**Thank you for your interest in booking an assessment (dyslexia)**

Please email your completed questionnaire to: [assessment@rightmind.life](mailto:assessment@rightmind.life) and ask your child’s school to complete the School Questionnaire, with your permission for them to return their form via: [assessment@rightmind.life](mailto:assessment@rightmind.life)

When we have received your completed questionnaires, we will contact you discuss any queries, and/or to offer you an assessment date.

Please text/call if you require assistance with completing this form: 07919 405 501.

|  |  |  |
| --- | --- | --- |
| Child’s forename/s: Click here to enter text. | Preferred forename: Click here to enter text. | |
| Surname: Click here to enter text. | Male / Female: Click here to enter text. | |
| Parents’ surname/s if different:  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 child: Parent / Grandparent / Carer / Other: please give details:  Click here to enter text. | | |
| Do we have your consent to use your child’s name and share other personal information  electronically with professionals (e.g. assessor/teacher) to arrange and complete the  assessment? Please check box  Yes | | |
| 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 child’s first language? Click here to enter text.  If No, please give details: Click here to enter text. | | |
| Please tell us about your child’s strengths? Click here to enter text. | | |
| Does your child 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. | | |
| Has your child been assessed at school or elsewhere because of his/her difficulties? Click here to enter text.  If Yes, please provide further information: Click here to enter text. | | |
| Are there any special family circumstances that need to be considered such as parental divorce? Click here to enter text. | | |
| Are there any other members of the family or close relatives who may have, or had, significant reading, spelling or other difficulties? Click here to enter text. | | |
| Which school does your child currently attend? Click here to enter text.  Is this a Local Authority or Independent (fee paying) school? Click here to enter text. | | |
| Does your child like going to school? Click here to enter text. | | |
| What subjects does he/she dislike? Click here to enter text. | | |
| What subjects is he/she good at? Click here to enter text. | | |
| How old was your child when his/her learning differences/difficulties were first noticed? Click here to enter text. | | |
| If your child has any additional specialist help at school, please give details (eg extra time in examinations, technological support, specialist teacher support): Click here to enter text. | | |
| Has your child’s schooling been disrupted in any way? Please give details: Click here to enter text. | | |
| Does your child have an Education and Health Care Plan? (You would know if they did). Click here to enter text. | | |
| Will your child be sitting a school entrance exam in the near future? Please give details: Click here to enter text. | | |
| Is your child’s general health good at present? Click here to enter text. | | |
| Has your child ever suffered a serious injury or illness that has required medical attention? | | |
| Is regular medication of any kind being taken? If ‘Yes’, is it affecting  his/her attention / concentration / memory in any way? Click here to enter text. | | |
| Is your child on a specialised diet or highly allergic to certain foods? Click here to enter text. | | |
| Has your child lost any skills recently or deteriorated in any way? Click here to enter text. | | |
| Are your child’s physical skills satisfactory? (eg sports / walking / balance / writing / drawing / finger manipulation, etc.) Click here to enter text. | | |
| Which hand does your child use for writing and drawing? left / right / sometimes both: Click here to enter text. | | |
| Has your child’s hearing been assessed, if so, when and what was the result? Click here to enter text. | | |
| Clinic/School/Hospital? : Click here to enter a date.  Are you concerned in any way about your child’s current hearing / listening skills? Click here to enter text. | | |
| Would you consider your child to be forgetful for his/her age? Click here to enter text. | | |
| Would you consider your child to have concentration and attention difficulties for his/her age? Click here to enter text. | | |
| Were your child’s birth and early developmental milestones (crawling, walking, and talking), reached at the usual/expected time? Click here to enter text. | | |
| Would you consider your child to have any emotional or behavioural difficulties at home or elsewhere? Click here to enter text. | | |
| After your assessment has been completed, would you like to hear about other dyslexia services provided through associates of www.righmind.life such as: specialist tuition; support and study skills groups? Click here to enter text. | | |

