

# Adult Diagnostic Assessment and Identification of SpLDs

with particular reference to FE & HE for the DSA

**Tuesday 13 March & Monday 11 June 2012. London**

**Tuesday 22 May 2012. Manchester**

*9.30am Registration. 10.00am - 4.00pm*

- *The context: an understanding of what we are assessing*
- *Responsibilities of assessment and giving a diagnostic label*
- *The assessment process*
- *An appropriate test battery*
- *Interpreting the parts and the whole*
- *Examining the profiles associated with different SpLDs*
- *Report writing*
- *Skill development, adjustments, access arrangements*
- *Discussion of case studies and assessment issues*

*\* Continuing Professional Development \* Networking*

**£140.00 including refreshments and lunch**

Course Director: Katherine Kindersley

## Venues

**London Venue:** Laycock Professional Development Centre, Laycock Street, also from Highbury Station Road, London N1 1TH

**Manchester Venue:** Harwood Room, Barnes Wallis Building, The University of Manchester, Altrincham Street, Manchester M1 7JR

## Dyslexia Assessment & Consultancy

Tel: 020 7820 1970 & 020 7582 6117 Fax 020 7587 0546

Email: [info@workingwithdyslexia.com](mailto:info@workingwithdyslexia.com)

[www.workingwithdyslexia.com](http://www.workingwithdyslexia.com)

# Adult Diagnostic Assessment Training Day

## Application Form

Please return with payment to:

Conference Organiser  
Dyslexia Assessment & Consultancy  
41 Cardigan Street  
London SE11 5PF

Telephone: 020 7820 1970 & 020 7582 6117

email: [info@workingwithdyslexia.com](mailto:info@workingwithdyslexia.com)



Please indicate any particular area(s) of interest.....

.....

Position: Specialist Teacher  Psychologist

Dyslexia Organisation  SEN Tutor  Other

Please indicate age of people you work with .....

I wish to reserve.....place(s) at the Training Day on

Tuesday 13 March  Monday 11 June 2012. **London**

Tuesday 22 May 2012. **Manchester**

I enclose a cheque payable to Dyslexia Assessment and Consultancy for £ .....

*(£140.00 per place which includes teas, coffees and lunch)*

Title..... First name.....Surname.....

Position:  
.....

Address.....  
.....

Postcode.....

Telephone

No(s).....

email:.....

We are unable to make refunds for places cancelled less than two weeks prior to the event.

