, school experiences, strengths, current concerns and the impact on home life.

The child or adolescent may then complete structured assessment tasks. Depending on the referral question, these can examine areas such as cognitive skills, reading, written language, spelling, mathematics, attention and executive functioning. Questionnaires or rating scales may also be used to gather information about behaviour, emotions and functioning across settings.

Information from school is often helpful where available. This may include reports, work samples, learning plans, teacher observations and records of supports already tried. A psychologist considers this information alongside assessment results rather than relying on a single score or one difficult school term.

For adolescents, the assessment may also consider the increasing demands of secondary school: managing deadlines, moving between classes, studying independently and coping with examinations. The same learning difficulty can look different as school expectations change.

Assessment is not just a test session

Standardised tasks are one component of assessment, but they do not capture a child’s full experience. The way a student approaches tasks, responds to challenge,

manages effort and describes school can provide useful context. Parents and caregivers also bring essential knowledge about everyday routines, homework, friendships and the situations that are particularly difficult or manageable.

A conclusion may identify a specific learning disorder, ADHD, autism, an anxiety or mood condition, another relevant factor, or a combination of factors. In some cases, assessment may indicate that further information, school-based support or review over time is more appropriate than a diagnosis. Clear clinical work allows room for that uncertainty when the available information does not support a firm conclusion.

What happens after the assessment

The feedback appointment explains the findings in plain language and places them in the context of the child's development and current school demands. It should cover both areas of difficulty and areas of strength. This is often important for families who have seen a child work very hard without being able to explain why particular tasks remain difficult.

Recommendations are based on the assessment findings and may involve practical adjustments at school, targeted educational support, strategies for routines and homework, or further assessment by another relevant professional. Where ADHD, autism, anxiety, depression, sleep difficulties or other concerns are identified, the plan may include psychological therapy or support for managing the functional difficulties associated with these presentations.

When medication is being considered as part of an ADHD pathway, that decision rests with a medical practitioner such as a GP, paediatrician or psychiatrist. Psychologists can provide assessment information and coordinate with other professionals where appropriate, but they do not prescribe medication.

At Behavioural Neurotherapy Clinic, assessment is paired with planning for the next clinical steps. For children and teenagers, this may involve liaison with parents, caregivers, school and relevant health professionals, with consent. The aim is for the family to leave with a clearer account of the current pattern and practical information for decisions ahead.

Supporting school participation while assessment is underway

An assessment can take time to arrange and complete. It is still reasonable for a school and family to consider supports based on current needs. The most useful adjustments depend on the student and the task. A quieter place for some work, written instructions to accompany verbal directions, extra time to process information, breaking a larger task into smaller steps, or reduced copying demands may be relevant in some circumstances.

Support should not assume a diagnosis that has not been made. It can instead describe the practical barrier being addressed. For example, a teacher may provide a written checklist because a student is finding multi-step instructions difficult to retain. This keeps the focus on access to learning rather than on assumptions about the cause.

At home, it can help to separate the task from the conflict around the task. A predictable homework time, a short written plan and planned breaks may make routines easier to manage. These approaches will not suit every child, particularly where exhaustion, anxiety or family schedules are part of the picture. Small changes are often more useful when they are reviewed and adjusted than when they are treated as a fixed rule.

Accessing assessment in Melbourne or by telehealth

Parents and caregivers may arrange an assessment directly or attend following a referral from a GP, paediatrician, psychiatrist, school or allied health professional. The referral information helps clarify the question being assessed, but families can also seek an appointment without a referral.

Medicare rebates may be available when a child has an eligible referral and Mental Health Care Plan and the service meets current Medicare requirements. Families should check their individual eligibility and the current referral arrangements before

booking. Educational assessment requirements and funding arrangements can vary between schools and services.

For families in metropolitan Melbourne, BNC provides in-person appointments in Doncaster. Australia-wide Zoom telehealth may be suitable for some parts of the process, depending on the child's age, assessment needs and the type of appointment.

A learning assessment does not reduce a child to a score, a school report or a difficult term. It creates a structured way to understand what is getting in the way of participation, what strengths can be built on, and what support may be appropriate next.

For more information

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