A Guide to Dyslexia Assessment for Parents



Reading can look very different from one child to the next. Some children take longer to gain confidence, particularly when they have changed schools, missed learning time or are managing anxiety. Others show an ongoing pattern of difficulty with reading accuracy, spelling, fluency or understanding written text despite appropriate teaching and support. A guide to dyslexia assessment can help families understand how clinicians sort through these possibilities and what information an assessment can provide.

A dyslexia assessment is not a test of intelligence, effort or parenting. It is a structured psychological assessment of a child's reading and related learning skills, considered alongside their developmental history, education and day-to-day functioning. The purpose is to clarify the pattern of strengths and difficulties, consider whether the presentation is consistent with a learning disorder affecting reading, and guide practical supports.

When a dyslexia assessment may be considered

Families often seek an assessment after a teacher raises concerns about reading progress, spelling or written work. In other cases, parents have noticed that homework takes much longer than expected, that reading aloud causes distress, or that a child avoids books despite being interested in stories and ideas.

These signs do not automatically indicate dyslexia. Reading can be affected by hearing or vision concerns, interrupted schooling, language differences, anxiety, attention difficulties, sleep problems and other learning needs. Some children also have more than one area of difficulty. An assessment considers this broader picture rather than relying on a single sign or a school result alone.

Dyslexia is commonly used to describe persistent difficulties with accurate or fluent word reading and spelling. In formal diagnostic language, a psychologist may assess for Specific Learning Disorder with impairment in reading. The wording used in a report depends on the assessment findings, developmental history and the diagnostic framework applied.

What happens in a guide to dyslexia assessment

The process usually begins with a parent or caregiver appointment. The psychologist gathers a detailed developmental, medical, family and educational history. This may include early speech and language development, preschool and school experiences, reading instruction, past interventions, attention, emotional wellbeing and any previous assessments.

School information is often valuable. With consent, this may include reports, work samples, learning-support plans, teacher observations and information about classroom adjustments already tried. These records can show how difficulties appear in everyday learning, not just during a clinic appointment.

The child then completes structured assessment activities with the psychologist. The specific measures are chosen for the child's age and presenting concerns. They may examine areas such as:

- word reading, reading accuracy and reading fluency
- spelling and written expression
- reading comprehension
- phonological processing, such as working with speech sounds in words
- language skills, memory, attention and processing speed
- cognitive abilities that help explain the child's learning profile.

Assessment is usually completed across one or more appointments. The number and length of sessions depend on the child's age, stamina, the questions being considered and whether there are concerns beyond reading. Breaks can be built in when needed. A younger child may need shorter sessions, while an adolescent may complete more tasks in one sitting.

Why a broader assessment matters

A reading score by itself cannot explain why a child is finding literacy difficult. Two children may both struggle with spelling, for example, but have different underlying learning profiles and support needs.

A broader psychological assessment can consider whether attention and executive-function difficulties are affecting task completion, whether anxiety is making it harder to demonstrate skills, or whether language development needs further investigation. It can also identify areas of relative strength. A child may have strong verbal reasoning, visual problem-solving or general knowledge alongside marked difficulty with decoding words.

This distinction matters when planning support. A report may recommend school-based adjustments, targeted literacy instruction, further assessment by another professional, or psychological support where emotional distress is affecting learning. Recommendations should be linked to the assessment findings and the child's real school environment.

Where the pattern suggests ADHD, autism, language disorder, developmental coordination concerns or a mental health difficulty may also be relevant, the psychologist may discuss whether additional assessment or coordination with other practitioners would be useful. A learning difficulty does not rule out these presentations, and neither does another diagnosis explain every reading concern.

What the assessment report should cover

Following the assessment, the psychologist reviews the information from interviews, school documents and standardised measures. A feedback appointment gives parents or caregivers time to discuss the findings and ask practical questions.

The written report generally describes the reason for referral, relevant history, assessment measures, results and clinical interpretation. It should explain the child's learning profile in clear language, including strengths as well as areas requiring support. If diagnostic criteria are met, the report will state this. If they are not met, the report can still document meaningful learning needs and recommendations.

Recommendations may be directed to home, school and relevant health professionals. They may address reading instruction, assessment conditions, classroom access, organisational support, emotional wellbeing or review points. Schools make their own decisions about adjustments, but a report can provide useful evidence for discussions with the school's learning-support staff.

It can help to bring the report to a meeting with the child's teacher or wellbeing team. The most useful conversation is usually specific: which recommendations can be put in place now, who will coordinate them, and when progress will be reviewed.

Referrals, costs and Medicare considerations

A parent or caregiver can seek information about a dyslexia assessment directly, or a referral may come from a GP, paediatrician, psychiatrist, school or allied health professional. A referral is useful when another practitioner has relevant background information, but the pathway depends on the service and the reason for assessment.

Fees, appointment length and report arrangements should be clarified before booking. If a family holds an eligible referral and Mental Health Care Plan, Medicare rebates may be available where the service meets current Medicare requirements. Eligibility, rebates and out-of-pocket costs vary, so these should be confirmed with the clinic and the referring practitioner before appointments begin.

At Behavioural Neurotherapy Clinic, registered psychologists provide psychological assessment and diagnostic support for learning difficulties and related neurodevelopmental presentations. The clinic can work alongside a child's GP, paediatrician, school and other providers where consent is provided. In-person appointments are available in Doncaster for families across metropolitan Melbourne, with telehealth options where appropriate.

Preparing a child without creating pressure

Children usually cope better when they know the appointment is about understanding how learning feels for them, not passing or failing. A simple explanation is enough: they will do different thinking, reading and writing activities with a psychologist, and some parts may feel easy while others feel harder.

Parents can help by bringing glasses or hearing devices if used, school reports, previous assessments and relevant examples of schoolwork. It is also useful to let the clinic know about fatigue, anxiety, sensory needs, language background or any arrangements that may help the child participate comfortably.

Avoid practising test items or framing the appointment as a chance to prove a particular diagnosis. The aim is to obtain a clear picture of current functioning. Honest information, including what is going well, gives the psychologist the best basis for recommendations.

Clarity can reduce the sense that a child is simply not trying hard enough. A well-explained assessment gives families and schools a shared starting point for making learning expectations and supports more realistic, specific and respectful.

For more information

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