

Family Questionnaire (& School Questionnaire) For Completion by Parent or Guardian

If you would like any help in filling this form, please contact the Centre

Personal details and knowledge of medical history are important for us to be able to place assessment and recommendations into a picture of the development of your child. The answers are entirely Confidential to Centre staff and other professionals directly concerned with your child.

Child's First Name			
Surname			
Date of Birth		Male/Female	

Names of Parents/Guardians for correspondence

Mr/Mrs/Other			
Initials			
Surname			
Relationship to child			

Your Address			
Postcode			

Home Telephone		
Work Telephone		
Mobile Telephone		
Email Address		

For office use

Client Code		Database	Permission
Date	Time	Assessor/Teacher	Type

School Details

Name of child's School		
Independent?		(Put Y in appropriate box)
State?		

Family Background

	Age	Name	Occupation or School	Hand Preference	
				Left	Right
Father					
Mother					
Other Carer					
Brother/Sister					
				Yes	No
Are there any Twins in the family?					
Does the child live with both parents at the address on page 1?					

If No, please explain the situation

Speech, language and literacy problems sometimes run in families.
The following section is helpful to us:

Have any family members had problems with:

Speaking	Reading	Writing	Spelling	Maths
Which Relatives?				

If the child was adopted

At what age?	
Is the child aware?	

What languages are spoken at home?	
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Child: Early Development

	Yes	No
Were there any problems during pregnancy with this child?		
If Yes, please give details		

	Yes	No
Was the pregnancy full-term?		
If No, please give details		

	Yes	No
Was delivery normal?		
If No, please give details		

Weight at birth	
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Were there problems in the early months?			
Sucking	Feeding	Fits	Other

At What age did the child				
Sit up	Crawl	Walk	Show preference for one hand	Which hand?

If the child did not crawl tick here	
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Child: Speech & Language Development

At what age did the child begin to use a few words?	
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		Yes	No
Was the child understandable outside the family by the age of 3 years?			
Were any <u>sounds</u> mispronounced?			
If Yes, which ones			
Were there any jumbled or mispronounced words?			
If Yes, which ones			

If there are, or have been, speech problems at what age were you first concerned?	
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Does the Child have problems in	Yes	No
Clarity of Speech		
Understanding		
Self-expression		
Has the Child had speech and language assessment or therapy? If Yes, please enclose the report(s)		

Child: Medical History

Has the child had	Yes	No
Measles		
Rubella		
Chickenpox		
Mumps		
Glandular Fever		
High Fever Episodes		
Other illnesses		
Any accidents		
Any hospitalisation		

Does the child suffer from	Yes	No
Eczema		
Hay fever		
Migraine		
Epilepsy		
Light sensitivity		
Rheumatoid Arthritis		
Allergy		
Asthma		
Excessive thirst		
Frequent urination		
Dry skin		
Brittle nails		
Do any other members of the family suffer from any of the above? If so, give details		
Give details of any current medication that your child may be on and what it has been prescribed for.		

	Yes	No
Is the child normally healthy?		
Is the child vegetarian?		
Is the child on a special diet?		
Are any foods avoided?		
Is the child a fussy eater?		

When and where were the child's most recent eye tests?
What was the result?
Has the child's hearing been tested? If so, give details

	Yes	No
Does child have a history of ear infections?		
Have grommets been inserted?		
Have grommets been considered?		

Has the child had surgery for		
Tonsils		
Adenoids		

Have you ever thought the child may have a hearing loss?		
Do you think the child hears normally at the moment?		

Child: Activity \ Behaviour

Has there ever been any difficulty with	Yes	No	
Jigsaw puzzles			
Lego			
Catching balls			
Throwing balls			
Running			
Stair climbing			
Dressing			
Cycle riding			
Colouring/Drawing			
Hyperactivity			
Sleeping			
Eating			
Tantrums			
Long silences			
Concentration			
Nightmares			
Discipline			
Toilet training			
Bedwetting			
	Left	Right	No Preference
Which hand does the child prefer?			

	Yes	No	Comments
Would you say the child is clumsy?			
Does the child get along with brothers and sisters?			
Does the child get along with adults?			
Is the child good-tempered?			
Is the child anxious?			

What does the child enjoy doing most?

Does the child have special interests / hobbies?

Does the child have any particular dislikes?

Child: Educational History

Past Schools Attended, Name of School	Dates	State?	Independent?

	Yes	No
Has the child missed a lot of school?		
Are there reasons other than age for changing schools?		

