

Dyslexia Support Consultancy

Sarah-Louise Jeffries

Tel: 0781 806 3634

enquiries@dscsupport.co.uk

www.dyslexiasupportconsultancy.com

All information given will be treated confidentially.

Dyslexia Support Consultancy regards personal information as very important and fully adheres to the principles of Data Protection, as detailed in the Data Protection Act 1998.

Adult Assessment Questionnaire (Confidential)

1. Details

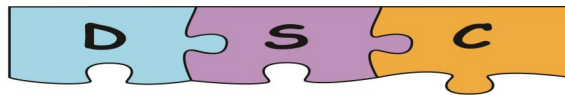
First Name	Date of Birth	Gender Male / Female
Surname	Address	
Mr Mrs Miss Ms Other	Post Code – Phone number (Home) – Phone number (Mobile) – E-mail address -	

2. Family Background

When assessing for Dyslexia it is important to have a comprehensive family background Are there any family members who have experienced difficulty in learning (please include both parents' families and say which relatives):-

Relative:	Speaking	Reading	Writing	Spelling	Maths

What languages are spoken at home?	1.
	2.
If English is not your first language, how long has English been spoken?	
Did you experience difficulties in your first language and how did this affect you?	



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3. Early Development and Medical History

	Yes	No
Did your speech and language develop well? (for example, clarity of speech, understanding spoken language and self-expression).		
Do you/ did you mispronounce words or sounds?		
Did you receive Speech Therapy? Please provide details for example, when was it, for how long? etc		
(If you have SALT reports please include a photocopy)		
Have you suffered any accidents? Have you ever had to stay overnight in hospital? If yes please give details below?		
Please give information regarding any illnesses or conditions that the assessor should be aware of:		

Have you had:

Measles
 Glandular Fever
 Rubella

Chickenpox
 Mumps
 Other illness

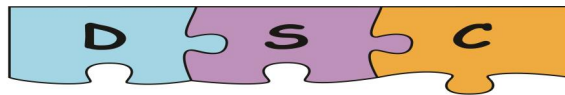
Does you suffer from any allergies such as eczema, hay-fever, asthma?

*Yes No

If yes please provide details:

Do you take any regular medication? *Yes No

If yes please provide details:



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When did you last have an eye test? (within 2 years is recent)

Was any prescription made (Yes/No)?

If YES, were you advised to wear your prescription for distance (e.g. television or driving) or near (e.g. reading) or both?

Do you wear your prescribed glasses/contact lenses (Yes/No)?

If NO, why not?

Please wear them to the assessment.

Have you ever found that the words and letters move about when reading and writing or that the words are blurred?

If so did you ever consult an Optician or a Behavioural Optometrist about this? (if so, who and when)

When was your last hearing test? (What were the results)

Have you suffered from ear infections?

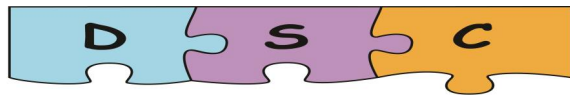
Have you ever had grommets inserted?

Do you suffer from frequent ear, sinus, throat or chest infection?

If yes please give details:

4. Educational History

Past schools/Colleges attended, Name of school	Dates	Exams and grades	State or Independent



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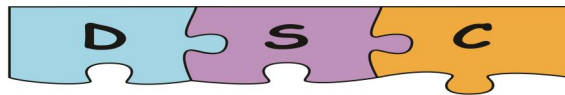
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Were there reasons for changing school other than age?
If yes, please give details

Have you ever had extra tuition or therapy? (With whom? How often? When?)



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Have you ever been assessed by an Educational Psychologist? (With whom? How often? When?)

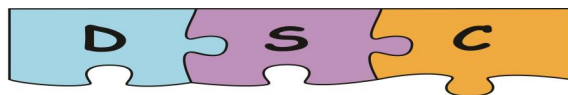
Do you have copies of the reports? Please include a copy.

