Dyslexia Assessment, Consultancy & Support
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Pre-Assessment Questionnaire – Adults

Prior to the assessment can you please fill out the following form and once you have completed all the relevant sections please return with any supporting evidence via email to: caroline@dyslexiasolutions.co.uk. or post to the address above. Any information you provide will give valuable background information for the assessment and diagnostic report and a **summary of the information will appear in the report. Please discuss with the assessor any information you would prefer not to be included.**

Privacy and Confidentiality

Your report will be emailed to you on completion and all paperwork and information gathered as part of the assessment will be kept in accordance with the GDPR. In view of the requirement to hold minimal information the test papers will be disposed of securely following the assessment. The report will be kept electronically in a secure file for up six years after the assessment.

Terms and Conditions

You are agreeing to our Terms and Conditions by completing and retuning this questionnaire.

Please visit www.dyslexiasolutions.co.uk. to view the Privacy Policy and Terms and Conditions. Alternatively you can request a paper copy.

Instructions for the completion of this form:

There are **4** elements to this pack. **Please complete sections 1 and 2 and, if relevant, sections 3 and 4. There is guidance within the pre-assessment questionnaire if section 3 or 4 are required.**

- **Section 1** – Personal Details
- **Section 2 –** Pre-Assessment Questionnaire
- **Section 3 –** Visual Difficulties screening questionnaire
- **Section 4 –** Dyspraxia screening questionnaire

SECTION ONE

Personal Details	
Full Name	
Date of Birth	
Home Address	
Name and Address of Workplace or College/University	
Course of Study/Work Role	
Year and length of course/study if applicable	
Time in current job	
Telephone Number	
Email Address	

SECTION TWO

General Background Information
What is the reason for requesting this assessment?
Key areas of difficulty?
Key areas of strength?
Health and development History – It is important to take a detailed history because specific learning difficulties (SpLDs) are developmental in nature
Have you any current health concerns?
Are you on any long-term medication for any reason? (please detail when started/name/condition)
Have you had any health problems, illnesses, injury, head injury, broken bones or hospital stays? (please detail age/type/length of condition) e.g. tonsillitis, meningitis, measles

Birth and Physical/Sensory Development – if known

Pre-natal/pregnancy – e.g. maternal smoking/medication/drug/alcohol/ blood pressure/trauma.

Birth complications – e.g. late/early by how much, cord around neck, breach birth, forceps delivery, protracted delivery, Caesarean – (planned or emergency)?

Post-natal problems - incubator (for how long), special care (reasons), birth weight

Were early milestones met within the normal time limits? (crawling, walking etc).

As a child were there recurrent ear infections or hearing problems (developmental or acquired)?

Have you had an eye test within the last 2 years? Yes/No
If so on what date ……
If not, an eye test will be needed prior to the assessment.

Do you have any problems with vision? e.g., Short-sightedness, squint, lazy eye, other.

For example: Do words move on the page or does white paper glare?
Note: if you experience 'any difficulties with vision, including words moving on the page or paper being too bright', a vision checklist will need to be completed –and maybe a referral to an optometrist. Please complete ***section 3.***

Are you left or right-handed?

Coordination Difficulties: Have you had any difficulties or delay in learning to:
(Please tick the boxes as appropriate)

Walk		Talk		Team sports	
Ride a bike		Throw/catch a ball		Un-co-ordinated	
Swim		Tell left from right		Bumping into things	
Shoelaces/buttons		Tell the time		Handwriting	

Are any of these issues still a problem?
(If coordination is an issue, please fill in the dyspraxia checklist in ***section 4.***

Do any other members of the family experience similar difficulties, either diagnosed or suspected? *E.g., Autism/Asperger's/ADHD/Dyspraxia/Dyslexia/Speech and language difficulties/motor coordination difficulties. (Please note nobody will be named, specifically in the report.)*

Were you slow learning to speak and/or did you have any other speech problems as a child? Did you require speech therapy? Do you or did you have any problems with word-finding or pronunciation? (when/age/length of issue)

Are your verbal skills a strength?

Educational and work history
Have you had any developmental or long-standing difficulties with learning to read, write or spell including handwriting?
Have you previously been assessed by an Educational Psychologist, Specialist Teacher, Speech Therapist? (*Name of professional/date/age when assessed/diagnosis made).* Do you have any reports available? Yes/No If yes, please attach in an email or bring along to the assessment.
Did you receive any learning support at any stage of your education? If yes, please give a summary Did you have any examination access arrangements such as 25% extra time, a reader or a scribe? If yes, please give a summary.
Give a brief overview of your qualifications to date *(GCSE, 'A' level, BTEC, Degree, workplace qualifications etc)*
What were the main problems you have or had at school or when studying?
What were you good at when you were at school or studying?
If you have/have had a job what difficulties do you experience?
If you do have a job what strengths do you have within your work role?

