

## 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. When you come for an assessment at personal data (including name, date of birth, address) will be collected. This will be retained by DSC, stored securely in line with the Data Protection Act 2018 (GDPR) and not shared. We are totally committed to protecting your information and using it responsibly.

### 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. Health and developmental history

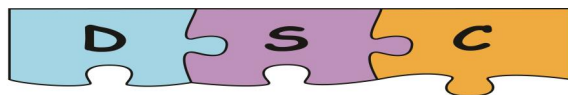
Have you had:

Measles   
Glandular Fever   
Rubella

Chickenpox   
Mumps   
Other illness\*\*

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

\*Yes  No



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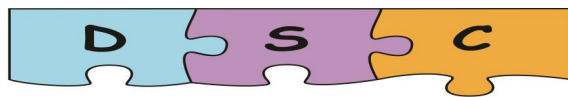
If yes please provide details:

Do you take any regular medication? \*Yes

No

If yes please provide details:

Questions on eye and vision history	Comments and notes
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. Was any prescription made? <b>YES / NO</b>  If <b>YES</b> , were you advised to wear the prescription glasses/contact lenses for distance (e.g. for watching television or for driving) or near (e.g. for reading) or both?  If <b>YES</b> , do you wear the prescribed glasses / contact lenses? <b>YES / NO</b>  If <b>NO</b> , why not?	
If <b>YES</b> , do you have the prescribed glasses/contact lenses with you today? <b>YES / NO</b>	Prescribed glasses/contact lenses should be worn for a SpLD assessment, unless intended for distance use only.
5. Have you ever used coloured overlays / colour-tinted glasses? <b>YES / NO</b>  If <b>YES</b> , Who advised and provided them? Why were they recommended? Did they help?  If <b>YES</b> , in what way? Do you still use them? If not, why not?	
<b>Questions on reading / near work activity</b>	
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?	



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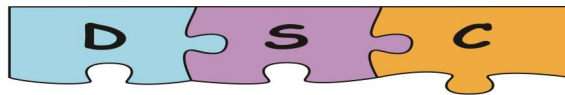
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Visual Difficulties Questionnaire (post - 16 years)*		Never	Rarely	Sometimes	Often	Always
1.	Do you get headaches when you read?					
2.	Does reading make your eyes feel sore, gritty or watery?					
3.	Does reading make you feel tired or sleepy?					
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 reading?					
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 the 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. Sometimes = 2-3 times a month. Rarely = only once every few months / a year.

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

Have you suffered



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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:	

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:

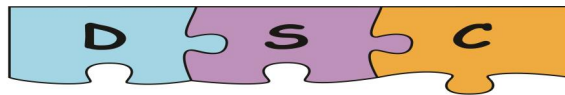
Measles   
Glandular Fever   
Rubella

Chickenpox   
Mumps   
Other illness

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

\*Yes  No

If yes please provide details:



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Do you take any regular medication? \*Yes  No

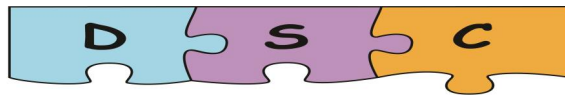
If yes please provide details:

### 3. 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):-

### 4. Linguistic History

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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	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)		

**5. Educational and Work History**

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



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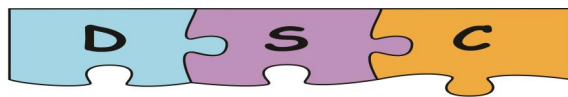
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<p>Were there reasons for changing school other than age?</p> <p>If yes, please give details</p>			

<p>Have you ever had extra tuition or therapy? (With whom? How often? When?)</p>
<p>Have you ever been assessed by an Educational Psychologist? (With whom? How often? When?)</p>
<p>Do you have copies of the reports? Please include a copy.</p>

<p>Have you received access arrangements during exams and for what exams? (for example, scribe, computer, extra time)</p>
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Were your difficulties recognised in school? (Please provide details)

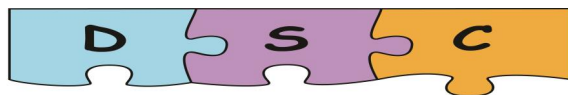
Have you ever had a Statement of Educational Needs/EHCP? (Please provide details)