Have you received access arrangements during exams? (for example, scribe, computer, extra time)

Were your difficulties recognised in school? (Please provide details)

Have you ever had a Statement of Educational Needs/EHCP? (Please provide details)

Have you ever been to a special school? (Please provide details)



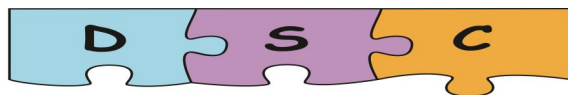
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5. Current Difficulties

Current Problems	Yes	No
In day to day experiences, at work, or on courses you have taken (or are taking), have you had difficulties with any of the following?		
Communication – do you:		
Have difficulties saying long words or words containing particular sounds?		
Can you give examples....		
Lose track of what you want to say, or what other people are saying?		
Sometimes find that you have completely miss-interpreted what has been asked?		
Sometimes struggle to say what you mean?		
Get confused or ‘freeze up’ if you have to speak/read in public?		
Sometimes find it difficult to take telephone messages and passed them on correctly?		
Organisation – do you have problems with:		
Organising and planning ahead		
Prioritising your workload		
Meeting deadlines		
Working under pressure of time (e.g. in examinations)		
Do you get confused over dates and times and miss appointments?		
Memory and Confusion		
Do you have difficulties remembering information instructions/new information?		
Do you often lose concentration?		
Did you find it difficult to learn your multiplication tables?		



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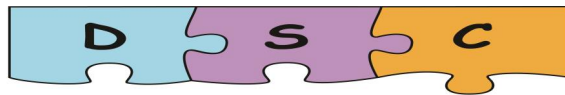
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Do you find that you experience eye-strain when looking at a computer screen for extended periods?		
Does writing tend to look blurred or move about on the page?		
Do you find it hard to remember the sequences of numbers or letters, such as telephone numbers or car registrations?		
Literacy-do you have problems with:		
Taking notes, e.g. at meetings or lectures		
Understanding what you have read		
Transferring information from one source to another		
Producing written reports, essays or other lengthy documents		
Proofreading your written word		
Summarising information		
Identifying key points when faced with large quantities of information		
Filling in forms or writing cheques correctly		
Do you feel your work contains a large number of spelling errors?		
Do you misspell 'easy' words, when filling in forms or writing where others can see you doing so?		
Do you miss out little words or the endings of words when reading?		
Do you sometimes muddle up words in sentences so that they don't make them sense?		
Do you avoid using words you cannot spell?		
Do you miss out, commas and other punctuation marks?		
Do you tend to write down everything as it comes into your head?		
Orientation:		
Do you have difficulty telling left from right?		
Do you have difficulties reading road signs especially when driving?		
Is map reading, or finding your way to a strange place confusing?		



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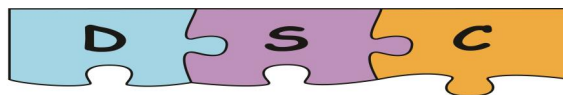
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Arithmetic		
Find it hard to do maths without a calculator?		
Confuse maths symbols and signs?		
Coordination and dexterity- do you:		
Find it difficult to learn practical skills?		
Find it difficult to use small tools or objects		
Have difficulties in using a keyboard or a mouse?		
Often drop things, or bump into things?		
How do problems affect work, training or education?		
What are your concerns and views of these problems?		
Do you have any specialist equipment help you with spelling, reading or writing lengthy document (e.g. electronic spell-checker, reading pen, etc)?		
Do you have a friend or member of the family check your work?		
Are your employers aware of possible difficulties?		
What do they do to help?		
What else do you feel they could do to help?		
What other strategies have you developed?		



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6. Fine and Gross Motor Control

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

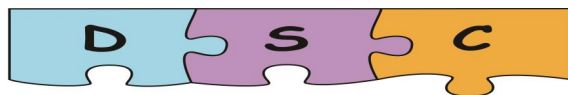
Have you ever been diagnosed with any of the following?

- Dyspraxia, Developmental Co-ordination Disorder, Clumsy Child Syndrome
- Dyslexia
- Attention Deficit Hyperactivity Disorder (ADHD) or ADD
- Asperger's Syndrome, Autism Spectrum Disorder
- Learning Difficulties, Disabilities
- Other

Who Diagnosed you?

