



Woodlands Outreach Team

Parent/Carer Questionnaire for Diagnostic 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:		

Early development

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

.....

.....

.....

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

Sitting Early Normal Late

Crawling Early Normal Late

Walking Early Normal Late

Talking Early Normal Late

Medical history

- Has your child had any of the following?

Serious illnesses: Yes/No Injuries: Yes/No

Details:

.....



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

Details:

.....
.....
.....

Hearing

Date of last test:

Outcomes/results:

.....

Eyesight

Date of last test:

Outcomes/results:

.....

Any other comments or ongoing concerns regarding your child's hearing or vision:

.....

Visual Skills

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

.....
.....

- 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:

.....
.....

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. psghetti (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?

.....
.....
.....
.....

Familial History of SpLD or other developmental conditions

Is there a family history of any specific learning difficulties, such as dyslexia, dyscalculia, dyspraxia or other developmental conditions?

Please give details:

.....
.....
.....
.....

Linguistic History

Does your child speak any other languages at home? Yes/No

If yes, please identify their primary language.....

Educational History

Please identify any educational settings, with dates, that your child has attended.....

.....
.....
.....
.....

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

Paediatrician Yes/No

Orthoptist Yes/No

Physiotherapist Yes/No

Educational Psychologist Yes/No



Specialist SEN Teacher Yes/No

Behaviour Support Teacher Yes/No

CAMHS Yes/No

Occupational Therapist Yes/No

If yes, please give some brief information.

.....
.....

Please add any further information below.

.....
.....
.....

Current Situation

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

.....
.....
.....

What are your main concerns for your child?

.....
.....
.....
.....

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

.....
.....
.....
.....

Describe your child's strengths and interests:

.....
.....



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

Reading:

.....
.....
.....
.....

Spelling:

.....
.....
.....

Writing:

.....
.....
.....

Mathematics:

.....
.....
.....

Memory, attention and concentration

.....
.....
.....

Social and emotional development

Please describe your view of your child's social interaction and communication skills and emotional development:



.....

.....

.....

Organisation

Please record any strengths or areas of difficulty that your child experiences with organisational skills.

.....

.....

.....

Thank you for your cooperation