

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 sight test?		Date:		
		N.B. If more than 2 years ago please book a sight test before the assessment takes place. This is a professional standards requirement.		
Was this a standard sight test with an optician or a more detailed assessment with an optometrist?				
Was any prescription made?		Yes/No		
If Yes , were you advised to wear the prescription glasses/contact lenses for:	Distance: e.g. driving, looking at a whiteboard or watching television	Near: e.g. for reading	Both	
To check visual history please complete the Visual Screener at the end of the questionnaire				

	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?		



	Yes	No
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 is not available please give details.		
Were your difficulties ever recognised in school?		
If Yes, please give details		
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	
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?

If you have had help from someone else to complete this questionnaire, please let us know: YES / NO

Preferred Location for Assessment

Most assessments are carried out at our main centre in Frensham. We also offer assessments in south east London at John Keats School, Rotherhithe, at Sarum College in Salisbury, and at Prama House in Oxford. Please indicate (✓) which location you would prefer.

Frensham, Farnham GU10 3BL		John Keats London SE16 3FN		Salisbury SP1 2EE		Oxford OX2 7HT		Other	
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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>

Would you 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)

YES / NO



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

Permission for sharing of information

When you come for an assessment at the Helen Arkell Dyslexia Charity (HADC) personal data (including name, date of birth, address) will be collected. This will be retained by HADC, stored securely in line with the Data Protection Act 2018 (GDPR) and not shared. We are totally committed to protecting your information and using it responsibly. Please do read our Privacy Policy for full details regarding the use and storage of your information. <https://www.helenarkell.org.uk/about-us/privacy-policy.php>

You will see from our Privacy Policy that, as a charity with a mission that includes helping people with dyslexia and educating the public, we are always looking for ways to monitor and improve the value of our work. Information about the impact of identification of dyslexia/specific learning difficulties (SpLDs) upon the person, the family and the work environment is essential. By sharing information and experiences with the wider community, we can ensure a greater understanding, which in turn helps all of us who have dyslexia. To help us with this, we would appreciate it if you would give your permission for us to use an **anonymised version** of your questionnaire/report (i.e. with your personal data removed), for research purposes.

I agree that my questionnaire, assessment information and report may be stored for the long term. This could be used, **anonymised**, without further permission given by me, to provide appropriate support and as part of information for research purposes, shared **anonymously** with the following:

- School learning support departments and teachers
- Educational Psychologists
- HR departments and employers
- Research projects

For research purposes, only **anonymised** questionnaires and assessment data will ever be shared. If shared, this data will be assigned a unique code number, and it would be very difficult to identify individuals from this information. This anonymised data may be used in research and the findings may be published in scientific journals and used in lectures to other scientists, students and the general public. Care will be taken to ensure that individuals are not identified in lectures or publications.

Please delete as appropriate:

I give my permission / I do not give my permission

Signed:

Print name:

Date:

Questions on eye and vision history	Comments and notes	
1. Have you any history of visual difficulties / problems with sight / visual impairment?		
2. When did you last have a sight test by an optometrist (“optician”)?	(month/year)	
3. Was any prescription made? YES / NO If YES, were you advised to wear the prescription glasses / contact lenses for distance (e.g. for watching television or for driving) or near (e.g. for reading) or both? If YES, do you wear the prescribed glasses / contact lenses? YES / NO If NO, why not?		
4. If YES, do you have the prescribed glasses / contact lenses with you today? YES / NO	Prescribed glasses/contact lenses should be worn for a SpLD assessment, unless intended for distance use only.	
5. Have you ever used coloured overlays / colour-tinted glasses? YES / NO If YES, Who advised and provided them? Why were they recommended? Did they help? If YES, in what way? Do you still use them? If not, why not?		
Questions on reading / near work activity		
6. Approximately how many hours per working / study day do you spend at a screen (phone, tablet, computer) etc?		
7. Approximately how many additional hours per working / study day do you spend reading books, newspapers, comics or other paper-based texts?		
8. Has your screen / reading / near work time increased recently? If so, by how much?		

	Visual Difficulties Questionnaire (post 16 years)*	Never	Rarely	Sometimes	Often	Always
1	Do you get headaches when you read?					
2	Does reading make your eyes feel sore, gritty or watery?					
3	Does reading make you feel tired or sleepy?					
4	Do you become restless, fidgety, or distracted when reading?					
5	Do you become less comfortable the longer you read?					
6	Does reading from white paper seem too bright or glaring?					
7	Do parts of the white page between the words form patterns when you read?					
8	Does the print or background shimmer or appear coloured as you read?					
9	Does print appear to jitter or move on the page as you read?					
10	Do you screw your eyes up when reading?					
11	Do you rub your eyes to relieve the strain when you are reading?					
12	Do you move your eyes around or blink to keep text clear when you are reading?					
13	Do you use a marker or your finger to stop you losing the place when you read?					
14	Do you cover or close one eye when reading?					
15	Do you lose your place when reading?					
16	Do you re-read or skip words or lines when reading?					
17	Does text appear blurred, or go in and out of focus, when you read?					
18	Do objects in the distance appear more blurred after you have been reading?					
19	Do the words, page or book appear double when you are reading?					

*N.B. Response categories for this protocol: Always = every day. Often = several times a week but not necessarily every day. Sometimes = 2-3 times a month. Rarely = only once every few months / a year.