

## Family Questionnaire for completion by parent or guardian

If you would like any help in completing this form, please contact 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:				

When was your child's 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 <b>Yes</b> , was your child advised to wear the prescription glasses/contact lenses for:	Distance: e.g. looking at a whiteboard or watching television	Near: e.g. for reading	Both
<b>To check visual history please complete the Visual Screener at the end of the questionnaire</b>			

	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		
			Attention		
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 at John Keats School in Rotherhithe, at Sarum College, Salisbury and at Prama House, 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>

**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
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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.

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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. Has your child any history of visual difficulties / problems with sight / visual impairment?		
2. When did your child last have a sight test by an optometrist (“optician”)?	(month/year)	
3. Was any prescription made? YES / NO  If YES, was your child advised to wear the prescription glasses / contact lenses for distance (e.g. for watching television) or near (e.g. for reading) or both?  If YES, does your child wear the prescribed glasses / contact lenses? YES / NO If NO, why not?		
4. If YES, please ensure your child has the prescribed glasses / contact lenses with them on the day?	<b>Prescribed glasses / contact lenses should be worn for a SpLD assessment, unless intended for distance use only.</b>	
5. Has your child 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? Does your child still use them? If not, why not?		
Questions on reading / near work activity		
6. Approximately how many hours per school day does your child spend at a screen (phone, tablet, computer) etc?		
7. Approximately how many additional hours per school day does your child spend reading books, newspapers, comics or other paper-based texts?		
8. Has your child’s screen /reading / near work time increased recently? If so, by how much?		

<b>Visual Difficulties Questionnaire (pre 16 years)*</b>		Never	Rarely	Sometimes	Often	Always
<b>Section for parents / carers</b>						
1	Does your child report headaches when they are reading?					
2	Does your child report that reading makes their eyes feel sore, gritty or watery?					
3	Does your child report feeling tired or sleepy during or after reading?					
4	Have you noticed your child become restless, fidgety or distracted when reading?					
5	Have you noticed your child rubbing their eyes when they are reading?					
6	Have you noticed your child screwing up their eyes when reading?					
7	Have you noticed your child tilting their head to one side when reading?					
8	Have you noticed your child moving their eyes around or blinking frequently when they are reading?					
9	Have you noticed your child holding a paper or book very close to their eyes when reading?					
10	How often does your child use a marker or their finger to keep their place when reading?					
11	Have you noticed that your child frequently loses their place when reading?					
12	Have you noticed your child covering or closing one eye when reading?					
<b>Section for child</b>						
13	When you read, do you see two of each word?					
14	When you read, do the words you read look blurry (or fuzzy, or unclear)?					
15	When you are reading, do the words move on the page?					
16	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?					

\*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.