TEST REVIEW

THE DYSLEXIA TEST
For the Albanian language and alphabet

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The Dyslexia Test is the first standardised instrument developed for the purpose of assessing the reading abilities of the Albanian-speaking population. The author, Muljaim Kaçka, is a speech-language pathologist with extensive academic research experience, as well as practical expertise in the field of speech and language disorders, particularly in reading and writing disabilities. The lack of an instrumental approach to assessing the language abilities of school-age children highlighted the urgent need for the development of a normative tool for Albanian-speaking speech therapists. This formal assessment tool is the author's second published instrument, following the Articulation Test that was published in March 2022 in Prishtina by Heimere College (CIP 615.851.135 (075.8)).

During his practical engagement, the author encountered numerous cases of literacy issues in school-age children, which emphasised the necessity for assessment methods. Consequently, he decided to integrate theoretical and clinical aspects by establishing a new instrument. Indeed, the author concluded that the emergence of a structured standardised measure is crucial for the valid assessment of reading abilities, determining standard parameters for the quantitative assessment of reading disorders, and providing an accurate assessment of rehabilitation progress.

The Dyslexia test can be used in the general population, with its primary purpose being directed towards school-age groups, where evidence of reading status is required either comprehensively or when a more complex type of dyslexia is suspected. The results obtained from this test are used exclusively by speech therapists and professional teams involved in diagnosing dyslexia as a pathological condition in verbal communication. The test meets its criteria when used in accordance with prescribed standards and administered by an experienced speech therapist.

The test is based on the standard Albanian language, where the letters of the Albanian alphabet are integral to everyday communication discourse among children and adults whose native language is Albanian. The test is structured to be applicable in various conditions.

The test structure comprises both theoretical and practical components. The theoretical component addresses the necessity for such a test, explains the standardisation process, and outlines resulting parameters (norms and deviations from norms, standard deviations). In addition, it covers general principles of reading and writing, as well as defines dyslexia-related problems and their

forms to provide a foundation for interpreting the practical component of the test. The practical component includes the standardisation of the test, qualitative analysis of results, forms of dyslexia disorder within the test, and sections with photos and forms to complete during the test.

The test underwent standardisation based on three primary categories.

Test design: Initially, a preliminary version of the test was developed. The format of the test was conceptualised by drawing from previous traditions in speech therapy that focus on dyslexia assessment. The author went on to devise and customise their own iteration of the test to suit certain requirements. This initial version of the test comprised of ten (10) subtests. The dyslexia test underwent standardisation by utilising the materials from the preliminary version of the test that was administered to a sample of 1,136 third-grade students from primary schools across major cities in Kosovo, including Prishtina, Prizren, Gjilan, Pejë, Ferizaj, and Mitrovica. All participants were of Albanian nationality and spoke and wrote Albanian as their mother language. This testing process was conducted between 2018 and the end of 2022. Norms and rates were established based on the data obtained from the analysed sample (N = 1136). All ten subtests were standardised. Additionally, the test was standardised based on gender.

Test analysis: The test consists of ten subtests, and as mentioned earlier, the test was created based on the traditional approach of speech therapy, focusing on dyslexia testing.

Subtest I Reading pictures: Rapid automatic naming tends to be more challenging for children with dyslexia. This subtest comprises of 24 pictures that students must identify as quickly and accurately as possible. It aims to assess difficulties in reading pictures and semantic recognition. While this subtest does not directly contribute to the diagnosis of dyslexia, it can indicate deficiencies in naming and semantic skills compared to typical levels.

Subtest II Reading words: Assessments of dyslexia commonly include tasks involving reading word lists. These lists often vary in length and complexity, ranging from familiar to less common words. A reading task involving a list of 23 words is used to evaluate reading aloud ability, assessing both speed and accuracy. Even proficient individuals with dyslexia may struggle to complete the task within the allotted time. This subtest comprises 80 words arranged in four columns, with simpler (monosyllabic) words in the first rows and more complex (polysyllabic) words in subsequent rows. Subtest II significantly contributes to the overall dyslexia diagnosis.

Subtest III Spoonerisms: Research indicates that individuals with dyslexia typically exhibit delays in acquiring rhyming skills, which contributes to difficulties in learning to read. Phonological challenges associated with dyslexia can persist into adulthood, with "phonemic segmentation" serving as a sensitive indicator of these difficulties. Spoonerisms are introduced as a more complex measure of segmentation abilities involving increased memory load. In this task, participants are presented with words that they must segment by removing a specified syllable or consonant. Evaluating spoonerisms involves replacing the initial sounds in the names and surnames of well-known individuals (e.g., Lorik Cana becomes Corik Lana). While spoonerisms assess phonological skills, phonological tests are integral to all dyslexia assessments. Subtest III does not directly influence the dyslexia diagnosis but can indicate deficiencies in phonological processes compared to typical levels.

