

**CONFIDENTIAL**  
**PERSONAL FAMILY QUESTIONNAIRE**

The information provided in this questionnaire will feed into the assessment report. Please provide as much information as possible and be specific about your concerns and any support that has been provided so far. When children receive additional support at school, home or with a tutor, it can improve performance so this information needs to be taken into consideration.

**CHILD'S SURNAME:**

**FIRST NAMES:**

**DATE OF BIRTH:**

**NATIONALITY:**

**ADDRESS:**

**Home Tel no:**

**EMAIL:**

**Mother's mobile:**

**Father's mobile:**

**Mobile No of any other person likely to collect child:**

**PARENTS**

Please state: Single/Married/Divorced

If divorced, please provide details regarding custody.

**Mother's name:**

**Father's name:**

**Mother's occupation**

**Full or part-time?**

**Father's occupation:**

**Full or part-time?**

**REASON FOR REFERRAL:**

**Please indicate below other children in the family:**

<b>Name</b>	<b>Girl/Boy</b>	<b>Date of Birth</b>	<b>Age</b>

**DEVELOPMENT OF YOUR CHILD**

**Please answer as fully as possible, if appropriate.**

**PREGNANCY**

What was the duration of the pregnancy?

If premature or overdue, by how many weeks?

Were there any problems during the pregnancy?

*If YES, please could you write down the nature of the problem and how many weeks' pregnant at the time.*

**THE BIRTH**

Birth weight:

Were there any complications or unusual features about the birth?

**GENERAL DEVELOPMENT**

Did your child crawl/on both knees?

At what age was your child walking without help?

Have you noticed any signs of clumsiness?

Did your child have chewing or feeding difficulties in infancy?

Is your child left or right-handed?

### **PARENT AND CHILD SEPARATION**

Was your child ever separated from either parent during the first 5 years of life for a significant amount of time? If yes, please provide details.

### **Has your child had any of the following conditions?**

Please answer YES or NO. If your answer is YES, please give the age and any details.

Bed wetting:

Temper tantrums:

Anxiety:

Timidity:

Fears (eg: dark etc):

Jealousy:

Nightmares:

Silent periods :

Others (e.g. sleep walking etc):

### **FAMILY BACKGROUND**

IS THERE ANY HISTORY OF DYSLEXIA OR OTHER SPEECH/LANGUAGE DIFFICULTIES IN THE FAMILY E.G. PARENTS, SIBLINGS, GRANDPARENTS, COUSINS?

**HEARING:** ANY PROBLEMS NOW OR AS A YOUNGER CHILD?

Did your child suffer from regular ear infections?

Has your child ever had grommets inserted?

**EYESIGHT:** ANY PROBLEMS NOW OR IN THE PAST?

**DATE OF LAST EYE APPOINTMENT:**

**HAS YOUR CHILD BEEN ASSESSED BY AN OPTOMETRIST (SPECIALIST OPTICIAN)?**

**HEALTH: ANY SERIOUS ILLNESSES, ACCIDENTS OR DISABILITY?**

**SPEECH/LANGUAGE**

Is English your child's native language? Yes/No

If not, what is?

How long has your child been speaking English?

Did your child have any difficulty or was he/she late in learning to talk?

If so, did your child go for speech therapy?

Does your child have any difficulty now with speech, for example in pronouncing long words accurately?

Any difficulty with expressing her/himself?

**MEDICAL**

Are there any medical or health issues?

Is there a history of dyslexia, literacy difficulties or other specific learning difficulties e.g., ADHD in the family? (It does not have to be diagnosed).

**LINGUISTIC HISTORY**

What is your child's first language?

Does your child speak a second language or is another language spoken in the home.

**EDUCATIONAL HISTORY**

**Please list all schools attended including preschool. Give age of entry and dates.**

**PRESENT SCHOOL YEAR:**

**SCHOOL:**

**PLEASE PROVIDE A COPY OF THE LATEST SCHOOL REPORT, AT YOUR DISCRETION.**

Did your child find it difficult or was s/he late in learning:

**To read:**

**To spell:**

**To Write.**

**Maths:**

**Did your child pass the Year 1 Phonics Test, if applicable:**

**Does your child have difficulties with memory, attention and concentration?**

**Are there any concerns regarding speech, oral language and communication?**

**Does your child have difficulties with organisation at home? Can your child look after his/her belongings?**

**BEHAVIOUR:**

**Does your child behave in any of these ways?**

**Overactivity:**

**Impulsiveness:**

**Aggressiveness:**

**Inappropriate Behaviour:**

**PREVIOUS SUPPORT OF CHILD'S DIFFICULTIES**

Has your child had help from *outside* school?

