

Dyslexia Assessment Services

The parents/carers of a student have asked for our guidance on his/her abilities and difficulties in learning and the management of any special needs which may be identified. We would be most grateful if you could complete this questionnaire as the knowledge and experience you have of his/her education can be taken into account when assessing. The parents/carers have been asked to give you their permission to complete and return the questionnaire by email to: assessment@rightmind.life With thanks.

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| Child’s forename/s: Click here to enter text.  |
| Date of Birth: Click here to enter text. Age: Click here to enter text. |
| Preferred forename: Click here to enter text. |
| Surname: Click here to enter text. |
| School/College: Click here to enter text. |
| School/College Type:  | Primary [ ]  Middle [ ]  Secondary [ ]   |
| School/College Address (including postcode): Click here to enter text. |
| School/College Telephone: Click here to enter text. |
| School/College E-mail: Click here to enter text. |
| Class/Form Teacher: Click here to enter text. |
| Year: Click here to enter text. |
| Attendance:  | Regular: [ ]  Irregular: [ ]  |
| Reason for any irregular: Click here to enter text. |

**Learning/behaviour in the classroom** (Class Teacher’s perspective)

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| Are there any specific aspects of the pupil’s learning or behaviour about which you are concerned? If so, please give details: Click here to enter text.  |
| General Ability: Below average: [ ]  Average: [ ]  Above average: [ ]  |
| Details of any test results: Click here to enter text. |
| Observations/Test Results: Click here to enter text. |
| Reading Aloud:  | Below national average: [ ] In line with national average: [ ] Above national average: [ ]  |
| Reading Comprehension:  | Below national average: [ ] In line with national average: [ ] Above national average: [ ]  |
| Spelling:  | Below national average: [ ] In line with national average: [ ] Above national average: [ ]  |
| Free Writing:  | Below national average: [ ] In line with national average: [ ] Above national average: [ ]  |
| Mathematics:  | Below national average: [ ] In line with national average: [ ] Above national average: [ ]  |
| Oral Expression:  | Below national average: [ ] In line with national average: [ ]  Above national average: [ ]  |
| Co-ordination/dexterity:  | Below national average: [ ]  In line with national average: [ ] Above national average: [ ]  |
| Please describe any special abilities/interests of this student? Click here to enter text. |

**Learning/behaviour in the classroom**

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| Behaviour In Class: Withdrawn:[ ]  Aggressive: [ ]  Attention seeking: [ ]  Over-sensitive: [ ]  Anxious: [ ]  Over active: [ ]  Normal: [ ]  Co-operative: [ ]  Friendly: [ ]  Passive: [ ]  Responsive: [ ]  Timid: [ ]  Disorganised: [ ]  Other (please specify): Click here to enter text. |
| Attitude To Work: Enthusiastic: [ ]  Competent: [ ]  Works well: [ ]  Seeks approval: [ ] Distractible: [ ]  Slow: [ ]  Disinterested: [ ] Other (please specify): Click here to enter text. |
| Attitude To Adults: Obedient: [ ]  Apprehensive: [ ]  Submissive: [ ]  Aggressive: [ ] Normal: [ ]  Resents correction: [ ] Other (please specify): Click here to enter text.  |
| Attitude To Others: Friendly: [ ]  Withdrawn: [ ]  Prefers older pupils: [ ]  Prefers younger pupils: [ ] Popular: [ ]  Submissive: [ ]  Dominant: [ ]  Normal: [ ] Other (please specify): Click here to enter text. |

**Current Support Delivered**

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| Please provide details of any individual support provided in the classroom: Click here to enter text. |
| Please provide details of any individual support provided outside the classroom: Click here to enter text. |
| Please provide details of any other referrals to external agencies (i.e. speech and language experts) along with any other relevant comments or observations: Click here to enter text. |
| Does the child have an Education Health and Care Plan or is there an application being made? Yes: [ ]  No: [ ] If yes, we would be grateful if you could email a copy of this documentation to the Educational Psychologist or Specialist Teacher carrying out the assessment  |
| Has the child been granted with Examination Access Arrangements? Yes: [ ]  No: [ ]  N/A: [ ] If yes please state the current arrangements: Click here to enter text. |

**Current Support Delivered**

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| Summary of school’s Perspective and any other relevant information:Click here to enter text. |
| Name: Click here to enter text. |
| Position: Click here to enter text. |
| Date: Click here to enter text. |

rightmind.life works in association with independent psychologists and teachers. Please visit [www.rightmind.life](http://www.rightmind.life) for further information.

Many thanks for completing this form. Please return it to assessment@rightmind.life

Kind regards

Ruth Gravelle

Dyslexia Specialist

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

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