**CONFIDENTIAL PRE-ASSESSMENT QUESTIONNAIRE**

**For children/students (7-15 inclusive)**

**To be completed by parent / carer**

* Parents/Carers: Please complete and email to 360dyslexia@gmail.com
* Please pass the school questionnaire to relevant staff for completion. They should return it to you to return by email
* Please support your child to complete the questionnaire for children/students and return by email.
* If you prefer to send paper copies – please email for the return address.

Note: If this assessment is required to potentially be used as part of an application for exam access arrangements, under JCQ regulations, then we would strongly advise that you discuss this with the individual's school prior to the assessment. This is so that the school can supply information about the individual's normal way of working within this environment which will ensure that any recommendations for support in exams reflect this.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name of Child:** |  | | | | | | **Age:** | | |  |
| **Date of Birth:** |  | | | | | | **School Year:** | | |  |
| **Country of Birth:** |  | | **Date moved to**  **the UK:** | | | |  | | | |
| **Is the child adopted?** | **Yes** | | **No** | | | | | **Prefer not to say** | | |
| **How does the child**  **identify themselves?** | **Male** | **Female** | | | **Non-binary** | | | | **Prefer not to say** | |
| **Name of parent / carer**  **(please state title e.g. Mr/Mrs/Ms/Miss)** |  | | | | | | | | | |
| **Home address:** |  | | | | | | | | | |
| **Contact Tel No: (mobile)** |  | | | **(work)** | |  | | | | |
| **Contact Email:** |  | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Health and Developmental History** | | | |
| **Early Development** | | | |
| **Did you experience any problems during the pregnancy and birth of your child?** | | Yes | No |
| lf yes, please provide further details: | | | |
| **Were all the normal developmental milestones reached e.g. walking, talking, riding a bike?** | | Yes | No |
| lf no, please provide further details: | | | |
| **Has your child ever had any Speech and Language difficulties?** | | Yes | No |
| lf yes, please describe these difficulties (such as understanding the meaning of words, expressive language, speech clarity, pronunciation, word finding difficulties and if they had any speech and language therapy): | | | |
| **Is there a history of ear infections, glue ear or grommets?** | | Yes | No |
| lf yes, please provide further details: | | | |
| **ls your child’s hearing within normal limits?** | | Yes | No |
| lf no, please give details: | | | |
| **Is your child on any regular medication that may be relevant?** | | Yes | No |
| If yes please give details: | | | |
| **Vision and Visual Difficulties** | | | |
| In order to proceed with the assessment, your child MUST have a sight test within the last 6 months. In some cases, difficulties with reading are caused by visual difficulties that are not related to learning. Therefore, if, having answered the questions below, you suspect there are visual difficulties\* you MUST discuss this at the eye test so that the Optician (Optometrist) carrying out the eye test, can refer your child on to an Ophthalmologist for further investigation, prior to the assessment.  \*Visual difficulties should be investigated if you answered ‘always’ or ‘sometimes’ to several questions. | | | |
| Has your child had any history of visual difficulties / problems with sight / visual  impairment? | | Yes | No |
| lf yes, provide further details: | | | |
| Does your child wear glasses? | | Yes | No |
| lf yes, provide details (i.e. for near work, watching tv etc.) **and ensure glasses are brought to the assessment**: | | | |
| Has your child ever used coloured overlays / colour-tinted glasses? | | Yes | No |
| If yes please provide the following information: Who recommended them and why?  Did they help? If yes, in what way?  Does your child still use them? If not, why not? | | | |
| **Reading and Near Work Activity** | | | |
| Approximately how many hours per school day does your child  spend at a screen (phone, tablet, computer) etc.? |  | | |
| Approximately how many additional hours per school day does your  child spend reading books, newspapers, comics or other paper- based texts? |  | | |
| Has your child’s screen /reading /near work time increased recently?  If so, by how much? |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section for parents/carers** | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| Does your child report headaches when they are reading? |  |  |  |  |  |
| Does your child report that reading makes their eyes feel  sore, gritty or watery? |  |  |  |  |  |
| Does your child report feeling tired or sleepy during or after  reading? |  |  |  |  |  |
| Have you noticed your child become restless, fidgety or  distracted when reading? |  |  |  |  |  |
| Have you noticed your child rubbing their eyes when they  are reading? |  |  |  |  |  |
| Have you noticed your child screwing up their eyes when  reading? |  |  |  |  |  |
| Have you noticed your child tilting their head to one side  when reading? |  |  |  |  |  |
| Have you noticed your child moving their eyes around or  blinking frequently when they are reading? |  |  |  |  |  |
| Have you noticed your child holding a paper or book very  close to their eyes when reading? |  |  |  |  |  |
| How often does your child use a marker or their finger to  keep their place when reading? |  |  |  |  |  |
| Have you noticed that your child frequently loses their  place when reading? |  |  |  |  |  |
| Have you noticed your child covering or closing one eye  when reading? |  |  |  |  |  |
| **Section for child** | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| When you read, do you see two of each word? |  |  |  |  |  |
| When you read, do the words you read look blurry (or  fuzzy, or unclear)? |  |  |  |  |  |
| When you are reading, do the words move on the page? |  |  |  |  |  |
| When your teachers ask you to copy something from a screen at the front of the classroom, can you see what is written on the screen? |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Family History** | | | |
| **Have any family members experienced difficulties with spelling /**  **reading / learning?** | | Yes | No |
| If yes, please indicate relationship to child and describe the difficulties: | | | |
| **Language and Linguistic History** | | | |
| **Are any other languages spoken at home?** | | Yes | No |
| If yes, please provide further details including if English is the main language. If English is the second language, are there difficulties in their first language? | | | |
| **Educational History** | | | |
| **Did your child pass the Phonics Test?** | Yes | No | Unavailable |
| If yes was that at the end of year one or year two? | | | |
| **Has your child’s schooling been disrupted in any way?** | | Yes | No |
| If yes please provide more information including which school years were interrupted by the Covid pandemic and whether they were educated at home or in school as children of keyworkers: | | | |
| **Have any of your child’s teachers discussed any difficulties your child is experiencing?** | | Yes | No |
| If yes please provide more information: | | | |
| **Has your child seen any other specialists (e.g. Educational Psychologist, Advisory teacher etc.)?** | | Yes | No |
| If yes please provide more information and provide copies of reports: | | | |
| **Has your child received any support or intervention in the past?** | | Yes | No |
| If yes please provide more information: | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Current Situation** | | | | | |
| **Current National Curriculum Levels (if known)** | | | | | |
| **English** |  | | | | |
| **Maths** |  | | | | |
| **What are the particular difficulties currently exhibited in school? Please highlight** | | | | | |
| **Reading** | Slight | Moderate | Severe | | |
| **Spelling** | Slight | Moderate | Severe | | |
| **Writing** | Slight | Moderate | Severe | | |
| **Mathematics** | Slight | Moderate | Severe | | |
| **Sports and Games** | Slight | Moderate | Severe | | |
| **Is there any specialist help currently given at school?** | | | | Yes | No |
| If yes, please give details, (e.g. Teaching Assistant support, extra time in exams, EHCP, specialist tuition): | | | | | |
| **Is your child currently receiving any tuition outside of school?** | | | | Yes | No |
| If yes please give details of the support being received and how often: | | | | | |
| **Literacy** | | | | | |
| **Please describe your child’s current strengths and difficulties with Literacy?** | | | | | |
| **Does your child have difficulty recalling the alphabet or other known**  **sequences such as days of the week, months of the year?** | | | | Yes | No |
| If yes please give details: | | | | | |
| **Numeracy/maths** | | | | | |
| **Please describe your child’s current strengths and difficulties with Numeracy?** | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Does your child have difficulty telling the time?** | Yes | | No |
| If yes please give details: | | | |
| **Memory, Attention and Concentration** | | | |
| **Does your child have difficulties with memory, attention and concentration?** | Yes | | No |
| If yes, please provide further details: | | | |
| **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 your child have difficulties with social skills, behaviour, peer relationships or emotional adjustment?** | Yes | | No |
| If yes, please provide further details: | | | |
| **Does your child have difficulties with self-esteem and confidence?** | Yes | | No |
| If yes, please provide further details: | | | |
| **Organisational Skills** | | | |
| **Does your child have good organisational skills?** | Yes | | No |
| If no, please provide further details: | | | |
| **Fine and Gross Motor Skills** | | | |
| **Does your 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: | | | |
| **Does your child experience left/right confusion?** | Yes | No | |
| If yes, please provide further details: | | | |
| **Strengths** | | | |
| **Please provide information about your child’s strengths, what they are good at, hobbies they enjoy etc:** | | | |
| **Any Other Information**  Please use the space below to summarise your child’s difficulties and your particular concerns, including your concerns about other potential Specific Learning Difficulties (SpLDs). | | | |

