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| Dyslexia Diagnostic Assessment  School Questionnaire |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Pupil Surname: | | | | | | Pupil Forename(s): | | | | | | Date of Birth: | | | | | | Name of person completing this form: | | | | | | Role in school: | | | | | | Relationship to pupil: | | | | | | Date form completed: | | | | | | School Address: | | Contact details  Telephone number:  Email address: | | | |  | | | | | | **Details of current support provided by the school** *(e.g. reading intervention, extra time.)* | | | | | | *Support* | *Frequency* | *Length of sessions* | *Who delivers support?* | *Impact to date* | |  |  |  |  |  | |  |  |  |  |  | |

**Current subject overview (in relation to age expected outcomes):**

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|  | **Above Average** | **Average** | **Below Average** | **Well Below Average** |
| **English** | | | | |
| Reading accuracy |  |  |  |  |
| Reading comprehension |  |  |  |  |
| Speaking and listening |  |  |  |  |
| Writing |  |  |  |  |
| Spelling |  |  |  |  |
| **Maths** | | | | |
| Number and counting |  |  |  |  |
| Shape, space and measure |  |  |  |  |
| Calculation |  |  |  |  |
| Using and applying |  |  |  |  |
| Data handling |  |  |  |  |
| **Science** |  |  |  |  |
| **Languages (MFL)** |  |  |  |  |
| **Humanities** |  |  |  |  |
| **PE** |  |  |  |  |
| **Art** |  |  |  |  |
| **DT** |  |  |  |  |
| **ICT** |  |  |  |  |
| **Any further information:** | | | | |

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| **Educational History** |
| Did the pupil pass the Phonics Screening Check? Yes  No  Unavailable |
| If yes, was that at the end of year one or year two? |
| Has the pupil’s schooling been disrupted in any way?  Yes  No |
| If yes please provide more information: |

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| **Speech, Language and Communication** | |
| *Areas of difficulty for the pupil (please tick all that apply)* | Yes |
| Delayed acquisition of speech and language |  |
| Difficulty in finding the right word to describe things |  |
| Mispronounces words |  |
| Needs additional time to produce an oral response |  |
| Responds to social interaction but does not initiate it |  |
| Difficulty understanding jokes/figures of speech, e.g., idioms, sarcasm and metaphors |  |
| Listens well but still seems unable to understand |  |
| Slow or struggles to respond when given an instruction or asked a question |  |
| Difficulties understanding non-literal language |  |
| Might respond to just part of an instruction, usually the beginning or end |  |
| Difficulty learning and using new words |  |
| Knows a word but can't remember it or says a word that's similar |  |
| Difficulty making longer sentences |  |
| Sentences sound muddled or confused |  |
| Pauses a lot while talking or restarts sentences |  |
| Finds it hard to understand and make up stories |  |
| Difficulty joining in and keeping up with conversations |  |
| Loses track of what they are saying mid-sentence |  |
| Please provide any additional information: | |

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| **Literacy** | |
| *Areas of difficulty for the pupil (please tick all that apply)* | Yes |
| Difficulty with acquiring phonics |  |
| Lack of fluency in reading |  |
| Inaccurate word decoding |  |
| Difficulty with reading comprehension |  |
| Persistent and marked difficulty with spelling |  |
| Difficulty with grammar and punctuation |  |
| Takes longer than average to complete written tasks |  |
| Written work doesn't reflect verbal ability |  |
| Is able to display their full potential when someone scribes for them |  |
| Difficulty planning, organising and structuring writing |  |
| Difficulties writing for sustained periods of time |  |
| Difficulty copying from the board |  |
| Prefers to use assistive technology rather than write |  |
| Difficulty recalling the alphabet or other known sequences (e.g. days of the week, months of the year) |  |
| Please provide any additional information, such as the pupil’s current strengths and difficulties with reading, writing and spelling. | |

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| **Maths** | |
| *Areas of difficulty for the pupil (please tick all that apply)* | Yes |
| Problems with counting, forwards and backwards |  |
| Difficulties with one-to-one correspondence |  |
| A poor understanding of place value and its use in calculations |  |
| Inability to subitise (instantly recognise number of items without counting) |  |
| Difficulties ordering numbers |  |
| Still counting on fingers |  |
| Difficulties recalling mathematical procedures, e.g., working from right to left when calculating |  |
| Difficulties knowing the commutative law, e.g., a + b is the same as b + a |  |
| Difficulties with mental arithmetic, e.g.,basic maths facts |  |
| Problems with the sense of number and estimating |  |
| Difficulties understanding mathematical symbols |  |
| Difficulty remembering how numbers are written |  |
| Problems with orientation/direction |  |
| Mixes up similar-looking numbers |  |
| Transposes numbers, e.g., 92 or 29 |  |
| Poor concept of time and reading analogue clocks/watches |  |
| Problems with the concept of shape and/or remembering shapes |  |
| Problems with the planning of activities |  |
| Takes a long time to complete mathematical tasks |  |
| High levels of debilitating anxiety related to maths |  |
| Please provide any additional information. Please describe the pupil’s current strengths and difficulties with maths. Area there any difficulties with recalling procedures for problem solving, organising the layout of work and/or recalling number facts? Do they find any particular equipment useful? | |

