

Diagnostic Assessments for Visual Stress and Dyslexia

In order to provide the correct support for a young person to reach their full potential we have a diagnostic assessment we use to assess for Visual Stress and we follow the Angus Council Policy on Dyslexia and Inclusive Practice ([click here for the external link to Angus Council Policy](#)).

Visual Stress:

What is visual stress?

Lines of text are rather like a striped pattern. When some people look at black and white stripes of specific width and spacing it causes visual distortions and illusions. These distortions are due to hyper-excitability in the part of the brain known as the visual cortex. It is thought that when some people try to read the 'stripy' effect of the lines of print, it causes similar symptoms affecting their ability to read the text.

This is known as Visual Stress or Meares-Irlen Syndrome.

Visual Stress is NOT Dyslexia but is more common amongst dyslexic individuals.

What are the symptoms of Visual Stress?

- Headaches, eyestrain
- Blurring of print
- Words moving & appearing to jump out of page
- Colours in the text
- Glare, page too bright
- Losing place, skipping words or lines
- Poor understanding of text being read

Young people may be referred either by themselves, parental concern or through staff members.

What do we do in school?

A trained, teaching staff member will sit with the young person and discuss what is involved with the screener, if the young person already wears/uses/has been prescribed glasses for reading then in order for the screener to continue they should have had an eye examination **WITHIN THE PAST 6 MONTHS**. If they have not then we cannot proceed as any issues they may have with their vision could be one of orthoptics and they will require an eye test before we can continue with the Visual Stress screener. The young person will be required to wear their glasses for this screener.

Part One: Visual Discomfort Screener. A questionnaire and scoring system is used to determine if visual difficulties may be contributing to reading difficulties. This questionnaire will enable the administrator to determine if:

- a. Visual problems exist
- b. If binocular visual problems may be present; if this is the case we will not carry out a visual stress test but refer the young person to orthoptics.
- c. If coloured overlays are likely to be of benefit (see part 2 and 3 below)

Part Two:
Once it is young from we a variety of these. putting standard asking or read. one(s) picture

QUESTION	A	B	C
1. Do the white spaces sit flat on the page (a) or do they jump through the writing or appear lumpy (c)			
2. When reading does the print seem clear (a) or blurry/ fuzzy? Is it fuzzy all over (b) or in patches?(c)			
3. Do the words appear to move or do they sit still(a) when reading? If moving what way do they move? Horizontal (b) Swirling/Diagonal (c)			
4. Do the lines of words sit in straight lines (a) or do the lines seem jumbled or bent? (c) (alternative is to ask if they can clearly see each line and that the lines seems straight)			
5. Do the words look too close together (b), too far apart (a), irregular (c) or just right (a) ? Alternative ask if they can see easily where one word finishes and another starts. If yes then a if no then b			
6. Does the page appear to be too light (c) or too dark (a) or is it alright (a)?			
7. Does the page appear to flash/flicker(c) when reading or is it calm(a) ?			
8. Do the words sit flat on the page (a) or do they appear to jump off the page? (b)			
9. Do the white spaces make patterns/shapes (b) or are they just random/ higgledy piggledy (a)?			
10. Is the page just black and white (a) or are there colours in the writing (c)?			
General Questions about reading experience			
11. Do your eyes feel tired when reading? If no then (a) If yes does this straight away/ first 5 minutes (c) or take more than 10 minutes (b)?			
12. Do you get headaches when reading? If no then (a). If yes is the headache to one side (c), all over(c) or above the eyes/forehead (b)? All children with headaches should be seen by GP irrespective of other answers in questionnaire			
13. Is the text in passage B slightly more comfortable to look at (b), a lot more comfortable to look at (c), easier to see but not much difference in comfort then Passage A (a)			
14. Do you often lose your place or have to reread lines when reading? If answer is yes then put one tick in b and c column. If no then column a			

Intuitive Overlay. established that a person may benefit coloured overlays, progress with testing and/or combination This is done by the overlays over a paragraph and the pupil how clear/easy it is to see We note down which are applicable. See below.

Part Three:
of Reading.
suitable
been
use the
and ask the
a series of
non-related
a timed
once it has
completed a
made, if the
of reading
more than
recommend
months of
identified
overlay. We
that these
by home as
a small
within the
do not have
available.
teachers and
made aware of the result and if required a pupil profile is created/added to.

Intuitive Overlays Record Sheet

Name : Date :

Date of Birth : Male/female :

Class : Examiner's initials :

Symptom Questionnaire
Ask question when individual is looking at text on Test Page.
Response that is underlined scores 1; others score 0.
Enter score in box.

	White page	Single overlay	Double overlay
"Do the letters stay still or do they <u>move</u> ?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Are the letters clear or are they <u>blurred</u> ?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Are the words <u>too close together</u> or far enough apart?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Is the page <u>too bright</u> , not bright enough, or just about right?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Does the page <u>hurt</u> your eyes to look at, or is it OK?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

