**Pre-Assessment Questionnaire for students (16+yrs)**

**To be completed by the College**

Please complete this questionnaire to provide information towards a diagnostic assessment for dyslexia/dyscalculia and specific difficulties in literacy/numeracy. Following assessment, a report will be completed and shared that includes strategies for College/University to consider implementing alongside possible information for exam access arrangements. Please return the completed form to the parent/carer requesting the information.

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| **Student’s full name** |  |
| **College** |  |
| **Date of Birth** |  |
| **Year group** |  |
| **Name of person completing****this form** |  |
| **Role in College** |  |
| **Date form completed** |  |
| **What courses is the student taking currently?** |  |

**College Performance**

#### Please provide details about the student’s GCSE and other results

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| **Please details any recent assessments including test names, dates and results:** |

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| Is the student on the college SEND register? Y/ NPlease describe any support currently in place: |
| Please provide evidence/information of the student’s normal way of working and relevant background information if this assessment may be used as evidence for exam access arrangements. |
| Has this student been discussed/assessed/monitored by any external agencies, e.g. Educational Psychologist, Behaviour support, Learning support etc. | Y / N |
| If YES, please give details: |
| What is the current attendance for this academic year? Please describe any issues with attendance. |
| **Literacy** |
| Please describe the student’s current strengths and difficulties with literacy – including reading, writing, spelling and handwriting: |
| **Numeracy** |
| Please describe the student’s current strengths and difficulties with numeracy, including any possible maths anxiety, understanding maths concepts, recalling maths facts and times tables and understanding maths vocabulary: |
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| **Memory, Attention and Concentration** |

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| Does the student have difficulties with memory, attention and concentration? If yes, please provide further details: |
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| **Attitude to work – please tick/highlight all that apply:** |
| Keen |  | Distracts others |  |
| Independent |  | Competent |  |
| Works well with help |  | Slow |  |
| Distractible |  | Lacks interest |  |

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| **Speech, Oral Language, Communication and Social Skills** |
| **Are there any current difficulties with speech, oral language or communication?** | Yes | No |
| If yes, please provide further details: |
| **Does the student have difficulties with social skills, behaviour, peer relationships or emotional adjustment?** | Yes | No |
| If yes, please provide further details: |
| **Does the student have difficulties with self-esteem and confidence?** | Yes | No |
| If yes, please provide further details: |
| **Organisational Skills** |
| Does the student have good organisational skills? | Yes | No |
| If no, please provide further details: |
| **Fine and Gross Motor Skills** |
| Does the student have any difficulties with fine and gross motor skills e.g. body awareness, movement and balance? | Yes | No |
| If yes, please provide further details: |
| **Strengths** |
| Please provide information about the student’s strengths including any extra-curricular involvement at college. |
| **Any Other Information** |
| Please provide any other information that would be useful for the assessor to know and what your hope to get out of the assessment: |

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| **Signed:** |  | **Print name:** |  |
| **Position in college:** |  | **Dated:** |  |