Sam (sample), age 9

Year 4 · Australia · age band 8-10

Concerns prompting screening: Reading or spelling, Slow to finish work

Profile at a glance

COGNITIVE

Pattern Reasoning (9/10)

Above expected range

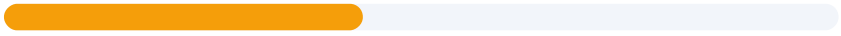
Shape Twins (7/10)

Expected range

Memory Span (9/16)

Expected range

Symbol Speed (26/60)



Below expected range

Words & Ideas (7/10)

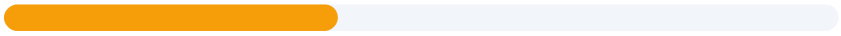
Expected range

EDUCATIONAL

Reading Comprehension (4/8)

Below expected range

Spelling & Word Skills (4/10)



Below expected range

Maths Fluency (24/40)

Expected range

Maths Problem Solving (6/8)

Expected range

BEHAVIOURAL (PARENT REPORT)

Attention & Self-Regulation

- Attention & focus: Elevated (average 1.7 of 3)
- Hyperactivity & impulsivity: Typical range (average 0.4 of 3)

Social & Emotional Wellbeing

- Worry & mood: Typical range (average 0.6 of 3)

Friendships & social skills: Typical range (average 0.4 of 3)

Behaviour & self-control: Typical range (average 0.4 of 3)

Attention & Self-Regulation — teacher report

Attention & focus: Elevated (average 1.8 of 3)

Hyperactivity & impulsivity: Typical range (average 0.3 of 3)

Home and school both report raised ratings — the multi-setting pattern clinicians look for when considering formal ADHD evaluation.

Summary

Strengths: Pattern Reasoning

Areas to watch: Symbol Speed, Reading Comprehension, Spelling & Word Skills, Attention & Self-Regulation, Attention & Self-Regulation (teacher report)

Guidance: a full professional assessment is worth pursuing, because more than one area fell outside the expected range. A screening can flag these patterns but cannot explain them — a full assessment can.

Module by module

Pattern Reasoning — Fluid reasoning — solving novel problems and spotting rules

Sam (sample) solved novel visual puzzles above the level expected for their age — a genuine cognitive strength that often shows up in maths, strategy games and science.

Shape Twins — Visual-spatial processing — mentally rotating and matching shapes

Sam (sample) mentally rotated and matched shapes at the level expected for their age, suggesting age-typical visual-spatial processing.

Memory Span — Working memory — holding and mentally re-ordering information

Sam (sample) held and re-ordered information in mind at an age-typical level, suggesting working memory is supporting classroom learning as expected.

Longest forward span: 5 · Longest backward span: 4

Symbol Speed — Processing speed — quick, accurate visual scanning

Sam (sample) worked more slowly than expected on simple visual decisions. Slower processing speed is common in otherwise very capable children and often means they need more time, not more ability.

Correct: 30 · Errors: 4

- Extra time is the evidence-based adjustment: ask the school about extended time on assessments.
- Reduce copying from the board; provide printed notes where possible.
- Avoid interpreting slowness as lack of effort — pair untimed mastery with short, gentle fluency practice.

Words & Ideas — Verbal comprehension — vocabulary and verbal reasoning

Sam (sample) showed age-typical vocabulary and verbal reasoning — the knowledge base that classroom learning builds on.

Reading Comprehension — Reading accuracy and understanding of connected text

Sam (sample) found the age-level passage hard to understand. Difficulty can come from decoding (sounding out), language comprehension, or both — a key question for any follow-up assessment.

- Ask the school for a phonics/decoding check to find whether the difficulty is sounding-out or understanding.
- Structured literacy approaches (systematic, explicit phonics) have the strongest evidence for reading difficulty.
- A speech pathologist can assess oral language comprehension if listening comprehension also seems weak.

Spelling & Word Skills — Spelling, phonics and written conventions

Sam (sample) had difficulty recognising correct spellings at their age level. Persistent spelling difficulty despite teaching is one of the six DSM-5 markers of a specific learning disorder and a common signal in dyslexia profiles.

- Ask the school about a structured synthetic-phonics or morphology-based spelling program — evidence strongly favours these over memorising word lists.
- If spelling difficulty persists despite good teaching, raise dyslexia screening with the school or a psychologist.

Maths Fluency — Speed and accuracy of basic number facts

Sam (sample) recalled basic number facts with age-typical speed and accuracy.

Attempted: 27

Maths Problem Solving — Applied mathematical reasoning

Sam (sample) applied mathematical reasoning to word problems at the expected level.

Attention & Self-Regulation — Inattention, hyperactivity and impulsivity (parent report)

Attention & focus: Elevated (average 1.7 of 3)

Hyperactivity & impulsivity: Typical range (average 0.4 of 3)

- Share these observations with your child's teacher — ADHD-type concerns only become meaningful when they appear across two or more settings.
- Ask your GP / paediatrician about a referral if elevated ratings persist: formal diagnosis requires a clinician, typically using parent and teacher rating scales plus history.
- Meanwhile: predictable routines, movement breaks, one-instruction-at-a-time, and immediate specific praise are the best-evidenced home supports.

Social & Emotional Wellbeing — Emotional symptoms, peer relationships and conduct (parent report)

Worry & mood: Typical range (average 0.6 of 3)

Friendships & social skills: Typical range (average 0.4 of 3)

Behaviour & self-control: Typical range (average 0.4 of 3)

Next steps in Australia

1. Share this report with your child's classroom teacher and the school's learning-support / wellbeing coordinator.
2. For a formal assessment, see a psychologist registered with AHPRA — your GP can refer, and some assessment costs may be claimable through NDIS self/plan-managed funding.
3. Schools use assessment evidence for NCCD adjustments; in Victoria, formal reports support VCAA Special Examination Arrangements for VCE and SEAS university applications.
4. Typical full psychoeducational assessments cost AUD $950–$3,000 privately; Medicare generally does not rebate them.

Reading this report: LearnSight is a screening tool. Results compare performance with criterion-referenced expectations for the child's age band on original, screening-grade tasks. They are not standard scores, percentiles or IQ measures, and they do not diagnose any condition. Performance varies with mood, sleep and motivation; treat a single unexpected result as a prompt to re-test on another day. Only a registered or licensed psychologist, using individually administered standardised instruments, can provide diagnostic conclusions.