

## Dyslexia Support Consultancy

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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.

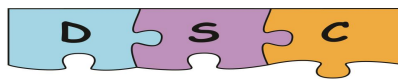
### Parental Questionnaire (Confidential)

#### 1. Details

Child's Name	Date of Birth	Gender Male / Female
Name of Parents/Guardians	Address  Post Code - Phone number (Home) - Phone number (Mobile) - E-mail address -	
Relationship to the child		
Is the child adopted?		

#### 2. Family Background

What languages are spoken at home:	1.
	2.
If English is not your child's first language, how long has English been spoken?	
Does your child experience difficulties in his/her first language and how does this affect them?	



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	Occupation or school	Right /left handed
Mother		
Father		
Brothers/Sisters		
Other carers involved with your child:		

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. Birth and Early Development

Were there any unusual features or complications during pregnancy and birth?

\* Yes  No

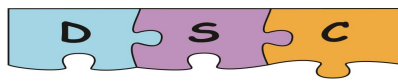
Was the pregnancy full term?

Yes  \*No

Was delivery normal?

Yes  \*No

If you have answered any questions above that have a \* against them please give details below:-



Were there any unusual features or complications in early childhood?

\*Yes  No

Were there problems in the early months?

\*Sucking  \*Feeding  \*Fits  \*Other

If you have answered any questions above that have a \* against them please give details below:-

At what age did your child:-

Crawl	Walk without help	Sit up
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Is your child right or left handed?

Right  Left

At what age did they show a preference?

Age of preference

#### 4. Speech Development

Was your child talking by 18 months of age? Yes  \*No

Were there any problems with your child's speech and language development? (for example, clarity of speech, understanding spoken language and self-expression).

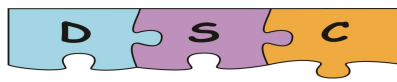
\*Yes  No

Does he/she mispronounce words or sounds? \*Yes  No

If you have answered any questions above that have a \* against them please give details below:-

Has your child had a Speech and Language Assessment or therapy? (\*Please enclose the report)

\*Yes  No\*



## 5. Medical History

Has your child had:

Measles   
 Glandular Fever   
 Rubella

Chickenpox   
 Mumps   
 Other illness

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

\*Yes  No

If yes please provide details:

Does your child take any regular medication? \*Yes  No

If yes please provide details:

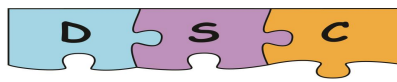
Is your child normally healthy?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is your child vegetarian?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is your child on a special diet?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are any foods avoided?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is your child a fussy eater?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

When was your child's eyesight tested? (please make sure they have had a recent eye test - in the last 6 months)

What were the results:

Has your child ever complained 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)

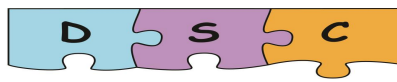


When was your child's hearing tested? (What were the results)	
Has your child had ear infections?	
Has your child had grommets inserted?	
Did or has your child suffered from frequent ear, sinus, throat or chest infection?	
If yes please give details:	

**6. Activity and behaviour**

Does/did your child have difficulty with any of the following:-

	In the past	Ongoing	No
Handwriting			
Cutting out			
Running			
Lego			
Jigsaw puzzles			
Colouring/drawing			
Dressing			
Using Cutlery			
Dressing			
Tying shoelaces			
Catching balls			
Throwing balls			
Climbing stairs			
Cycle riding			
Co-ordination			
Clumsiness			
Remembering nursery rhymes			
Learning times tables			
Organisation			



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Please explain any difficulties noted above:-

Is your child good at sports?

## 7. Social and Emotional Adjustment

Has your child recently shown any of the following (please tick if yes):-

Temper Tantrums	<input type="checkbox"/>	Hyperactivity	<input type="checkbox"/>	Nervousness	<input type="checkbox"/>
Nightmares	<input type="checkbox"/>	Unusual fears	<input type="checkbox"/>	Immaturity	<input type="checkbox"/>
Excessive Tiredness	<input type="checkbox"/>	Bed Wetting	<input type="checkbox"/>	Concentration	<input type="checkbox"/>
Behavioural Difficulties:-					
1. at home	<input type="checkbox"/>				
2. at school	<input type="checkbox"/>				

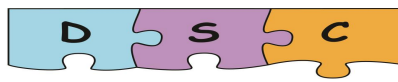
Can you describe how your child gets along socially with the following:

Siblings

Adults (family members)

Other children

Other adults



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## 8. School details

Name and address of current school:	Are there any special circumstances relating to school which could have adversely affected your child's progress at school? e.g., interrupted schooling, poor teaching in earlier schools absence through ill health etc.....
Previous schools attended with dates:	

What is your child's attitude towards school?

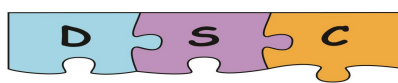
What do you feel your child's strengths are?

What do you feel your child's areas are that they find difficult?

