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| Dyslexia Diagnostic AssessmentParent/Carer Questionnaire |
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| Pupil Surname: |
| Pupil Forename:  |
| Date of Birth: |
| Name of person completing this form: |
| Relationship to pupil: |
| Previous school(s) attended: |

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| **Developmental History***It is useful to have an overview of your child’s early life and development.* |
|  | **Yes** | **No** |
| Were there any difficulties during pregnancy? |  |  |
| Was the pregnancy full term? If not, how long?  |  |  |
| Was delivery/birthing normal? |  |  |
| Further details/comments: |
| At what age did your child? |
| Sit up: | Crawl: | Walk: |
| If your child did not crawl, please indicate how they moved around:  |
| At what age did your child begin to use a few words? |
|  | **Yes** | **No** |
| Was your child understandable by people (other than family) by the age of 3? |  |  |
| Did your child mispronounce words? |  |  |
| Did your child have difficulties with clarity of speech? |  |  |
| Do any difficulties with pronunciation or speech difficulties continue? |

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| **Hearing**  |
| Does your child have any difficulty with hearing? | Yes | No |
| If yes, please provide details: |
| Have they got a history of ear infections, glue ear or grommets? | Yes | No |
| lf yes, please provide further details, e.g., age they had grommets  |

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| **Medical Information** |
| Does your child have any underlying medical conditions?e.g., epilepsy, cerebral palsy | Yes | No |
| If yes, please give details: |
| Is your child on any regular medication that may be relevant? | Yes | No |
| If yes, please give details:  |

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| **Family History**  |
| Have any family members experienced difficulties with spelling / reading / learning OR have a diagnosis of dyslexia? | Yes | No |
| If yes, please indicate relationship to child and describe the difficulties: |
| Is English the child’s first language?  | Yes | No |
| If no, please answer the following: |
| Language spoken at home? |
| Length of time in the UK or English-speaking country |
| Does the child experience difficulties with literacy in their first language? If yes, please provide details: | Yes | No |

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| **Speech, Language and Communication**  |
| *Areas of difficulty for the pupil (please tick all that apply)* | Yes |
| Difficulty in finding the right word to describe things |  |
| Mispronounces words |  |
| Needs additional time to produce an oral response |  |
| Difficulties understanding non-literal language  |  |
| Difficulty learning and using new words |  |
| Difficulty making longer sentences |  |
| 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 |  |
| Delayed acquisition of speech and language |  |
| Please provide any additional information, such as intervention, support, difficulties producing a particular sound. |

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| **Literacy** |
| *Areas of difficulty for the pupil (please tick all that apply)* | **Yes** |
| Lack of fluency in reading |  |
| Inaccurate word decoding |  |
| Difficulty with reading comprehension |  |
| Lack of enjoyment of reading |  |
| Persistent and marked difficulty with spelling |  |
| Takes longer than average to complete written tasks |  |
| Written work doesn't reflect verbal ability |  |
| Difficulties writing for sustained periods of time  |  |
| Difficulty copying from the board |  |
| Prefers to use assistive technology, rather than write |  |
| Is able to display their full potential when someone scribes for them |  |
| 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 |  |
| Difficulties ordering numbers |  |
| Problems with the sense of number and estimating |  |
| Difficulties with mental arithmetic, e.g.,basic maths facts |  |
| Poor concept of time and reading analogue clocks/watches |  |
| Difficulties knowing the commutative law, e.g., a + b is the same as b + a |  |
| Difficulties understanding mathematical symbols |  |
| Problems with the planning of activities  |  |
| Difficulties recalling mathematical procedures, e.g., working from right to left when calculating  |  |
| High levels of debilitating anxiety related to maths |  |
| Still counting on fingers  |  |
| Takes a long time to complete mathematical tasks |  |
| Difficulty remembering how numbers are written |  |
| Problems with orientation/direction |  |
| Please provide any additional information, such as your child's current strengths and difficulties with maths. Does your child experience 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** |
| Poor short term and/or working memory retention  |  |
| Difficulty following instructions |  |
| Slow to respond when given an instruction or asked a question |  |
| 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  |  |
| Difficulty holding a sentence for writing.  |  |
| Difficulty holding 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 |  |
| Loses things, e.g., personal belongings and homework |  |
| Difficulty in organising tasks or activities or knowing where to start |  |
| Blurts out answers before the question is finished |  |
| Difficulty in engaging in activities quietly |  |
| 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 (please circle) |  |
| Inaccurate letter and number formation  |  |
| Difficulty using scissors, cutlery, etc. |  |
| Difficulty throwing and catching a ball |  |
| Late in reaching milestones; some do not crawl |  |
| Poor posture or balance |  |
| Difficulties with direction, e.g., knowing left/right  |  |
| Difficulties planning tasks and knowing where to start  |  |
| 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  |  |
| Difficulties positioning themselves on a chair  |  |
| Greater than usual flexibility  |  |
| Please provide any additional information, such as organisational skills, fine/gross motor coordination and direction. Is your child good at remembering homework, equipment or kit, daily routines or timetables, layout of work, body awareness and/or movement/balance? |

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| **Social, Communication and Behaviour**  |
| Please provide any information regarding social skills, social interaction, behaviour, relationships or emotions:  |
| 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 your child’s strengths, what they are good at, hobbies they enjoy etc. |

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| Does your child receive extra tuition outside of school? |
|  Yes No |
| Details: |

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| Has your child ever had any input/support from any other professionals e.g. Educational Psychologist, Speech and Language Therapy, Occupational Therapist? ⎕ YES ⎕ NO*(If yes please give details and provide copies reports)* |

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| **Any Other Information** |
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| Signed:  |  | Print name: |  |
| Relationship to pupil: |  | Date: |  |