

THE DYSLEXIA TEACHING CENTRE
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**CONFIDENTIAL PERSONAL QUESTIONNAIRE
FOR ADULTS**

SURNAME: _____ FIRST NAMES: _____

DATE OF BIRTH: _____ AGE NOW: _____

ADDRESS: _____

TELEPHONE NO: _____

FAMILY BACKGROUND

IS THERE ANY HISTORY OF DYSLEXIA OR OTHER SPEECH/LANGUAGE DIFFICULTIES IN THE FAMILY EG. GRANDPARENTS, COUSINS?

HEARING: ANY PROBLEMS NOW OR WHEN YOUNGER?

EYESIGHT: ANY PROBLEMS NOW OR IN THE PAST?

DATE OF LAST EYE TEST? _____

HEALTH: ANY SERIOUS ILLNESSES, ACCIDENTS OR DISABILITY?

Speech/Language

Is English your native language? Yes/No

If not, what is? _____

How long have you been speaking English? _____

Did you have any difficulty or were you late in learning to talk?

If so, did you go for speech therapy? _____

Do you have any difficulty now with speech, for example in pronouncing long words accurately? _____

Any difficulty with expressing yourself? _____

Education

Did you find it difficult or were you late in learning:

To read? _____

To spell? _____

To write essays etc? _____

Maths? _____

Did you ever have extra tuition to develop literacy skills? Yes/No

If so, for how long? _____

Was this provided at school or arranged privately? _____

Education

Schools & Colleges attended. Give age of entry.

Exams Taken [Please include any not passed first time]

Date	Level	Subject	Grade

Interests

What kind of activities do you enjoy? Social; practical; active; artistic; musical; computers; TV; books.
Please give examples.

What do you hope to gain from this assessment?

WHAT ARE THE MAIN PROBLEMS?

DESCRIBE THE DIFFICULTIES EXPERIENCED NOW OR IN THE PAST, PARTICULARLY IN RELATION TO READING AND WRITING TASKS.

ARE THERE ANY OTHER PARTICULAR PROBLEMS IN RELATION TO DAILY LIFE?

ANY OTHER RELEVANT INFORMATION [Continue on other side of this sheet]