Has your child had extra support at school? (If yes please describe when, how often and in what subjects)

Has your child had extra tuition outside of school? (If yes please describe when, how often and in what subjects)

Has your child been assessed previously by any other professional, e.g., Specialist Teacher/Occupational Therapist:  
**(If yes please send a copy of the report with this questionnaire)**



## 9. Dyscalculia

Does the Learner:-

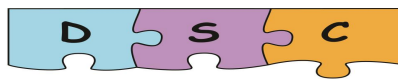
Please answer the following with

1. Not often    2 Sometimes    3 Always

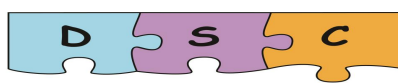
Please include any relevant comments in the right hand column.

Does the Learner:-	1 Not often, 2 Sometimes, 3 Always	Comments
1. Have difficulty counting objects accurately – for example, lacks the ability to make one-to-one correspondence' when counting objects (match the number to the object) or does not organise objects to help monitor counting?		
2. Finds it impossible to 'see' that four randomly arranged objects are 4 without counting (or 3, if a young child)?		
3. Have little sense of estimation for bigger quantities?		
4. Reverse the digits in numbers, for example, writes 51 for fifteen or 45 for fifty-four?		
5. Have difficulty remembering addition facts, which may be revealed by: a. Counting on for addition facts, for example, for $7 + 3$ , counting on 8,9,10 to get the answer.  b. Counting all the numbers when adding, as for $7 + 3$ again, counts 1,2,3,4,5,6,7,8,9,10?		
6. Not 'see' immediately that $7 + 5$ is the same as $5 + 7$ or that $7 \times 3$ is the same as $3 \times 7$ ?		
7. Finds it difficult to progress from using concrete aids (fingers, blocks, tallies) to using only numbers as symbols?		
8. Find sit much harder to count backwards compared to forwards?		
9. Finds it difficult to count fluently less familiar sequences, such as: 1,3,5,7,9,11 .... Or 14, 24, 34, 44, 54, ...?		
10. Only know the $2 \times 5$ and 10 multiplication facts?		
11. Count on to access the $\times 2$ and $\times 5$ facts?		
12. Manages to learn other basic multiplication facts, but then forgets them overnight?		
13. Makes 'big' errors for multiplication facts, such as $6 \times 7 = 67$ or $6 \times 7 = 13$		
14. a) fail to 'see' the relationships between addition and subtraction facts?  b) fail to 'see' the relationships between multiplication and division facts?		
15. Use lots of tally marks for addition or subtraction problems?		
16. NOT group the tallies as in the 'gate' (HHH) pattern?		





17. Not understand and use place value knowledge when doing addition and subtraction problems?		
18. Finds it difficult to write the numbers which have zeroes within them, such as 'four thousand and twenty one'?		
19. NOT know and understand the underlying place value concept, how to multiply and divide by 10,100, 1000, and above?		
20. Finds it difficult to judge whether an answer is right, or nearly right?		
21. Find estimating impossible for a) Addition b) Subtraction c) Multiplication d) Division?		
22. Forget (these are short-term memory problems) a. The question asked in mental arithmetic b. Instructions (which can cause the learner to be slow to start work in class?)		
23. Struggle with mental arithmetic (which can be a working memory problem)?		
24. 'see' numbers literally and not inter-related, for example, counts from 1 to 9, rather than subtracting 1 away from 10?		
25. Have poor memory skills with money, for example, unable to calculate change from a purchase?		
26. Think an item priced as £4.99 is '£4 and a bit' rather than almost £5?		
27. Prefer to use formulas and procedures (even if difficult to retain in long-term memory) but uses the, mechanically without any understanding of how they work?		
28. Forget mathematical procedures completely or in part, especially as they become more complex, such as 'long' division.		
29. Organise written work poorly, for example does not line up columns or numbers properly?		
30. Not see and pick up new patterns or generalisations especially ones that are new or challenge consistency, for example, $\frac{1}{2}$ , $\frac{1}{3}$ , $\frac{1}{4}$ , $\frac{1}{5}$ is a sequence that is getting smaller?		
31. Enter date into a calculator in the incorrect sequence?		
32. Find clocks and time difficult to read and understand?		
33. Think that algebra is impossible to understand?		
34. Work slowly, for example, attempt less questions than his/her peers?		
35. Get very anxious about doing ANY maths?		
36. Show reluctance to try any maths, especially unfamiliar topics.		
37. Became impulsive, rather than being analytical, when doing maths and rush to get it over with?		



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## 10. Other information

What does your child enjoy - favourite activities, hobbies, interests?

Does your child have any particular dislikes?

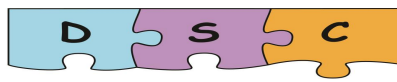
## 11. Parental Suggestions

Please detail below any problems you feel your child is experiencing with learning, and what type of support, if any would you like for your child:

Any other comments:

### AUTHORISATION

- I/we instruct Dyslexia Support Consultancy to arrange for an assessment to be carried out on my/our child.
- I/we confirm that:
- I/we have received, read and accept Dyslexia Support Consultancy's Terms and Conditions.
- I/we have explained the reason for the assessment to my/our child
- 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
- I/we will ensure access to the assessment report by all persons with parental responsibility for my/our child
- If you child is over 13 they need to give their permission for this questionnaire to be shared. Do they agree to it? Yes/No



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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:.....  
Relationship to child:..... Date:.....

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

**Please ask your child's school to complete the School Questionnaire and forward it to Dyslexia Support Consultancy.**

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