**School Pre-Assessment Questionnaire**

**For children (Pre 16yrs)**

**To be completed by the School**

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

|  |  |
| --- | --- |
| **Child’s full name** |  |
| **School** |  |
| **Date of Birth** |  |
| **Year group** |  |
| **Name of person completing**  **this form** |  |
| **Title (Mr/Mrs/Ms/Miss)** |  |
| **Role in School** |  |
| **Date form completed** |  |
| **School SENCO contact details** |  |

**School Performance**

#### Please provide details about the child’s National Curriculum attainments:

|  |  |  |  |
| --- | --- | --- | --- |
| **SATs / end of Key**  **Stage results** | **Reading** | **Writing** | **Maths** |
| Key Stage 1 |  |  |  |
| Key Stage 2 |  |  |  |
| Key Stage 3 |  |  |  |

|  |  |
| --- | --- |
| Did the child pass the Phonics Test? | Y / N |
| If yes was that at the end of year one or year two? |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Below**  **Average** | **Average** | **Above**  **Average** |  | **Below**  **Average** | **Average** | **Above**  **average** |
| **Speaking and**  **listening** |  |  |  | **Reading**  **accuracy** |  |  |  |
| **Humanities** |  |  |  | **Reading**  **comprehension** |  |  |  |
| **PE** |  |  |  | **Writing** |  |  |  |
| **Art** |  |  |  | **Spelling** |  |  |  |
| **DT** |  |  |  | **Maths** |  |  |  |
| **ICT** |  |  |  | **Science** |  |  |  |
| **Other:** |  |  |  |  |  |  |  |

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

**Does the child have any difficulty with:**

|  |  |  |
| --- | --- | --- |
| Planning and organising written work? | | Y / N |
| Getting started with written work? | | Y / N |
| Copying from the board? | | Y / N |
| Remembering instructions? | | Y / N |
| Is there a discrepancy between the child’s verbal ability and written work? | | Y / N |
| Is this child on the SEND Register? | | Y / N |
| Is there an individual Education Plan (IEP)/Personalised Learning  Plan? If possible, please provide a copy with this questionnaire. | | Y / N |
| Please detail any current support/provision this child is receiving: | | |
| Who gives this support (role in school)? |  | |
| What type of support? |  | |

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| Please provide evidence/information of the child’s normal way of working and relevant background information if this assessment may be used as evidence for exam access arrangements. | |
| Has this child 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 child’s current strengths and difficulties with Literacy: | |
| **Numeracy** | |
| Please describe the child’s current strengths and difficulties with Numeracy: | |
| |  | | --- | | **Memory, Attention and Concentration** | | |
| Does the child have difficulties with memory, attention and concentration?  If yes, please provide further details: | |
| |  |  |  |  | | --- | --- | --- | --- | | **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 child have difficulties with social skills, behaviour, peer relationships or emotional adjustment?** | | | | Yes | No |
| If yes, please provide further details: | | | | | |
| **Does the child have difficulties with self-esteem and confidence?** | | | | Yes | No |
| If yes, please provide further details: | | | | | |
| **Peer relationships – please tick/highlight all that apply:** | | | | | |
| Popular |  | Withdrawn |  | | |
| Accepted |  | Better with younger  children |  | | |
| Friendly |  | Avoids others |  | | |
| Dominant |  | Has one special friend |  | | |
| **Organisational Skills** | | | | | |
| Does the child have good organisational skills? | | | | Yes | No |
| If no, please provide further details: | | | | | |
| **Fine and Gross Motor Skills** | | | | | |
| Does the child 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 child’s strengths, what they are good at school and what they enjoy doing: | | | | | |
| **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 school:** |  | **Dated:** |  |