**Pre-assessment checklist**

Please grade your child’s current difficulties in the table below. Put a  in **one** box in each row.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No  difficulties | Mild difficulties | Moderate | Severe | Comments |
| Reading |  |  |  |  | Click here to enter text. |
| Spelling |  |  |  |  | Click here to enter text. |
| Maths and number |  |  |  |  | Click here to enter text. |
| Attention and concentration |  |  |  |  | Click here to enter text. |
| Handwriting and drawing |  |  |  |  | Click here to enter text. |
| Memory |  |  |  |  | Click here to enter text. |
| Body motor co-ordination |  |  |  |  | Click here to enter text. |
| Speech |  |  |  |  | Click here to enter text. |
| Social interaction |  |  |  |  | Click here to enter text. |
| Behaviour |  |  |  |  | Click here to enter text. |
| Health/well being |  |  |  |  | Click here to enter text. |
| Self-image |  |  |  |  | Click here to enter text. |
| Confidence |  |  |  |  | Click here to enter text. |
| Coping with stress |  |  |  |  | Click here to enter text. |
| Attitude to schooling |  |  |  |  | Click here to enter text. |
| Listening comprehension |  |  |  |  | Click here to enter text. |
| Friendships |  |  |  |  | Click here to enter text. |
| Diet |  |  |  |  | Click here to enter text. |
| Sleeping habits |  |  |  |  | Click here to enter text. |
| Study and organisational skills |  |  |  |  | Click here to enter text. |
| Coping with exams / tests |  |  |  |  | Click here to enter text. |
| Please provide any further information which may be helpful for us to know: Click here to enter text. | | | | | |

The next questions are related to vision and learning

(Adapted from: Visual Difficulties Screening Protocol V.2. 2019: children).

Please also complete this section:

|  |  |
| --- | --- |
| **Questions on eye and vision history** | **Comments and notes** |
| 1. Has your child any history of visual difficulties / problems with sight / visual impairment? | Click here to enter text. |
| 1. When did you last have an eyesight test by an optician? (specialist teacher assessors require that your child’s vision has been tested within the last year) | Please give exact date if possible (day/month/year): Click here to enter a date. |
| 1. Was any prescription made? Yes / No   If YES, was your child advised to wear prescription glasses / contact lenses for distance (e.g. for watching television or for driving) or near (e.g. for reading), or both?  If YES, does your child where the prescribed glasses / contact lenses?  If NO, why not? | Click here to enter text. |
| 1. If YES, will your child have the prescribed glasses, contact lenses with them for the assessment?   Prescribed glasses/contact lenses should be worn for a dyslexia assessment unless intended for distance use only | Yes/No Click here to enter text. |
| 1. Has your child ever used colour overlays/colour-tinted glasses?   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? Yes/No If not, why not?  Please bring them to the assessment if this is his/her normal way of working. | Yes/No Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text. |

**Questions on Reading / near work activity**

|  |  |
| --- | --- |
| 1. Approximately how many hours per school day does your child spend at a screen (phone, tablet, computer) etc? | Click here to enter text. |
| 1. Approximately **how many additional hours** per school day does your child spend reading books, newspapers, comics or other paper-based texts? | Click here to enter text. |
| 1. Has your child screen / reading/ near work time increased recently? If so, by how much? | Click here to enter text. |

**Visual Difficulties Questionnaire (pre-16 years)\***

**\*NB. Response categories for this protocol: Always** = every day**. Often** = several times a week but not necessarily everyday**. Sometimes** = two to three times a month**. Rarely** = once every few months / a year.

**section for parents/carers**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| 1 | Does your child report headaches when they're 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 that your child becomes 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 or the other when reading? |  |  |  |  |  |
| 8 | Have you noticed your child moving their eyes around or blinking frequently when they're reading? |  |  |  |  |  |
| 9 | Have you noticed your child holding a paper or book very close to their eyes when they are reading? |  |  |  |  |  |
| 10 | How often does your child use a marker or their finger to keep their place when they are reading? |  |  |  |  |  |
| 11 | Have you noticed that your child frequently loses their place when they're reading? |  |  |  |  |  |
| 12 | Have you noticed your child covering or closing one eye when reading? |  |  |  |  |  |
| **Section for child** | | | | | | |
|  |  | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| 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? |  |  |  |  |  |

|  |
| --- |
| If your child has answered “sometimes”, “often” or “always” to questions 13, 14, 15 or 16 above, please discuss this with them to reveal more information about it, and provide further explanation below. Perhaps they find it difficult to copy from the screen if they have been sitting sideways to it. There will be any number of reasons. It is helpful to explore possible reasons for any visual difficulties to find the best solutions.  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 or be recorded within this document or the report, 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, most tab bars have the allow you to click on *Review* then *Protect Document*. Please send your password in a separate message. If you decide to print the document and complete it by hand, please scan rather than photograph the document if possible, before returning. iPhone’s Notes includes an icon of a camera which scans. Please text or phone if you need assistance to complete the form: 07919 405 501.

You are under no obligation to go ahead with the assessment until we have agreed 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 the rightmind.life website for further information, where you will also find Data Protection and Health Information Policy.

When we have received your completed questionnaire, we will contact you to discuss the next step.

Thank you

Ruth Gravelle

Dyslexia Specialist

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

Chelmsford Counselling & Therapy Centre

14 Wells Street

Chelmsford

CM1 1HZ

Visits strictly by appointment