

**THE DYSLEXIA TEACHING CENTRE**  
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**CONFIDENTIAL PERSONAL QUESTIONNAIRE  
FOR ADULT STUDENTS**

SURNAME: \_\_\_\_\_ FIRST NAMES: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE NOW: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

NAME & ADDRESS of COLLEGE: \_\_\_\_\_

\_\_\_\_\_

COURSE FOLLOWED: \_\_\_\_\_ YEAR: \_\_\_\_\_

**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?**

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\_\_\_\_\_

**DATE OF LAST EYE TEST?** \_\_\_\_\_

**HEALTH: ANY SERIOUS ILLNESSES, ACCIDENTS OR DISABILITY?**

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**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

Courses/subjects you are taking now?

What are the things you enjoyed about school & college and which subjects did/do you find easiest?

## 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 NOW IN RELATION TO YOUR WORK or STUDY?

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

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

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