Please complete this questionnaire and return it to assessment@rightmind.life

If you experience difficulties with completing this form, you are welcome to email, text or phone for assistance: assessment@rightmind.life / 07919 405 501

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| --- | --- |
| Person having the assessment – first name/s: Click here to enter text. | Preferred first name: Click here to enter text. |
| Surname: Click here to enter text. | Male / Female: Click here to enter text. |
| Parents’ surname/s if different (if person having the assessment is under 18 years old\*): Click here to enter text. | Date of Birth: Click here to enter text. | Age: Click here to enter text.(years and months) |
| Name and title of person requesting this assessment (\*): Click here to enter text. |
| Relationship to person having the assessment: Parent / Grandparent / Carer / Other: please give details (\*): Click here to enter text. |
| Home address including post code: Click here to enter text. |
| Contact telephone (mobile): Click here to enter text. | Can we text or leave a message to this number? Click here to enter text. |
| Contact number (other): Click here to enter text. | Can we text or leave a message to this number? Click here to enter text. |
| E-mail/s: Click here to enter text. |
| Is English your first language? Click here to enter text.If No, please give details: Click here to enter text. |
| What are your strengths and current interests? Click here to enter text. |
| Do you have any physical or sensory impairments/disabilities that we need to be aware of? Click here to enter text. If Yes, please provide further information: Click here to enter text. |
| How did you hear about rightmind.life? Click here to enter text.  |
| Are you currently in work? Please give details: Click here to enter text. |
| Have you been assessed at work / school / college / university because of difficulties? Please give details: Click here to enter text. |
| Are you expecting to start any courses within the next 2 years? If so, please provide details: Click here to enter text.  |
| Are you currently taking a course of further / higher education? If so, Please provide information: Click here to enter text. |
| Have you taken any other courses since leaving school? If so, please give details: Click here to enter text. |
| Are there any aspects of your work or study that you find particularly difficult? Click here to enter text.  |
| Do you have any specialist equipment to help you with spelling, reading or writing documents? Click here to enter text.  |
| Does a friend or member of the family check your work? Click here to enter text. |
| Have you informed your employers / tutors of possible dyslexic difficulties? If yes, please provide information about any adjustments put into place, with approximate dates: Click here to enter text. |
| Do you receive any other kind of support from employers / tutors / family / friends / other? Please give details: |
| **Early Development** |
| Were there any unusual features of your early childhood? (eg. Premature birth, delayed speech, walking etc.). If yes, please provide further information: Click here to enter text. |
| **School History** |
| Which qualifications did you gain at school? Click here to enter text. |
| Did you attend school regularly? Please provide information: Click here to enter text. |
| How old were you when your difficulties were first noticed? Click here to enter text. |
| Did you find any of the subjects or study skills particularly difficult at school? Click here to enter text. |
| Did you have any specialist help at school? If so, please give details: Click here to enter text. |
| At what age will / did you leave school? Click here to enter text. |
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| --- | --- | --- | --- | --- |
| **Level of difficulty**  | **Not known** | **Minor difficulty**  | **Moderate****difficulty**  | **Considerable difficulty**  |
|  |  |  |  |  |
| **Tasks/actions** |  |  |  |  |
| Following a sequence/procedure |[ ] [ ] [ ] [ ]
| Checking data |[ ] [ ] [ ] [ ]
| Following a conversation |[ ] [ ] [ ] [ ]
| Contributing to a discussion |[ ] [ ] [ ] [ ]
| Presenting thoughts clearly on paper or in typed format  |[ ] [ ] [ ] [ ]
| Planning work schedules |[ ] [ ] [ ] [ ]
| Meeting deadlines |[ ] [ ] [ ] [ ]
| Keeping papers in order |[ ] [ ] [ ] [ ]
| Working efficiently  |[ ] [ ] [ ] [ ]
| Practical tasks  |[ ] [ ] [ ] [ ]

Have you ever seen any other specialists, such as speech therapist / psychologist etc. If so, please provide details: Click here to enter text. |
| **Background Information** |
| Do you have any visually related difficulty such as holding the page close or far away to read, squinting when reading, sensitivity to glare, migraines, eyestrain, words blurring or doubling etc. If so, please provide a detailed description of the issues you experience. Click here to enter text. |
| Do you wear glasses for reading? Have you ever been prescribed glasses? Please provide information: Click here to enter text.(If you wear glasses / use coloured overlays please remember to bring them on the day of the assessment.)  |
| Have you ever suffered a serious injury or illness that has required medical attention? Click here to enter text. |
| Do you have any hearing difficulty? If yes, please provide further information: Click here to enter text. |
| Is regular medication of any kind being taken? If ‘Yes’, is it affectingyour attention / concentration / memory in any way? Click here to enter text. |
| Is your general health good at present? Click here to enter text. |
| Have you lost any skills recently or deteriorated in any way? Click here to enter text. |
| Ae there any situations where you do not feel confident? Please provide information: Click here to enter text. |
| Have other family members experienced difficulties with reading, spelling, memory or maths? Click here to enter text. |

**Further Information:**

If you have any sensitive or confidential information that you think is relevant, but do not want to record this here or within the report, then please consider sharing this confidentially with the person performing the assessment and obtain agreement on how this information is to be used.

If you wish to password protect this form before returning it to us by email, you can click on *Review* then *Protect Document* in your tab bar. Please send your password in a separate message.

When we have received your completed questionnaire, we will contact you to discuss the next step. You are under no obligation to go ahead with the assessment until we have set an assessment date, when a non-returnable deposit is due. rightmind.life works in association with independent psychologists and specialist teachers who are qualified to carry out diagnostic assessments. Please visit [www.rightmind.life](http://www.rightmind.life) for further information including the Data Protection and Health Information Policy.

Thank you

Ruth Gravelle

Dyslexia Specialist & Hypnotherapist

[www.rightmind.life](http://www.rightmind.life)

Chelmsford Counselling & Therapy Centre

14 Wells Street

Chelmsford

Essex

CM1 1HZ Visits strictly by appointment