Current Situation		
Reading	Yes	No
Do you lose your place or miss chunks of text when you are reading?		
Do you need to re-read information to recall and to understand what you have read?		
Do you feel that your reading is slow?		
Do you find it hard to find information in books, journals, or reports?		
Do you find it difficult to interpret exam questions or detailed instructions?		
Do you find reading reports or long pieces of text difficult?		
Do you dislike reading aloud?		
Do you read for pleasure?		
What strategies do you use to help with any difficulties with reading?		
Writing:	Yes	No
Do you write neatly?		
Do you find it hard to write quickly?		
Do you reverse letters? *(b,d,g,m,w)* or sequence letters within a word in the wrong order when you are writing?		
Do you find recalling spelling patterns difficult?		
Do you find it hard to get your ideas from your head onto paper?		
Is structuring your work difficult when writing an essay or report or email?		
Do you have difficulties with grammar and punctuation		
Do you prefer to use a computer for written tasks?		
If so, do you find this improves your written work?		
Do you find it hard to take notes when someone is speaking?		
Do you find it hard to copy notes from a distance?		
What strategies do you use to help with any difficulties with writing?		
Planning and organisational ability:	Yes	No
Do you consider yourself to be an organised person?		
If yes, what strategies to you use to keep yourself organised in relation to study or work-related skills and the management of your daily life?		
If no what difficulties do you have in relation to study or work-related skills and the management of your daily life?		

Memory and Concentration:	Yes	No
Do you have problems remembering and following instructions?		
Do you find it hard to take messages, to recall telephone numbers, times of trains or buses, times of appointments etc?		
Do you struggle to concentrate for long periods of time?		
Orientation:	Yes	No
Do you find it hard to follow left/right instructions?		
Are you good at reading maps?		
Is finding your way to a strange place hard?		
Do you struggle to look up things in dictionaries or filing systems hard?		
Maths	Yes	No
Did you struggle to learn your times tables?		
Do you know your times tables today?		
Do you struggle with mental arithmetic tasks?		
Is reading maths questions difficult?		
Do you reverse numbers when you are writing?		
Do you reverse numbers when you are reading them or saying them?		

SECTION THREE

Visual Difficulties Screening Protocol V.2. 2019 adults

[Appendix 2: from SpLDs and Visual Difficulties a Guide for Assessors and SpLD practitioners]
With acknowledgement to Moody, Singleton and Jameson.

This questionnaire should ideally be completed prior to referral for SpLD assessment in order to allow time for visual difficulties to be assessed/addressed.

Questions on eye and vision history	
1. Have you any history of visual difficulties/problems with sight/visual impairment?	
2. When did you last have a sight test by an optometrist ("optician")?	
3. Were any prescriptions made? **Yes/No** If **Yes**, were you advised to wear prescription glasses/contact lenses for **distance** (e.g. for watching television or for driving) or **near** (e.g. reading) or **both**? If **yes** do you wear the prescribed glasses/ contact lenses? **Yes/No.** If **No,** why not?	
4. If **yes** do you have the prescribed glasses/contact lenses with you today? **Yes/No** If **No,** why not?	
5. Have you 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** in what way? d) Do they still use them? if not why?	
Questions on reading/near work activity	
6. Approximately how many hours per **working/study** day do you spend at a screen (phone, tablet, computer) etc?	
7. Approximately **how many additional hours per working/study** day do you spend reading books, newspapers, comics, or other paper-based texts?	
8. Has your screen/reading/near work time increased recently? If so by how much?	

Visual Difficulties Questionnaire (post 16 years? *	Never	Rarely	Some-times	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. When do you prefer dim light to brighter 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 you read?					
12. Do you rub your eyes to relieve the strain when you are reading?					
13. Do you move your eyes around or blink to keep text clear when you are reading?					
14. Do you use a marker or your finger to stop you losing your place when you read?					
15. Do you cover or close one eye when reading?					
16. Do you lose your place when reading?					
17, Do you re-read or skip words or lines when reading?					
18. Does text appear blurred or go in and out of focus when you read?					
19. Do objects in the distance appear more blurred after you have been reading?					
20. Do the words, page or book appear double when you are reading?					
*__N.B__. Response categories for this protocol: **Always** = every day. **Often** = several times a week, but not necessarily every day. **Sometime**s = 2-3 times a month. **Rarely** = only once a month.					