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| **Memory, Attention and Concentration** | |
| *Areas of difficulty for the pupil (please tick all that apply)* | Yes |
| Difficulties with memory retention and recall |  |
| Difficulty following instructions |  |
| Listens well but still seems unable to understand |  |
| Slow or struggles to respond when given an instruction or asked a question |  |
| Might respond to just part of an instruction, usually the beginning or end |  |
| Loses track of what they are saying mid-sentence |  |
| Easily distracted by extraneous stimuli |  |
| Forgetful in daily activities |  |
| Difficulties sitting or standing still when required |  |
| Only able to focus on a task for short periods of time |  |
| Difficulties recalling information, e.g., number facts, spellings, procedures, instructions |  |
| Able to hold a sentence |  |
| Able to hold visual information long enough to utilise it, e.g., when copying from the board |  |
| Classwork rarely finished |  |
| Difficulties attending to tasks for sustained periods |  |
| Takes longer to process information |  |
| Blurts out answers before the question is finished |  |
| Difficulty in engaging in activities quietly |  |
| Appears inattentive/day dreamer |  |
| Difficulty in transferring skills from one task/area to another |  |
| Please provide any additional information: | |

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| **Motor Coordination and Organisational Skills** | |
| *Areas of difficulty for the pupil (please tick all that apply)* | **Yes** |
| Persistent difficulties dressing |  |
| Bumps into things/people |  |
| Difficulties running, hopping, jumping, riding a bicycle |  |
| Poor at ball skills |  |
| Difficulties positioning themselves on a chair |  |
| Difficulties with hand/eye coordination |  |
| Poor general co-ordination |  |
| Difficulty using scissors, cutlery, etc. |  |
| Difficulties with balance |  |
| Poor posture/hypermobility |  |
| Difficulties with direction, e.g., knowing left/right |  |
| Difficulties planning tasks and knowing where to start |  |
| Inaccurate letter and number formation |  |
| Difficulties with writing on the line or within a box |  |
| Difficulties with using the left-hand margin; handwriting drifting to the centre of the page |  |
| Difficulties with the layout and presentation of work |  |
| Difficulties drawing diagrams or completing graphs |  |
| Reversing numbers or digits |  |
| Please provide any additional information, such as organisational skills, fine/gross motor coordination and direction. Is the pupil good at remembering homework, equipment or kit, daily routines or timetables, layout of work, body awareness and/or movement/balance? Do they consistently use the same hand? | |

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| **Social, Communication and Behaviour** | | | |
| *Areas of difficulty for the pupil (please tick all that apply)* | | **Yes** | |
| Finds it hard to understand and make up stories | |  | |
| Difficulty joining in and keeping up with conversations | |  | |
| Difficulty speaking when asked to explain inappropriate behaviours/actions | |  | |
| Unaware of external dangers | |  | |
| Inability to control emotions | |  | |
| Difficulty reading social interactions | |  | |
| Difficulty maintaining friendships | |  | |
| Resistant to change | |  | |
| Difficulty in transferring skills from one task/area to another | |  | |
| Engages in the same task repeatedly and/or in ritual behaviours | |  | |
| Experiences anxiety and heightened behaviours in new situations | |  | |
| Difficulty joining in and following games | |  | |
| Poor behaviour due to communication frustration | |  | |
| Talks at speed | |  | |
| Interrupts or intrudes on others | |  | |
| Has unusual movement patterns | |  | |
| Makes honest but inappropriate observations | |  | |
| Socially inappropriate eye contact | |  | |
| Abnormal use of tone/pitch in speech | |  | |
| Is hyperactive/uncooperative/oppositional | |  | |
| Lack of awareness of personal space | |  | |
| Hypervigilant and aware of changes in environment | |  | |
| Easily startled by unexpected noises or interactions | |  | |
| Runs, fights or hides when something goes wrong | |  | |
| Can suddenly change in mood or demeanor | |  | |
| “On the go” constantly | |  | |
| Finds it hard to take turns | |  | |
| Difficulty sustaining attention in tasks | |  | |
| Sensory issues, e.g. problems with unexpected noise, certain materials, textures | |  | |
| Not seeming to listen when spoken to directly | |  | |
| Understanding may be limited to the 'here and now' | |  | |
| Has obvious good/bad days | |  | |
| Please provide any additional information: | | | |
| Does the pupil have difficulties with self-esteem and confidence? | Yes | | No |
| If yes, please provide further details: | | | |

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| **Strengths** |
| Please provide information about the pupil’s strengths, what they are good at, hobbies they enjoy etc: |

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| Signed: |  | Print name: |  |
| Relationship to pupil: |  | Date: |  |