Subtest IV Visual working memory: For some reason, dyslexia specifically affects short-term memory, making it impossible to coordinate turning letters into sounds and creating syllables that follow each other to form clear words that are pronounced when reading aloud or "thought/remembered" when read silently. Therefore, if one's short-term memory does not allow the memorisation of the sequence of those forms, the ability to connect is affected. Additionally, there may be problems with remembering visual representations and shapes. In this subtest, we have four levels of visual options. Each option is more complex than the previous one (according to the didactic principle from easiest to hardest). This

subtest does not affect the final cut-off value for dyslexia diagnosis, but can serve as an indicator that the candidate's visual memory is not developed according to the typical level.

Subtest V Auditory Working Memory: Auditory working memory, a common component of IQ tests, is partially linked to dyslexia. In this task, the student is presented with a list of animal names and is asked to repeat them in the reverse order of what they heard (e.g., if they hear "horse, cow", they must repeat "cow, horse"). While this subtest does not directly impact the dyslexia diagnosis, it can indicate deficiencies in the candidate's auditory memory compared to typical levels.

Subtest VI Dictation: Individuals diagnosed with dyslexia often struggle with spelling, typically performing worse at this task than at reading tasks. The dictation task serves to evaluate spelling speed and accuracy. Words selected for dictation are commonly used in communication and adhere to spelling rules, requiring knowledge of these rules for correct writing. This subtest records the number of errors, the number of correctly written words, and the candidate's dominant hand. Additionally, the quality of the manuscript is evaluated as either good, average, or poor. Dictation subtests are a crucial component of dyslexia assessments and significantly contribute to the final score on the dyslexia test.

Subtest VII Text comprehension: Reading difficulties encompass the speed and accuracy of reading, as well as the comprehension level of the text. Some children may read syllabically or nearly fluently, but encounter difficulty understanding unfamiliar words, thus leading to a loss of comprehension. Limited vocabulary or challenges in grasping word relationships can hinder the use of context for comprehension. Therefore, comprehension subtests are a vital component of dyslexia assessments and contribute significantly to the final dyslexia test score.

Subtest VIII Copying shapes: Reading difficulties often coincide with issues in visual-spatial perception, the analysis and synthesis of visual-spatial data, and spatial discrimination. Difficulties in copying shapes may manifest as omis-

sions, misplacements, additions, or substitutions within existing forms. These challenges commonly arise during writing tasks for individuals with dyslexia. This subtest presents 10 shapes for the candidate to replicate in the blank space provided. While this subtest does not directly impact the dyslexia diagnosis, it can indicate deficiencies in the candidate's visual-spatial skills and perception compared to expected levels.

Subtest IX Visual discrimination: Visual dyslexia manifests as specific difficulties in learning mathematics due to the inability to interpret printed language symbols. This subtest involves a task where the child is asked to count the number of circles in a picture shown by the therapist without using their finger. While this subtest does not directly influence the final dyslexia diagnosis, it can indicate deficiencies in the candidate's visual discrimination compared to typical levels.

Subtest X Auditory discrimination: Research on auditory processing has predominantly focused on clinical populations of children with developmental language disorders and dyslexia due to the complex interplay between auditory processing, speech perception, language development, and reading acquisition. This subtest involves a task where the child is asked to listen to the number of "taps" made by the therapist on the table and count them aurally. Similar to the previous subtest, Subtest X does not directly impact the final dyslexia diagnosis, but can indicate deficiencies in the candidate's auditory discrimination compared to expected levels.

After administering the dyslexia test to the child, the results are interpreted based on received norms and standards. Among the ten subtests, three are crucial for establishing the final diagnosis of dyslexia. These key subtests include reading words, dictation, and text comprehension. These three subtests evaluate fundamental reading activities, namely text reading, dictation, and reading comprehension. The level of dyslexia is determined based on the child's performance in these subtests. Based on the results of this test, the dyslexia diagnosis can fall into the following categories: mild, moderate, and severe dyslexia.

In conclusion, the test provides a diagnosis of dyslexia based on the child's performance in three key reading activities: text reading, dictation, and reading comprehension. A diagnosis of moderate dyslexia is provided when the child exhibits approximately 60% difficulty in two of these activities, while severe dyslexia corresponds to more than 90% difficulty across all three activities. Other subtest results may provide insights into the underlying causes of dyslexia, but do not directly contribute to the diagnosis. Identifying the severity of dyslexia enables tailored interventions to support the child's learning and development.

The Dyslexia test has provided a standardised approach for the assessment of the Albanian-speaking population. It is a valuable scientific instrument that can help professionals assess and interpret the language abilities of individuals on the basis of normative criteria. This tool can be used to facilitate the theoretical and educational objectives of speech therapy students, as well as guide speech therapy professionals in practice. In addition, this work is a valuable resource for professionals and other team members, who work with clients diagnosed with speech and language disorders.