SECTION FOUR

The Adult Developmental Coordination Disorder/Dyspraxia Checklist (ADC) for Further and Higher Education
(Kirby and Rosenblum 2008)

Section 1: As a child, did you:				
	Never (0)	Sometimes (1)	Frequently (2)	Always (3)
1. Have difficulties with self-care tasks, such as tying shoelaces, fastening buttons and zips?	☐	☐	☐	☐
2. Have difficulty eating without getting dirty?	☐	☐	☐	☐
3. Have difficulty learning to ride a bike compared to your peers?	☐	☐	☐	☐
4. Have difficulties with playing team games, such as football, volleyball, catching or throwing balls accurately?	☐	☐	☐	☐
5. Have difficulty writing neatly (so others could read it)?	☐	☐	☐	☐
6. Have difficulty writing as fast as your peers?	☐	☐	☐	☐
7. Bump into objects or people, trip over things more than others?	☐	☐	☐	☐
8. Have difficulty playing a musical instrument (e.g. violin, recorder)?	☐	☐	☐	☐
9. Have difficulties with organising/finding things in your room?	☐	☐	☐	☐
10. Have others comment about your lack of coordination or call you clumsy?	☐	☐	☐	☐
Total				

If you score 17 or over, please complete the next section

Section 2: Do you currently have difficulties with the following items:				
	Never	Sometimes	Frequently	Always
1. Self-care tasks such as shaving or applying makeup?	☐	☐	☐	☐
2. Eating with a knife and fork/spoon?	☐	☐	☐	☐
3. Hobbies that require good coordination?	☐	☐	☐	☐
4. Writing neatly when having to write fast?	☐	☐	☐	☐
5. Writing as fast as your peers?	☐	☐	☐	☐
6. Reading your own writing?	☐	☐	☐	☐
7. Copying things down without making mistakes?	☐	☐	☐	☐
8. Organising/finding things in your room?	☐	☐	☐	☐
9. Finding your way around new buildings or places?	☐	☐	☐	☐
10. Have others called you disorganised?	☐	☐	☐	☐
11. Do you have difficulties sitting still or appearing fidgety?	☐	☐	☐	☐
12. Do you lose or leave behind possessions?	☐	☐	☐	☐
13. Would you say that you bump into things, spill or break things?	☐	☐	☐	☐
14. Are you slower than others getting up in the morning and getting to work or college?	☐	☐	☐	☐
15. Did it take you longer than others to learn to drive? (If you do not drive, please indicate on the paper and describe why you chose not to drive.)	☐	☐	☐	☐
16. Do others find it difficult to read your writing?	☐	☐	☐	☐
17. Do you avoid hobbies that require good coordination?	☐	☐	☐	☐
18. Do you choose to spend your leisure time more on your own than with others?	☐	☐	☐	☐
19. Do you avoid team games/sports?	☐	☐	☐	☐
20. If you do a sport, is it more likely to be on your own, e.g. going to the gym, than with others?	☐	☐	☐	☐
21. Do you/did you in your teens/twenties avoid going to clubs/dancing?	☐	☐	☐	☐
22. If you are a driver, do you have difficulty parking a car?	☐	☐	☐	☐
23. Do you have difficulty preparing a meal from scratch?	☐	☐	☐	☐
24. Do you have difficulty packing a suitcase to go away?	☐	☐	☐	☐

Scoring and interpretation of the ADC

To get a joint score, the adult needs to complete Section 1 (as a child) and Section 2 (current functioning).

	Never	Sometimes	Frequently	Always
25. Do you have difficulty folding clothes and putting them away neatly?	☐	☐	☐	☐
26. Do you have difficulty managing money?	☐	☐	☐	☐
27. Do you have difficulties with performing two things at the same time (e.g. driving and listening or taking a telephone message)?	☐	☐	☐	☐
28. Do you have difficulties with distance estimation (e.g., regarding parking, passing through objects)?	☐	☐	☐	☐
29. Do you have difficulty planning?	☐	☐	☐	☐
30. Do you feel you are losing attention in certain situations?	☐	☐	☐	☐
Section 1 total				
Section 2 total				
Questionnaire total [section 1 + section 2]				

Each question is allocated a score as follows:

Never - 0
Sometimes - 1
Frequently - 2
Always - 3
Add section 1 & 2 to give an overall total

A score of:
56 + = Dyspraxia at risk
65+ = Probable Dyspraxia

The individual requires a score of at least 17 in Section 1 in order to meet the criteria of having past difficulties in childhood. If this is the case, then the combined score can be calculated.