



## Woodlands Outreach Team

### Parent/Carer Questionnaire for SpLD – Dyslexia Assessment

Please return the completed form to your child’s school SENDCo.

If you would like some help to complete this questionnaire, please speak to your child’s class teacher or school SENDCo.

#### **Family information:**

Child’s Name:	Date of Birth:	Age:
Parents’/Carers’ Names:	Home Address:	Daytime phone number:  E-mail:
Siblings:		
Is English the only language spoken at home? Y/N If no please name the other language(s) used. ....		

In your opinion, what do you consider your child’s main difficulties at the present time?

1. ....
2. ....
3. ....

What are your main concerns for your child?

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Does your child express any concerns regarding their own progress or schoolwork?

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Describe your child's strengths and interests:

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**Early development**

- Pregnancy and Birth – please describe and note any specific problems:

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- Early developmental milestones – please tick the most appropriate description of when these were achieved and note any specific observations e.g. bum shuffling:

<b>Sitting</b>	Early	Normal	Late	.....
<b>Crawling</b>	Early	Normal	Late	.....
<b>Walking</b>	Early	Normal	Late	.....
<b>Talking</b>	Early	Normal	Late	.....

**Medical history**

- Has your child had any of the following?

Serious illnesses: Yes/No                      Injuries: Yes/No

Details:

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.....  
.....

Chronic/recurring conditions (allergies, colds, ear infections)

Details:

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.....  
.....



**Hearing**

**Eyesight**

Date of last test:

Date of last test:

Outcomes/results:

Outcomes/results:

.....

.....

Any concerns since last test:

Any concerns since last test:

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.....

Any other comments:

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**Memory Skills**

Describe your child's ability to recall events from the past:

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How well can your child recall a sequence of instructions?

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.....  
.....

**Fine/Gross Motor Skills and Coordination – please tick the statements that apply.**

**Does your child have any difficulty:**

- Tying shoelaces
- Writing
- Cutting
- Lacing/threading
- Picking up small objects



**Does your child have any difficulty:**

- Riding a bike
- Catching a ball
- Throwing a ball
- Running
- Jumping
- Hopping
- Standing on one leg

**Is your child accident prone? Do they:**

- Bump into furniture
- Drop things
- Break things

**Is your child (please circle)**

- Right/Left Handed
- Right/Left Footed

**Speech and Language:**

Please describe your view of your child's speech and language development:

- Is your child's speech clear? Yes/No
- Do you or others have difficulty understanding what your child is saying? Yes/No
- Does your child ever muddle letters within words when speaking e.g. psggetti (rather than spaghetti)? Yes/No
- Has your child ever received support from Speech and Language Services? If yes, what was the focus of the support?

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**Social and emotional development**

Please describe your view of your child’s social skills and emotional development:

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**Visual Skills**

- Does your child wear glasses? Yes/No
- If yes, when should s/he wear them?

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- Does your child do any of the following?

- Loses place when reading
- Complains of headaches/sore eyes when reading
- Blinks/squints when reading
- Turns/tilts head when reading/writing
- Closes/covers one eye when reading/writing
- Does not recognise familiar words
- Poor letter formation

Any other comments:

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**Academic attainment**

Please note any observations regarding your child’s developing skills for the areas of:

**Reading:**.....  
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**Spelling:**.....  
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**Writing:**.....

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**Mathematics:**.....

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**History**

Is there a family history of any learning difficulties, such as dyslexia, dyscalculia, dyspraxia etc.? Yes/No

If yes, please give details. ....

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Has your child been seen by any of the following in the last two years?

Paediatrician	Yes/No	Educational Psychologist	Yes/No
Physiotherapist	Yes/No	Specialist SEN Teacher	Yes/No
Orthoptist	Yes/No	Behaviour Support Teacher	Yes/No
CAMHS	Yes/No	Occupational Therapist	Yes/No

If yes, please give some brief information. ....

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Please add any further information below.

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**Thank you for your cooperation**