**CONFIDENTIAL OVER 16 QUESTIONNAIRE**

**Appointment booked in for: (date of appointment) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

It is important for me to get as much background information as possible prior to an assessment so that a holistic approach can be taken. Please could you return this questionnaire at least

**1 week prior** to the assessment.  **Thank You.**

**Personal Details**

|  |  |
| --- | --- |
| Full name of person to be assessed  (as you would like it in the written report) |  |
| Date of birth of person to be assessed |  |
| Age of person to be assessed |  |
| Home address: |  |
| Email address:  (The report will be sent to this email address) |  |
| Contact telephone numbers:  (Preferably a mobile number) |  |

**Developmental History**

|  |  |
| --- | --- |
| Has your vision been assessed?  if No – please ensure you have your eyesight checked prior to the assessment, to rule out any visual difficulties.) |  |
| Do you wear glasses/contact lenses?  If Yes – Please ensure you have your glasses for the assessment. |  |
| Have you ever used a coloured overlay?  If you currently use one please ensure you bring it for the assessment. |  |
| Has your hearing been checked? |  |
| Do you have any hearing difficulties? Please detail if Yes. |  |
| Did you achieve all developmental milestones within age appropriate ranges?  Talking  Walking  Riding a bicycle  Tying shoelaces |  |
| Are you on medication? Please elaborate if Yes |  |

**School/University/Employer History**

|  |  |
| --- | --- |
| Name of school /college/university/employer and year group/job role: |  |
| Have you been previously screened or assessed either within school/college or privately. If possible, please attach a copy of the screening/assessment. |  |

|  |  |
| --- | --- |
| Do you have difficulty with: | If Yes – please elaborate |
| Reading |  |
| Spelling |  |
| Handwriting |  |
| Essays |  |
| Mathematics |  |
| Sports/Games |  |
| Did you receive any additional specialist help at school? |  |

|  |  |
| --- | --- |
| Is there any known family history of specific learning difficulties? |  |
| Were you born in the U.K.?  Is English your first language? |  |
| Are there any special circumstances to consider (e.g. divorce, adoption, recent family deaths). |  |

**VERY IMPORTANT FOR CHILDREN IN SCHOOL YEARS 9-13:**

If your child is in approaching GCSE’s/A-Levels - Years 9-13 your child’s school will need to complete and email me Form 8 (Section A & B) **prior to an assessment taking place** as per JCQ regulations to be considered for Exam Access Arrangements for GCSE’s/A-Levels.

This can be downloaded by the school from jcq.org.uk Please let me know if you would like any further information about this process. Please let me know if you would like me to liaise with your child’s school regarding this process.

If there is any further relevant information you would like to provide please elaborate here or email me separately.

Where did you hear about me? \_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to join my bi-annual (twice a year) mailing list with useful information about updates in the field of Dyslexia? Please provide which email address you would like to be added on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank You for taking the time to complete this questionnaire.

Please do let me know if any information given in this questionnaire is confidential and you would prefer for it not to be detailed in the final assessment report.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Relationship to child if signed by a guardian)\_\_\_\_\_\_\_\_\_.

Please return this form by email **prior** to the assessment to: info@dyslexiaunlocked.org

Mrs Shobha Coutinho MSc (Dyslexia); AMBDA; CCET – Educational Testing

Assessment Practising Certificate Number: 0507/20