

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.

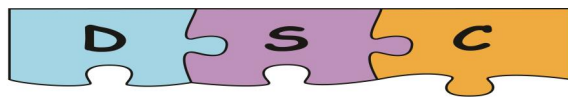
Adult University Assessment Questionnaire (Confidential)

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

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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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

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:		



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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:

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

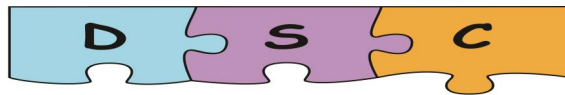
Was any prescription made (Yes/No)?

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.



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Reading/near work activity

How many hours do you spend reading per day, in a typical week?

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

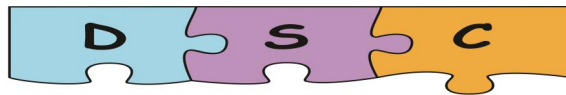
When was your last hearing test? (What were the results)

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:



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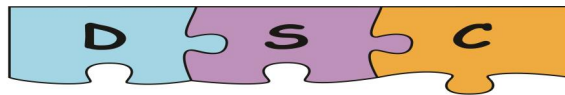
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4. Educational History

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

Were there reasons for changing school other than age?

If yes, please give details



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

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

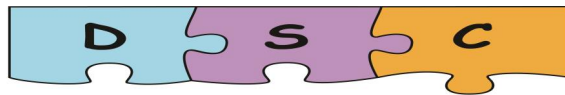
Do you have copies of the reports? Please include a copy.

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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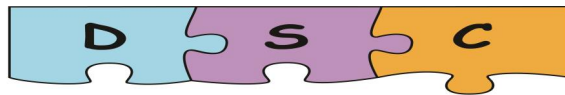
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5. Current Difficulties

Do you have problems with:	Yes	No
Reading		
Understanding what you have read?		
Spelling		
Written work		
Note taking		
Writing at speed		
Learning Information		
Remembering information/memory		
Organisation		
Numbers		
Concentration		
Handwriting		
How do problems affect work, training or education?		
What are your concerns and views of these problems?		



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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)

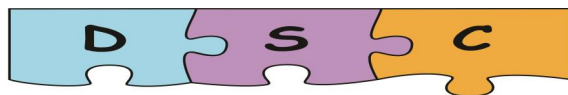
Have you ever been diagnosed with any of the following?

- 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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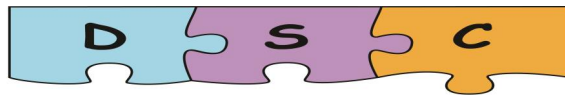
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7. Bump into objects or people, trip over things more than others?				
8. Have difficulty playing a musical instrument (e.g. violin, recorder)?				
9. Have difficulties with organising /finding things in your room?				
10. Have others commented about 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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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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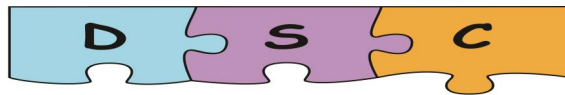
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What is your present job?	
What course are you doing at university and which university are you going to?	
Please list the jobs that you have had	

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

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



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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