

THE DYSLEXIA TEACHING CENTRE
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CONFIDENTIAL
PERSONAL DATA QUESTIONNAIRE for CHILDREN

CHILD'S SURNAME: _____ FIRST NAMES: _____

DATE OF BIRTH: _____ NATIONALITY: _____

ADDRESS: _____

TEL NOS: _____ EMAIL: _____

PARENTS

Please state: Single/Married/Divorced

Where parents are divorced or living apart, please give the second address as appropriate and state whether father's or mother's

Mother's name: _____ Father's name: _____

Mother's work tel no: _____ Father's work tel no: _____

Mother's occupation _____ Father's occupation: _____

Full or part-time? _____ Full of part-time? _____

Please indicate below other children in the family?

Name	Girl/Boy	Date of Birth	Age

G.P. DETAILS: NAME: _____

ADDRESS: _____

TEL NO: _____

PRESENT SCHOOL: _____ YEAR: _____

ADDRESS: _____

TEL NO: _____ NAME OF HEAD: _____

MAY WE CONTACT THE SCHOOL FOR A REPORT? _____

FAMILY BACKGROUND

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

HEARING: ANY PROBLEMS NOW OR AS A YOUNGER CHILD?

Did your child suffer from ear infections? _____

Has your child ever had grommets inserted? _____

EYESIGHT: ANY PROBLEMS NOW OR IN THE PAST?

DATE OF LAST EYE APPOINTMENT: _____

HAS YOUR CHILD BEEN ASSESSED BY AN ORTHOPTIST?

HEALTH: ANY SERIOUS ILLNESSES, ACCIDENTS OR DISABILITY?

SPEECH/LANGUAGE

Is English your child's native language? Yes/No

If not, what is? _____

How long has your child been speaking English? _____

Did your child have any difficulty or was he/she late in learning to talk?

If so, did your child go for speech therapy? _____

Does your child have any difficulty now with speech, for example in pronouncing long words accurately?

Any difficulty with expressing her/himself? _____

EDUCATION

Did your child find it difficult or was s/he late in learning:

To read _____

To spell _____

To write essays etc. _____

Maths _____

Schooling. Schools attended. Give age of entry.

DEVELOPMENT OF YOUR CHILD

Please answer as fully as possible if appropriate

Pregnancy

What was the duration of the pregnancy? _____

If premature or overdue, by how many weeks? _____

Were there any problems during the pregnancy? _____

If YES, please could you write down the nature of the problem and how many weeks' pregnant at the time.

The Birth

Where was the baby born (ie. At home, in hospital)? _____

Birth weight _____

Total length of labour in hours _____

Was the baby's delivery normal? _____

Were there any complications or unusual features about the birth?

General Development

Did your child crawl/ on both knees? _____

At what age was your child walking without help? _____

Have you noticed any signs of clumsiness? _____

Did your child have chewing or feeding difficulties in infancy? _____

Is your child left or right-handed? _____

At what age was hand preference developed? _____

Parent and Child Separation

Was your child ever separated from either parent during the first 5 years' of life for a significant amount of time? _____

Who looked after your child during the separation? _____

Has your child had any of the following conditions?:

Please answer YES or NO. If your answer is YES, please give the age and any details.

- Bed wetting _____
- Temper tantrums _____
- Nervousness _____
- Timidity _____
- Fears (eg: dark etc) _____
- Jealousy _____
- Nightmares _____
- Silent periods _____
- Others (e.g. sleep walking etc) _____

PREVIOUS TREATMENT OF CHILD'S DIFFICULTIES

Has your child had help from *outside* school?

Has your child had help from *inside* school?

Is the child on the school SEN register? _____

Has your child had any other treatment?

(e.g. visits to occupational therapists, speech and language therapists, etc)

Are reports available? _____

Is your child receiving any remedial help, or has he/she in the past?

If so, please give details: _____

What are the things your child enjoys about school and which subjects does s/he find easiest?

INTERESTS

What kind of activities does your child enjoy? Social; practical; active; artistic; musical; computer games; TV; books.

Please give examples.

WHAT ARE THE MAIN PROBLEMS NOW IN RELATION TO STUDIES AT SCHOOL, IF ANY?

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

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

WHY HAVE YOU REQUESTED THIS ASSESSMENT?

ANY OTHER RELEVANT INFORMATION?