

## Adult Assessment Questionnaire

If you would like any help in completing this form, please contact us.  
 Please complete this form as fully as you can and return it to the Charity. It will help us to help you. The answers are entirely CONFIDENTIAL to the Charity's staff and other professionals directly concerned with you. To fill in the Y/N boxes use an X

First Name										
Surname										
Date of Birth				Male			Female			
Title (mark as appropriate)	Mr		Mrs		Miss		Ms		Other	

Address									
Postcode									

Home Telephone									
Work Telephone									
Mobile Telephone									
Email Address									

If you would like us to contact someone else to arrange the assessment for you please give details below (e.g. if you are a student and you'd like your parent to be involved)

Their Name									
Relationship to you									
Their contact number									
Their email Address									

**Have you signed the notice on the final page?**

For office use

Client Code				Database			Permission		
Date	Time	Assessor/Teacher			Type	Location			

**Family Background** (It would be good to check some of this with your parents/carer if you can)

Have any family members had problems with any of the following?

Speaking	Reading	Writing	Spelling	Maths
Which Relatives?				

What languages are spoken at home?	
Is English your first language?	
If not, what is your first language?	
How long have you spoken English?	

**Early History and Health** (You may need to check some of this with your parents/carers)

	Yes	No
Did your speech and language develop well?		
Did you receive Speech Therapy? If yes, please give details:		
Have you had any accidents? Any hospitalisation? If yes, please give details		
Medical History: Please give information regarding any serious illnesses or conditions		
Have you had any mental health problems? If yes, please give details		
Are you receiving medication currently? If yes, please give details		

Do you suffer from any of the following?					
	Yes	No		Yes	No
Eczema			Rheumatoid Arthritis		
Hay fever			Allergy		
Migraine			Asthma		
Epilepsy			Colour blindness		
Light sensitivity					

When was your last eye test?	Date:
	(If more than 2 years ago, it is a professional requirement that an eye test is carried out before the assessment takes place)
What was the result?	

	Yes	No
Do you have any visual difficulties?		
If Yes, please describe.		

	Yes	No
Is your hearing normal?		
Have you experienced ear infections (including as a child)?		
Have you had grommets inserted in your ears?		
Have you had your tonsils/adenoids removed?		
Have you had any problems with coordination or balance (including as a child)?		
If Yes, please give details		

Are you left or right handed?	Left:		Right:	
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Please list or describe any special interests / hobbies?

Please list or describe any particular dislikes?

**Educational History**

Past Schools/Colleges Attended Name of School	Dates	State?	Independent?

	Yes	No
Were there reasons for changing school other than age?		
If Yes, please give details		

	Yes	No
Have you had ever extra tuition or therapy?		
If so, what did it involve and when was it?		
Have you previously been assessed for Specific Learning Difficulty – Dyslexia?		
If Yes, when?		
Do you have a copy of previous report(s)?		
If Yes, please include a copy of the report(s). If report not available please give details.		

Were your difficulties ever recognised in school?		
If Yes, please give details		
	Yes	No
Have you been to a special school?		
If Yes, please give details		
Have you received extra time in examinations? Or any other arrangements such as a reader or use of a computer/scribe?		
If Yes, please give details e.g. which exams?		
Have you ever had a Statement of Special Educational Needs or an EHCP?		
If Yes, please give details		
Have you passed exams?		
Please give results (i.e. "O" Levels, GCSE, "A" levels, RSA, City & Guilds, degree, etc)		
Have you failed exams?		
If Yes, please give results		

**The Current Situation**

What is your current situation? e.g. Student/Employed/Unemployed/other	
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If you are in full-time education, what are you hoping to do when you leave? e.g. apply to university/find work	
If you are employed please provide details	
Please list the jobs you have had	
If you are not in work, what work or training are you interested in?	

Do you have problems with any of the following:					
	Yes	No		Yes	No
Reading			Note taking		
Understanding and retaining what you read			Retaining verbal information		
Organisation			Learning information		
Spelling			Numbers		
Written work			Speeds in writing		
Memory			Handwriting		

How do problems affect work, training or education?
What are your concerns and view of these problems?

What are the questions that you hope we can answer?

What are your reasons for having an assessment?

### Preferred Location for Assessment

Most assessments are carried out at our main centre in Frensham. We also, however, offer assessments in south east London (Rotherhithe) and in Salisbury. Please indicate ( ✓ ) which location you would prefer.

Frensham	John Keats School, Rotherhithe	Salisbury
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### Important Notice

The Helen Arkell Dyslexia Charity is a registered charity in England and Wales (1064646). Whilst great care is taken in all matters, the Charity cannot accept liability or responsibility for any advice given by the professionals to whom the Charity refers the child/adult (assessee).

We are totally committed to protecting your information and using it responsibly. Please read our policy carefully to understand how we collect, use and store your information.

<https://www.helenarkell.org.uk/about-us/privacy-policy.php>

**Please tick here if you would like to sign up to receive regular news from Helen Arkell by email**

**(You can unsubscribe at any time and we will not bombard you with emails or share your details with third parties)**

Your completion and return of this questionnaire is your acknowledgement that you have read, understood and accept our Privacy Policy and that you agree to the Charity maintaining a confidential file.

Signature:

Date:

**Please indicate if you are enclosing any other information and/or/reports**

Yes/No

How did you hear of Helen Arkell? (Please specify details)				
Online search or Website	Friend/Relative	School or Educator	Publication	Social Media