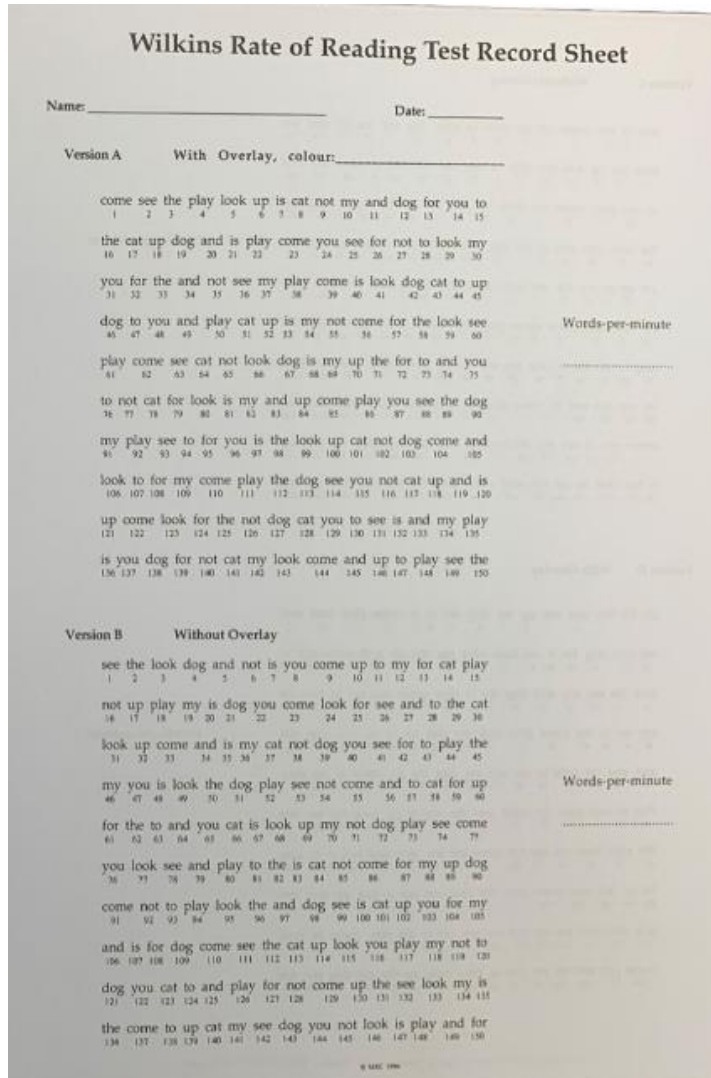
There is no hard and fast rule relating the above symptoms to benefit from overlays; although, in general, the greater the number of symptoms reported, the greater their reduction with the optimal colour, the more likely it is that the overlay(s) will be used, and the greater the increase in reading speed that results. See Wilkins, A. J., Lewis, E., Smith, F., Rowland, S., Twissell, M. (2001). Coloured overlays and their benefit for reading. *Journal of Research in Reading*, 24, 41-64.

Colour of single overlay : Colour of double overlay (if needed) :

You can use this diagram to keep track of the overlays and combinations of overlays you have tested. The colours formed by the single overlays are shown in the inner ring. The colours shown in the outer ring are formed by placing one overlay on top of another. Grey overlays are only rarely of benefit.

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Wilkins Rate
Once a colour(s) has identified we overlay(s) pupil to read random, words. This is exercise and been calculation is pupil's rate increases by ___ we a trial of 3 using the coloured recommend are bought we only have selection school and all colours Pupil's home are



Once up ASN young home to

and

What is

Dyslexia thatc an

severity, abilities

the trial of 3 months is staff speak with the person, their staff and ascertain how successful this was whether to make it a permanent strategy.

Dyslexia:

Dyslexia?

is a learning difficulty vary from individual to individual in terms of and in the nature of and difficulties experienced (British Psychological

Society, 1999). It is “a processing difference experienced by people of all ages, often characterised by difficulties in literacy” (Reid, 2004). It is generally thought that around 10% of the population has dyslexia (Dyslexia Scotland, 2011).

[\(click here for the external link to Angus Council Policy\).](#)

Dyslexia can be described as a continuum of difficulties in learning to read, write and/or spell, which persist despite the provision of appropriate learning opportunities. These difficulties often do not reflect an individual's cognitive abilities and may not be typical of performance in other areas. The impact of dyslexia as a barrier to learning varies i degree according to the learning and teaching environment, as there are often associated difficulties such as:

- Auditory and/or visual processing of language-based information
- Phonological awareness

- Oral language skills and reading fluency
- Short-term and working memory
- Sequencing and directionality
- Number skills
- Organisational ability

Young people may be referred either by themselves, parental concern or through staff members.

What do we do in school?

Using Angus Council's Policy we compile information pertaining to the young person, this is a staged process whereby we assess, plan support and review the needs of the learner who may have dyslexia. This staged approach means that the process is of gathering and sharing information over a period of time rather than a single "test" which would give a one-off look at the learner on a set date. This process can therefore take up to 6 months to complete.

Staff complete an "initial concern" sheet see picture below. This enables us to keep a record of steps taken. We contact the young person and their families, staff involved with the young person and look at historical and current work/evidence.

Record of Initial Concerns



Name of School:

Name of Pupil:

Class:

When was concern identified?

By whom:

Areas of concern:

Priority Actions	By When	How successful were these? (to be considered at review date)

Other personnel involved:

Parental involvement:

Date priority actions will be reviewed:

Where there has been limited or no apparent progress as a result of the actions that have been implemented, consultation with member of school senior management team with responsibility for ASN and / or ASN staff should take place to determine next steps

Today's date:

A "checklist" is completed by a trained staff member in conjunction with the pupil, a "checklist" is sent home and one is sent to the pupil's current staff members for completion. ASN will review the returns, any current work and historical reports and/or work history, keeping a record of it all.

At any point, depending on the individual's needs, a pupil profile can be created in order to support the learning and teaching needs of the pupil.

The ASN staff will monitor current learning and teaching and review the pupil's case within the department or if appropriate, consult with an Educational Psychologist. Staff will keep open communication with pupil/home and PC&S staff.

Regardless of outcome we may feel that it is beneficial to offer support for the young person and this will differ depending on the individual case, some support strategies we may put in place could be, but are not limited to:

- Pupil profile to be shared with staff (password protected)
- Strategies for teaching staff to assist with teaching and learning (these will be included in the pupil profile)
- Access to ICT
- Access to Assessment arrangements
- Strategies for self-help at school and/or at home