Has your child had help from *inside* school?

Is your child on the school SEN register?

Has your child had any other treatment? (e.g., visits to occupational therapists, speech and language therapists, etc.) Please provide reports, if available.

**STRENGTHS & INTERESTS**

What are the things your child enjoys about school and which subjects does s/he find easiest?

What kind of activities does your child enjoy? Social; practical; active; artistic; musical; computer games; TV; books. Please give examples.

**WHAT ARE THE MAIN CURRENT CONCERNS IN RELATION TO LEARNING AT SCHOOL?**

Please be specific about all your concerns as these will feed into the report.

**DESCRIBE THE DIFFICULTIES EXPERIENCED IN THE PAST, PARTICULARLY IN RELATION TO READING AND WRITING TASKS.**

**ARE THERE ANY OTHER PARTICULAR PROBLEMS YOU ARE CONCERNED ABOUT IN RELATION TO DAILY LIFE? (Spatial orientation, telling the time, motor skills, and/or social interaction).**

**ANY OTHER RELEVANT INFORMATION?**

**And finally, HOW DID YOU HEAR ABOUT DD FOCUS?**

**Signed:**

**Name:**

**Date:**

## Confidential School Questionnaire

Information is being gathered to clarify the student's learning, emotional and/ or behavioural needs. Information about the student's learning will be very useful and will help to provide a better understanding of strengths and weaknesses for the assessment process. Please provide as much information as possible to support the assessment process.

**All information provided will be treated confidentially**

<b>Student's full name:</b>	<b>D.O.B:</b>
<b>School:</b>	<b>Year Group:</b>
<b>Name of person completing Form:</b>	
<b>Role in School:</b>	<b>Date:</b>
<b>School Contact Details:</b>	

**Please provide details about the student's National Curriculum attainments, if applicable:**

<b>SATs/ end of Key Stage Results</b>	<b>English:</b>	<b>Maths</b>
<b>Key Stage 1/ Age 7 Year 1 Phonics Test</b>		
<b>Key Stage 2/Age 11</b>		
<b>Year 1 Phonics Test</b>		<b>N/A</b>

**General ability in relation to his/her own age group in school:**

**Above average/ average/ below average** (tick as appropriate)

**Do you have any concerns regarding memory or retention of learning?**



**Attainment:** In relation to his/her own age group in school; please give details of any test results and challenges.

**Reading aloud:** good / average/ weak

**Reading Comprehension:** good / average/ weak

**Spelling good:** / average/ weak

**Free writing:** good / average/ weak **Writing Level:** .....

**Maths:** good / average/ weak **Maths Level:** .....

**Oral Expression:** good / average/ weak

**Coordination/ Dexterity:** good / average/ weak

**Has he/she any special abilities or interests?**

**Behaviour in Class:** (highlight/tick as appropriate)

withdrawn, aggressive, over-sensitive, anxious, attention-seeking, over-active, normal, passive, timid, cooperative, friendly, responsive, disorganised (other, please specify)

**Attitude towards work:** (highlight/ tick as appropriate)

enthusiastic, works well, seeks approval, distractible, slow, competent, shows no interest (other, please specify)

**Attitude towards adults:** (tick as appropriate)  
 obedient, apprehensive, submissive, aggressive, normal, resents correction (other, please specify)

**Attitude towards others:** (tick as appropriate)  
 Friendly, popular, prefers older pupils, prefers younger pupils, withdrawn, dominant, submissive, normal (other, please specify)

**Please give details of any individual support which you have been able to provide in the classroom:**

**Does the student have difficulty in any of these areas?**

Gross Motor Co-ordination	YES/NO	Fine Motor Co-ordination	YES/NO
Remembering Instructions	YES/NO	Self-organisation	YES/NO
Copying from the board	YES/NO	Getting started when writing	YES/NO
Planning and organising written work	YES/NO	Continually losing things	YES/NO
Is there a discrepancy between the student's verbal ability and written work?		YES/NO	

