



Family Questionnaire for completion by parent or guardian

If you would like any help in completing this form, please contact the us.

It is important that this questionnaire is completed as fully as possible; this will enable us to support your child in the most effective way. The information given is entirely confidential to the Charity's staff and other professionals directly concerned with your child.

Please be aware that it may not always be possible for a formal diagnosis of a specific learning difficulty to be made as the result of an assessment.

Child's full name			
Date of birth		Male/Female	

Parents'/Guardians' details for correspondence

Full name(s)			
Title	Mr/Mrs/Miss/Ms/Other		
Relationship to child			
Your address			
	Postcode		
Home Telephone		Work Telephone	
Mobile Telephone			
Email address			

Name and address of the parent(s)/guardian(s) to whom the assessment report should be sent (if different from above). The report will be sent only to named person(s).

Name	
Address	
	Postcode:

For Office Use

Client Code	Database		Permission	
Date	Time	Assessor/Teacher	Type	Location

Family Background: it helps to know who is part of your child's family

	Age	Name	Occupation or School/College
Father			
Mother			
Other Carer			
Brothers/Sisters			
If your child does not live with both parents at the address on page 1, please explain the situation.			

If your child was adopted:			
At what age?		Is your child aware?	

What languages are spoken at home?	1	
2		3
If English is not his/her first language, how long has English been spoken?		
Does your child experience difficulties in his/her first language?		

Speech, language, literacy and numeracy: learning is complex so it is helpful to know if other family members have struggled in these areas. Have any family members had problems with:

Relative:	Speaking	Reading	Writing	Spelling	Maths
1)					
2)					
3)					
4)					

Pregnancy, birth and early development: it is very useful to know about your child's very early life and development

	Yes	No
Were there any problems during pregnancy with this child?		
Was the pregnancy full term?		
Was delivery normal?		
Weight at birth?		
Please give details of any difficulties indicated above:		

	Yes	No
Were there any problems in the early months? E.g. Sucking or feeding etc		
Please give details		

If possible, please state at approximately what age your child did the following:		
Sit up	Crawl	Walk
If your child did not crawl please explain how s/he moved around:		

Did your child show clear preference for one hand?			
Which hand?	At what age?	Has s/he maintained this preference?	
		Yes	No

Speech, Language and Communication Development: this relates directly to learning

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



	In the past		Current	
	Yes	No	Yes	No
Does/did your child have problems with:				
Clarity of speech				
Understanding spoken language				
Self Expression				
Please give details of any difficulties highlighted above:				
Has your child had speech, language and communication assessment or therapy? If Yes, please enclose the report(s)	Yes		No	

Medical History: information about your child’s health is important

Please tick/highlight if your child has had any of the following:		
Measles	Rubella	Chickenpox
Mumps	Glandular Fever	High Fever Episodes
Please give details of any accidents or any hospitalisation your child has had:		
Please give information regarding any illnesses or conditions that the assessor should be made aware of:		

Please tick/highlight if your child suffers from:			
Asthma	Dry skin	Frequent urination	Migraine
Allergies	Epilepsy	Hay Fever	Rheumatoid Arthritis
Brittle nails	Excessive thirst	Light sensitivity	
Colour Blindness	Eczema		
If your child is on any medication please give details:			

Is your child normally healthy?	Yes		No	
Is your child on a special diet or are any foods avoided?				
Please give details:				



Please give information about when and where were your child's most recent eye test and the result:

(If more than 2 years ago, it is a professional requirement that an eye test is carried out before the assessment takes place)

Have you noticed, or has your child ever mentioned, any visual difficulties when reading and writing such as words moving on the page, words blurring? Or other? If yes, please describe.

Have you ever consulted a vision specialist (e.g. optometrist)? If so please give details of who and when.

		Yes	No
Has your child's hearing been tested within the last 2 years?			
If so please give details.			
Does your child have a history of ear infections?			
Have you ever thought your child may have a hearing loss?			
Do you think your child hears normally at the moment?			
Please tick/highlight if your child has had surgery for:	Tonsils		
	Adenoids		
	Grommets		

Activity\Behaviour: Please tick if your child has ever had difficulty with:

	In the past	Ongoing		In the past	Ongoing
Jigsaw puzzles			Hyperactivity		
Lego			Tantrums		
Colouring/Drawing			Discipline		
Dressing			Long silences		
Using cutlery			Sleeping		
Tying shoelaces			Nightmares		
Catching balls			Anxiety		
Throwing balls			Eating		
Stair climbing			Food textures		
Cycle riding			Being withdrawn		
Remembering nursery rhymes			Following verbal instructions		
Co-ordination			Organisation		
Clumsiness			Learning times tables		
Toilet training			Learning to read/spell		
Bedwetting			Concentration		



Please provide details of any difficulties noted above:

Education

Schools attended	Dates	State?	Independent?
Has your child missed a lot of school?		Yes	No
Are there reasons other than age for changing schools?		Yes	No
If so, please give details:			

Has your child had extra tuition <u>outside</u> school?		Yes	No
With whom? (job title)			
How often? (number of times per week)			
When? (year group/dates)			

Has your child had support in school?		Yes	No
With whom? (job title)			
How often? (number of times per week)			
When? (year group/dates)			



Does your child have any other therapy?	Yes		No	
If so, please give details:				

Has your child been assessed by an Educational Psychologist	Yes		No	
If so, please enclose reports if available, or summarise main findings.				
Has your child been assessed by any other professional E.g. Specialist Teacher/Occupational Therapist?	Yes		No	
If so, please enclose reports if available, or summarise main findings.				
Both Helen Arkell Specialist Assessors and Educational Psychologists can diagnose Dyslexia. Are you aware of any additional difficulties that your child experiences which means it may be more appropriate for him/her to have an educational assessment by a psychologist rather than a specialist assessor?	Yes		No	
If yes, please give reasons.				

Parents: Views and concerns

What are your reasons for arranging an assessment?
What is your concern about your child?
What is your view of the difficulty?



What views has your child expressed?

What special interests/hobbies/talent(s) does your child have?

Does your child have any particular dislikes?

Access arrangements in exams

	Yes	No
Do you hope to use the report as evidence for obtaining Access Arrangements or Exam Concessions?		
If yes, please read the note on Access Arrangements overleaf and confirm that you have read and understood the content.		

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

There is no guarantee of evidence for an access arrangement being found during any assessment. Each assessor will refer to the most recent access arrangements guidance and make recommendations, if and when appropriate for the school/college to consider.

If you wish to use the Assessment Report as evidence for obtaining Access Arrangements in exams, please remember that it is **essential** that your child's school/college is consulted **before the assessment process begins**.

Access Arrangements and Exam Concessions are entirely the responsibility of the school/college 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/college**

If the school/college is happy for you to proceed with the assessment to obtain Access Arrangements or Exam Concessions, please ensure they complete the School Questionnaire and include their full contact details. By supplying this information you agree to us contacting and speaking with them directly regarding any access arrangements and relevant paperwork should an urgent need arise.

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.

Information from school

We strongly recommend that you ask your child’s school to complete a School Questionnaire. This provides us with an invaluable insight into your child’s current school performance and attainments as well as the information you provide. Please be aware that, for whatever reason, if information from school is not included, we will need a copy of your child’s last school report.

Preferred Location for Assessment

Most assessments are carried out at our main centre in Frensham. We also, however, offer assessments in south east London (John Keats School, Rotherhithe, SE16 3FN) and in Salisbury. Please indicate (✓) which location you would prefer.

Frensham	John Keats, 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