Has the child had extra tuition or therapy <u>outside</u> school?		
With whom?		
How often?		
When?		

Has the child had extra tuition or therapy in school?		
With whom?		
How often?		
When?		

Has the child been assessed by an Educational Psychologist? If Yes, please enclose reports		
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What is your concern about the child?		
What is your view of the problem and what are your main questions?		
What views has the child expressed?		
If you wish to add information to any of the last three questions you may write on the next page, or insert extra page(s) or attach relevant documents.		
	Yes	No
Extra Information Enclosed		
Do you wish your report to be used as evidence for obtaining Access Arrangements or Exam Concessions?		
If Yes, please read the note on Access Arrangements on the final page of this questionnaire and confirm that you have read and understood the content		
Is there a reason why your child needs to be assessed by an Educational Psychologist?		
If yes give reasons.		

Important Notice

The Helen Arkell Dyslexia Centre is a registered charity. Whilst great care is taken in all matters, the Centre cannot accept any liability or responsibility for any advice given by the professionals to whom the Centre refers the Child or their other acts or neglect.

The Centre may, in its absolute discretion and after the appropriate permissions have been obtained, maintain, for its administrative purposes only, a confidential file of records relating to the Child including a copy of this Questionnaire and any reports. The Centre is at liberty to destroy such files or to charge a reasonable sum to retrieve any such files that have been retained.

Your completion and return of this Questionnaire is your acknowledgement that you have read, understood and accept the Terms of this notice and that you agree/ do not agree (*delete as appropriate*) to The Centre maintaining a confidential file.

Signature

Date

One final question – how did you hear of the Centre?

Using the Assessment Report as evidence for obtaining Access Arrangements or Exam Concessions

If you intend to use the Assessment Report as evidence for obtaining Access Arrangements or Exam Concessions, please remember that it is essential that your child's school is consulted **before the assessment process begins**.

Access Arrangements and Exam Concessions are entirely the responsibility of the school (JCQ - Joint Council for Qualifications) and certain forms have to be filled in within a rigid timescale.

Therefore, before booking an assessment with us, please:

Consult your child's school

If the school is happy for you to proceed with the assessment to obtain Access Arrangements or Exam Concessions, please contact us with the name of the school and your contact there.

Once we receive their completed copy, it will be reviewed by one of our professionals who will then authorise the relevant assessment to be booked and you will be contacted.

School Questionnaire

An independent assessment has been requested to clarify this child's learning, emotional and/or behavioural needs. Information from the current school provides useful background to the assessment and helps to provide a wider context in which to place these needs. Your support is therefore appreciated

Child's name		Date of Birth	
School			
Teacher/Tutor	Year Group		
Name of person completing this form			
Designation		Date	

Please provide details about this child's progress and any school concerns so that this can form a contribution to the requested assessment.

Attainments: SATs	English	Maths	Science
Key Stage One			
Key Stage Two			
Key Stage Three			
Attainments: Current subject performance in relation to peer group			

English	Above average	Average	Below Average
Reading			
Writing			
Spelling			
Comprehension			
Speaking/Listening			
Maths			
Science			
History			
Geography			
Languages			
PE			
Others (please list)			

Please detail any recent tests with dates and results (e.g. reading, spelling, cognitive etc.):

Has the child had any difficulties with ..	Fine Motor Co-ordination	Gross Motor Co-ordination

Does the child have a preferred learning style?:					
Interactive	Hands-on	Visual	Verbal	Experiential	Varied

Comment on attitude to work:							
Keen	Independent	Works well with help	Distractible	Distracts	Competent	Slow	Lacks Interest

Comment on peer relationships:							
Popular	Friendly	Dominant	Withdrawn	Better with younger children	Avoids others	Has one special friend	Accepted

	Yes	No
Is this child being monitored for Special Educational Needs?		

	School Action	School Action Plus	Statemented
At What Stage?			

Has this child been discussed / assessed / monitored by any external agencies e.g. Educational Psychologist, Behaviour Support, Learning Support etc. Please give details:

	Yes	No
Is there an Individual Education or Behaviour Plan? (Please attach most recent IEP / IBP.)		

If the child has a Statement of Special Educational Needs, please attach a copy of the most recent Annual Review or other relevant information.

Please detail any current support/specialist provision this child is receiving and frequency:

If this child is not receiving support are there plans to provide support soon? If so, what could be provided?

Please outline your main concerns regarding this child and your objectives for the assessment:

Your report will be considered to be the confidential property of the parents – so please return your response to the parents – thank you for taking the time to complete this form.



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