**Does the student have a preferred learning style?**

**What is the student's attitude towards work?**

**Other comments or observations:**

**OTHER ASSESSMENTS**

Has he/she seen an Educational Psychologist, Learning Support Teacher or any other professional? (e.g., speech therapist)

YES/ NO

If yes, please give details and dates:

**Is it expected that he/ she will be referred for any further assessment?**

YES/ NO

If yes, please give details and dates:

**CODE OF PRACTICE DETAILS (if applicable)**

What additional school-based support has been given?

**Please attach copy of recent EP/ Provision map or any other relevant documentation such as a sample of recent independent work.**

**Any other comments regarding concerns, attainment or progress:**

**Name:** ..... **Date:** .....

**Position:** .....

**Thank you for taking the time to complete this questionnaire. Your response is extremely important and valued in the assessment process.**

### **Questions on eye and vision history**

1. When did your child last have an eye test? (within 2 years is recent)
2. Was any prescription made (Yes/No)?  
If YES, was your child advised to wear prescription glasses for distance (e.g. television) or near (e.g. reading) or both?
3. Does your child wear prescribed glasses/contact lenses regularly (Yes/No)?  
If NO, why not?
4. Has your child ever used coloured overlays/tinted glasses (Yes/No)?  
If YES,
  - a) who advised and provided them?
  - b) why were they recommended?
  - c) did they help?  
if YES, then in what way?
  - d) do you still use them?

### **Questions on reading / near work activity**

1. How many hours reading per day, in a typical week?
2. How many hours on screen (phone, tablet or computer) per day, in a typical week?

**Any other comments/observations?**

## Visual symptoms questionnaire

For this protocol:

- Always = every day
- Often = several times a week but not necessarily every day
- Sometimes = 2-3 times a month
- Rarely = only once every few months / a year

		Never	Rarely	Sometimes	Often	Always
1	Do you get headaches when you read?					
2	Does reading make your eyes feel sore, gritty or watery?					
3	Does reading make you feel tired or sleepy?					
4	Do you become restless or fidgety or distracted when reading?					
5	Do you become less comfortable the longer you read?					
6	Do you prefer dim light to bright light for reading?					
7	Does reading from white paper seem too bright or glaring?					
8	Do parts of the white page between the words form patterns when you read?					
9	Does the print or background shimmer or appear coloured as you read?					
10	Does print appear to jitter or move on the page as you read?					
11	Do you screw your eyes up when reading?					
12	Do you rub your eyes to relieve the strain when you are reading?					
13	Does text appear blurred, or go in and out of focus, when you read?					
14	Do you move your eyes around or blink to keep text clear when you are reading?					
15	Do objects in the distance appear more blurred after you have been reading?					
16	Do you lose your place when reading?					
17	Do you re-read or skip words or lines when reading?					
18	Do you use a marker or your finger to stop you losing the place when you read?					
19	Do you cover or close one eye when reading?					
20	Do the words, page or book appear double when you are reading?					

**Referral decision:**



## **New Data Protection Regulations (NDPR)**

In accordance with the New Data Protection Regulation (NDPR), I must inform you of the following:

D&D Focus hold personal information about your child. This includes: name, contact details, date of birth, teaching notes, reports and assessment information about your child.

I use this information to inform my teaching and for assessment purposes. When completing diagnostic assessments, I use the information to provide recommendations on the assessment report for parents, specialist teachers and teachers. This information is not shared with anyone except the parents of the students.

I will send you half termly invoices if you have opted to pay by invoice.  
I will send emails to you to provide information about tuition sessions and student progress.  
I may contact you by telephone or mobile to discuss your child.

Information is stored securely on my computer system which is protected with up to date anti-virus software.

Information relating to tuition will be stored for 2 years and assessments will be stored for 7 years. Then it will be deleted. Information about your child will not be shared with anyone unless permission is provided in writing by the parents.

Please sign below if you agree to personal information being held by D&D Focus and you provide consent for D&D Focus making contact with you.

Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_