When were you diagnosed? (Please attached/send a copy of diagnosis)

Section 1: As a child, did you:				
	Never	Sometimes	Frequently	Always
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 difficulty writing neatly (so others could read it)?				
5. Have difficulty writing neatly (so others could read it)?				
6. Do you find it difficult writing as fast as your peers?				



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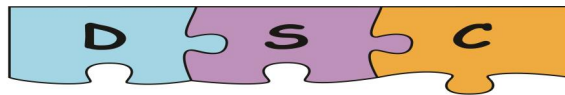
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7. Bump into objects or people, trip over things more than others?				
8. Have difficulty playing a musical instrument (e.g. violin, recorder)?				
9. Have difficulties with organising /finding things in your room?				
10. Have others commented about your lack of coordination or call you clumsy?				
Section 2: Do you currently have difficulties with the following items:				
	Never	Sometimes	Frequently	Always
11. Self-care tasks such as shaving or make up?				
12. Eating with a knife and fork/spoon?				
13. Hobbies that require good coordination?				
14. Writing neatly when having to write fast?				
15. Writing as fast as your peers?				
16. Reading your own writing?				
17. Copying things down without making mistakes?				
18. Organising/finding things in your room?				
19. Finding your way around new buildings or places?				
20. Have others call you disorganised?				
21. Do you lose or leave behind possessions?				
22. Would you say that you bump into things, spill or break things?				
23. Are you slower than others getting up in the morning and getting to work or college?				
24. Do others find it difficult to read your writing?				
25. Do you avoid hobbies that				



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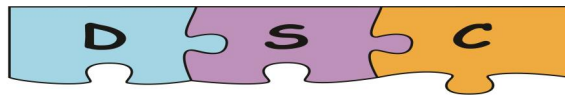
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require good coordination?				
26. Do you choose to spend your leisure time more on your own than with others?				
27. Do you avoid team games/sports?				
28. If you do a sport, is it more likely to be on your own, e.g. going to the gym, than with others?				
29. Do you/did you in your teens/twenties avoid going to clubs/dancing?				
30. If you are a driver, do you have difficulty parking a car?				
31. Do you have difficulty preparing a meal from scratch?				
32. Do you have difficulty packing a suitcase to go away?				
33. Do you have difficulty folding clothes to put them away neatly?				
34. Do you have difficulty managing money?				
35. Do you have difficulties with performing two things at the same time (e.g. driving and listening or taking a telephone message)?				
36. Do you have difficulties with distance estimation (e.g. with regard to parking, passing through objects)?				
37. Do you have difficulty planning ahead?				
38. Do you lose attention in certain situations?				
Section two total				
Section one total				



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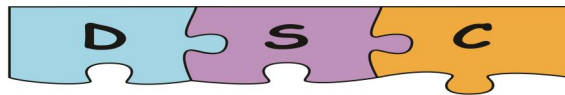
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6. Current Employment

What is your present job?	
What course are you doing at university and which university are you going to?	
Please list the jobs that you have had	

	Yes/No	Comments
Do you have special interest/ hobbies?		
Do you have any particular dislikes?		



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AUTHORISATION

- I/we instruct Dyslexia Support Consultancy to arrange for an assessment to be carried out on me.
- I/we confirm that:
- I/we have received, read and accept Dyslexia Support Consultancy’s Terms and Conditions.
- The information provided in this Questionnaire is, to the best of my/our knowledge, correct
- I/we will pay for the assessment
- I/we will respect the confidential nature of the assessment report and only circulate it to relevant professionals and for the purpose for which it was intended

Please note that the information recorded within this questionnaire will be used for the purpose of assisting the assessment. It is possible that some of this information may be recorded within the final assessment report. If you do have any sensitive or confidential information that you think is relevant, but which you either do not want to record or be recorded within the report, then please consider sharing this confidentially with the person performing the assessment and obtain agreement on how this information is to be used.

Signed:.....

Print name/s:

Date:.....

*If payment is to be made by another person or organisation, such as a bursary fund, please give details here:

Please return this questionnaire to:-
Dyslexia Support Consultancy,
196 Hawthorn Way,
Lindford,
Hampshire
GU35 0RB