**PLEASE MAKE SURE YOU COMPLETE THIS SECTION**

**Please circle YES/NO**

* I give my permission for 360 dyslexia to discuss the contents of the

Assessment Report, for (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, carried out on the

(date) \_\_\_\_\_\_\_\_\_\_\_\_, with educators (for example, teachers, lecturers, SENCO) at (name

of school\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission to Process Data**

I confirm that I have requested a service from 360 dyslexia

for (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on the (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and that I have authority to do so.

I hereby give permission for 360 dyslexia to collect and process data in accordance with their Data Privacy Policy for the purpose of this diagnostic assessment or screener. This may include sensitive data such as educational scores and observations made during the assessment process.

I confirm that I have read 360 dyslexia’s Privacy Policy which is available on their website 360dyslexia.co.uk and agree to data being used and stored as outlined within the policy.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Print name:** |  |
| **Relationship to child:** |  | **Dated:** |  |

PLEASE FIND BELOW A LETTER FOR SCHOOL ABSENCE SHOULD YOU WISH TO USE IT. Please complete the date and your child’s name.

Date:

To

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be unable to attend school on \_\_\_\_\_\_\_\_\_\_\_\_\_ as

he/she will be undertaking an educational assessment at 360 dyslexia. For

registration purposes, this is an ‘*allowable educational activity*.’

Yours Sincerely

![A close-up of some writing

Description automatically generated with medium confidence]()

Vicki Lader APC

Dyslexia Assessor

360 dyslexia