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

**6. Current Difficulties**

Current Problems	Yes	No
<b>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?</b>		
<b>Communication – do you:</b>		
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		





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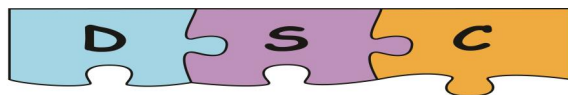
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correctly?		
Organisation – do you have problems with:		
Find it difficult to organise and plan ahead		
Find it difficult to prioritising your workload		
Find it difficult to meeting deadlines		
Find it difficult to working under pressure of time (e.g. in examinations)		
Do you get confused over dates and times and miss appointments?		
<b>Memory and Confusion</b>		
Do you have difficulties remembering information instructions/new information?		
Do you often lose concentration?		
Did you find it difficult to learn your multiplication tables?		
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:		
Find it difficult to take notes, e.g. at meetings or lectures		
Find it difficult to understanding what you have read		
Find it difficult to transfer information from one source to another		
Find it difficult to produce written reports, essays or other lengthy documents		
Find it difficult to proofread your written word		
Find it difficult to summarise information		
Find it difficult to identify key points when faced with large quantities of information		



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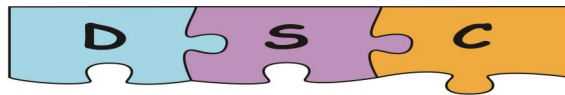
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Find it difficult to fill in forms or writing cheques correctly?		
Find it difficult to fill in forms or writing cheques correctly?		
Do you misspell 'easy' words, when filling in forms or writing where others can see you doing so?		
Do you miss out 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?		
<b>Orientation:</b>		
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?		
<b>Arithmetic</b>		
Find it hard to do maths without a calculator?		
Confuse maths symbols and signs?		
<b>Coordination and dexterity- do you:</b>		
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?		



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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?

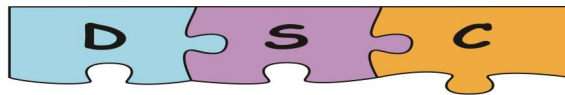
What other strategies have you developed?

**What are your current concerns with literacy? E.g., reading, writing and spelling**

**What are your strengths and weaknesses in your planning and organisational ability?**

**What difficulties do you have with memory, attention and concentration?**

**Do you have any difficulties with social and communication skills? For example, social interaction, communication, maintenance of eye-contact, repetitive or self-soothing behaviours?**



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Do you find it difficult to do mathematical computations?

Other, please comment on any strengths/ difficulties with spatial orientation, directional left and right, map-reading, driving etc.

## 7. Fine and Gross Motor Control

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

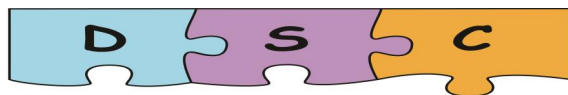
Asperger's Syndrome, Autism Spectrum Disorder

Learning Difficulties, Disabilities

Other

Who Diagnosed you?

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



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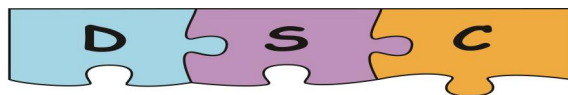
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Section 1: As a child, did you:				
	Never	Sometimes	Frequently	Always
1) Have difficulties with self-care tasks, such as tying shoelaces, fastening buttons and zips?				
2) Have difficulty eating without getting dirty?				
3) Have difficulty learning to ride a bike compared to your peers?				
4) Have 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) Do you find it difficult 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 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?				



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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 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				



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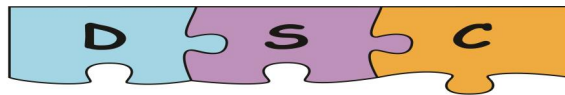
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ahead?				
38) Do you lose attention in certain situation?				
<b>Section two total</b>				
<b>Section one total</b>				

9. Current Employment

What is your present job?	
Are your employees aware of your difficulties? What support have they given you?	
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