

### **Pre-Assessment Questionnaire – Pre 16**

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Please fill out the following form providing as much information as possible. Once you have completed all the relevant sections please return with any supporting evidence via email to: [caroline@dyslexiasolutions.co.uk](mailto:caroline@dyslexiasolutions.co.uk) or post to the address above at least one week prior to the assessment. 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 returning this questionnaire.

Please visit [www.dyslexiasolutions.co.uk](http://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 **3** elements to this pack, **please complete sections 1 and 2 and, if relevant, section 3. There is guidance within the pre-assessment questionnaire as to whether section 3 is required.**

- **Section 1** – Personal Details
- **Section 2** – Pre-Assessment Questionnaire
- **Section 3** – Visual Difficulties

## SECTION ONE

Personal Details	
Full Name	
Date of Birth	
Home Address	
Name and Address of School	
School Year	
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:
<b>Health and development History</b> - It is important to take a detailed history because specific learning difficulties (SpLDs) are developmental in nature.
Has your child got any current health concerns?
Are they on any long-term medication for any reason? (please detail when started/name/condition)
Have they had or have any health problems, illnesses, injury, head injury, broken bones or hospital stays? (please detail age/type/length of condition) e.g. tonsillitis, meningitis, measles
<b>Birth and Physical/Sensory Development</b>
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).					
Have they had recurrent ear infections or hearing problems? (developmental or acquired)					
Were they slow learning to speak or have any other speech problems? Did they require speech therapy? Do they have any problems with word-finding or pronunciation? (when/age/length of issue)					
Are their verbal skills a strength?					
Have they had an eye test within the last year? Yes/No If so on what date ..... If not, they will need to have an eye test prior to the assessment.					
Do they have any problems with vision? e.g., Short-sightedness, squint, lazy eye, other.  <i>Do words move on the page or does white paper glare?</i> <i>Note: if they 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.</i>					
Are they left-handed or right-handed?					
Do any other members of the family experience similar difficulties, either diagnosed or suspected? <i>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.)</i>					
Is English their first and only language spoken fluently? (If not give details of other languages spoken in the home)					
Other Difficulties – please tick if your child has had difficulties with any of the following:  <i>(Please tick the boxes as appropriate)</i>					
Alphabet skills	<input type="checkbox"/>	Learning times tables	<input type="checkbox"/>	Days of the week	<input type="checkbox"/>
Months of the year	<input type="checkbox"/>	Tell left from right	<input type="checkbox"/>	Tell the time	<input type="checkbox"/>
Swim/riding a bike	<input type="checkbox"/>	Throw/catch a ball	<input type="checkbox"/>	Shoelaces/buttons	<input type="checkbox"/>

<b>Educational history</b>	
Have they had any developmental or long-standing difficulties with learning to read, write or spell including handwriting?	
When were any difficulties first noticed?	
Have they previously been assessed by an Educational Psychologist, Specialist Teacher, Speech Therapist? <i>(Name of professional/date/age when assessed/diagnosis made).</i>	
Do you have any reports available? yes/no	

<p>If yes, please attach in an email or bring along to the assessment.</p> <p>Have they received any learning support at any stage of their education, and can you give a summary?</p>
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Current Difficulties		
<b>Reading</b>	Yes	No
Do they lose their place when reading?		
Do they miss lines or chunks of text when reading?		
Do they need to re-read information to recall what they have read?		
Do they need to re-read information to understand what they have read?		
Do they read slowly?		
Do they find it hard to find information in books?		
Do they dislike reading aloud?		
Do they read for pleasure?		
<b>Writing and spelling:</b>	Yes	No
Do they write neatly?		
Do they find it hard to write quickly?		
Do they reverse letters? ( <i>b,d,g,m,w</i> )		
Do they Sequencing letters within words in the wrong order? ( <i>was-saw</i> )		
Do they find recalling spelling patterns difficult?		
Do they find it hard to get their ideas from their head onto paper?		
Is structuring their work difficult when writing at length?		
Do they have difficulties with grammar and punctuation?		
Do they find it hard to copy notes from a distance?		
<b>Maths</b>	Yes	No
Did they struggle to learn their times tables?		
Do they know their times tables today?		
Do they struggle with mental arithmetic tasks?		
Is reading maths questions difficult?		
Do they reverse numbers when they are writing?		
Do they reverse numbers when they are reading them or saying them?		
<b>Memory, attention and concentration:</b>	Yes	No
Do they have problems remembering and following instructions?		
Do they struggle to concentrate for long periods of time?		
Do they find it hard to organise themselves?		
<b>Speech, oral language communication:</b>	Yes	No
Do they have problems saying long words?		
Do they like speaking in public?		
Can they explain things to people simply and clearly?		
Do they find it hard to follow conversations or discussions?		
Do they have the capacity to see the big picture?		

Do they have good general knowledge?		
Are they good at sport or drama?		

## SECTION THREE

### Visual Difficulties Screening Protocol V.2. 2019 Children

[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. Has your child any history of visual difficulties/problems with sight/visual impairment?	
2. When did they last have a sight test by an optometrist ("optician")?	
3. Were any prescriptions made? <b>Yes/No</b>  If <b>yes</b> , were they advised to wear prescription glasses/contact lenses for <b>distance</b> (e.g. for watching television or for driving) or <b>near</b> (e.g. reading) or <b>both</b> ? If yes does your child wear the prescribed glasses/ contact lenses? <b>Yes/No</b> . If <b>no</b> , why not?	
4. If yes please ensure they wear them for the assessment unless they are intended for distance only.	
5. Have they ever used coloured overlays/tinted glasses ( <b>Yes/No</b> )? If <b>yes</b> , 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	
6. Approximately how many hours per school day does your child spend at a screen (phone, tablet, computer etc)?	
7. Approximately how many additional hours per school day does your child spend reading books, newspapers, comics or other paper texts?	
8. Has your child's screen time/reading/near work time increased recently? If so by how much?	

Visual Difficulties Questionnaire (pre – 16 years? *	Never	Rarely	Some-times	Often	Always
<b>Section for parents/carers</b>					
1. Does your child get headaches when they are reading?					
2. Does your child report that reading makes their eyes feel sore, gritty or watery?					
3. Does your child report feeling tired or sleepy during or after reading?					
4. Have you noticed your child become restless, fidgety or distracted when they are reading?					
5. Have you noticed your child rubbing their eyes when reading?					
6. Have you noticed your child screwing their eyes up when reading?					
7. Have you noticed your child tilting their head to one side when they are reading?					
8. Have you noticed your child moving their eyes around or blinking frequently when they are reading?					
9. Have you noticed your child holding a paper or book very close to their eyes when reading?					
10. How often does your child use a marker or their finger to keep their place when reading?					
11. Have you noticed if your child frequently loses their place when reading?					
12. Have you noticed your child covering or closing one eye when reading?					
<b>Section for child</b>					
13. When you read do you see two of each word?					
14. When you read, do the words you read look blurry, fuzzy, or unclear?					
15. When you are reading do the words move on the page?					
16. When your teachers ask you to copy something from a screen at the front of the classroom can you see what is written on the screen?					
* <b>N.B.</b> Response categories for this protocol: <b>Always</b> = every day. <b>Often</b> = several times a week, but not necessarily every day. <b>Sometimes</b> = 2-3 times a month. <b>Rarely</b> = only once a month.					