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| **Confidential Personal Data Questionnaire**  Please complete this form providing as much detail as you can. This will be very helpful for your assessor to understand how your strengths and areas of difficulty have affected you in your studies and throughout your life. All this information will be treated confidentially and in line with our Data Protection Policy which can be found on 360dyslexia.co.uk  As the boxes will expand to fit your answers do not worry if the formatting changes. | |
| Full Name: |  |
| Date of Birth: |  |
| Email address: |  |
| Home address: |  |
| Contact Tel No: (mobile) |  |
| Have you studied at Further or Higher Education level? Qualification gained? Subject? |  |
| What are your strengths? |  |
| **Health and Developmental History** | |
| Did you reach normal developmental milestones e.g. walking, riding a bike? | Yes/No  If no, please give details:- |
| Did you have any difficulties with speech and language? | Yes/No  If yes, please give details:- |
| ls your hearing within normal limits? | Yes / No  lf No, please give details of problem: |
| ls your vision within normal limits? \*see below | Yes / No  lf No, please give details of problem:  Date of last eye test |
| Do you wear glasses? What for?  When did you start to wear them? |  |
| Do you take any regular medication that may be relevant? | Yes / No  If Yes, please give details: |
| Were any other languages spoken at home? | Yes / No  If Yes, please give details: |
| Have any other family members experienced difficulties with spelling / reading / learning? Or other specific learning difficulties such as ADHD, ASD, Dyspraxia, Dyscalculia or speech and language difficulties? | Yes / No  If Yes, please give details: |

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| **Education and Employment History**  We know that specific learning differences can have an impact on people in education as well as in the workplace. Please give examples of areas where you feel you have **strengths** or **strategies** that you have to overcome your difficulties as well as the things you find harder. | |
| Did you enjoy going to school/college? Why? |  |
| What were your favourite subjects and which did you like least? Why? |  |
| How did you find learning to read? Did you receive any extra help, if so at what ages? |  |
| How did you get on remembering or understanding what you read? Did you receive any extra help, if so at what ages? |  |
| How did you find learning to spell? Did you have any extra help, if so at what ages? |  |
| How did you get on learning to handwrite? Did you have any extra help, if so at what ages? |  |
| How did you get on learning to write essays? Did you receive any extra help, if so at what ages? |  |
| How did you get on developing numeracy skills? Did you receive any extra help, if so at what ages? |  |
| Did you find it hard to complete examinations in time? Did you have any access arrangements in examinations such as extra time, typing, being in a separate room? |  |
| Did you have a Statement of Special Educational Need or an Education Health Care Plan (EHCP) at school or college? |  |
| Did you attend school regularly? |  |
| Did you have any prolonged periods of absence? If so why and at what ages? |  |
| Did you change schools more often than at the expected times? |  |
| Please state GCSE results for English Language, English Literature and maths. Please give the results of your examinations at A level/BTEC and at university if relevant. If you resat any of these examinations please make this clear. |  |
| What is your current job? What is going well? Are your difficulties impacting in any way? Please describe. |  |
| What jobs have you done? Include volunteering and internships if relevant. |  |
| What did you enjoy about these jobs and what was challenging for you? |  |

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| **Current Situation**  Please describe why you have come forward for an assessment now and include what you are good at and the strategies that you are already using to overcome any barriers that you have as well as what you find harder. | |
| Please explain why you have requested an assessment now and what you hope to get out of this process. |  |
| How would you summarise your strengths as a person, academically and at work? |  |
| Please explain your current strengths, strategies and difficulties with attending lectures, managing exams and assignments |  |
| Please explain your current strengths, strategies and difficulties with reading, writing, planning essays and spelling. |  |
| Please explain your current strengths, strategies and difficulties with tasks such as planning and organising your time, remembering what you need. |  |
| Please explain your current strengths, strategies and difficulties with memory, attention and concentration. Have these changed since you were a child? |  |
| Please explain your current strengths, strategies and difficulties with social interaction and communication skills. |  |
| Please explain your current strengths, strategies and difficulties with numeracy. |  |
| Do you drive a car, ride a bicycle or travel on public transport often? If so, how good is your sense of direction, ability to learn your route to a new place or building, remember left and right, get to places on time? |  |
| In your free time what do you like to do? |  |
| Is there any other information you would like to share? |  |

**Using your personal information**

Your personal information will be held securely and will only be used for the purpose of your assessment.

We will not use your personal information for marketing purposes, sell or misuse it in any

way. Your personal information is kept confidential at all times and, we are required to work to strict ethical, professional and contractual codes of confidentiality.

If we feel that you are putting yourself or others at risk, then we may have to break confidentiality and inform relevant parties (e.g. statutory bodies). Wherever possible, we will discuss this with you before sharing the information.

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| **Consent** - Please complete all details | | | |
| Please confirm your consent by putting an ‘X’ in the appropriate box below. | | | |
|  | | **Yes** | **No** |
| 1. I consent to the assessment. | |  |  |
| 1. I understand that I will take responsibility to share the report with my university. | | | |
| Print name: |  | | |
| Signature: |  | | |
| Date: |  | | |