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**Secondary School/college Dyslexia Checklist (ages 11-19)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | **Class** |  |  |
| **DOB** |  | **Age** |  |  | **Date** |  |

|  |  |  |
| --- | --- | --- |
| **Difficulties** | **Yes** | **No** |
| Family history of similar difficulties |  |  |
| Problems recalling facts |  |  |
| Difficulty with recalling/following instructions |  |  |
| Difficulty remembering sequential information, e.g. times tables, science procedures, historical facts |  |  |
| Poor concept of time |  |  |
| Problems with note taking |  |  |
| Organizational difficulties, remembering homework, equipment, etc |  |  |
| Word finding difficulties or takes a while to respond |  |  |
| Difficulty with fluent, accurate reading affecting comprehension |  |  |
| Difficulty with/avoids reading aloud in class |  |  |
| Difficulty working out the sounds in words, or writing these down as letters |  |  |
| Persistent difficulty with spelling |  |  |
| Poor structure and organization of written work |  |  |
| Difficulty copying from the board |  |  |
| Difficulties producing clear, legible handwriting |  |  |
| Low self-esteem |  |  |
| Runs out of time in tests or examinations |  |  |
| Reads at a slower rate than peers in the class |  |  |
| Writes at a slower rate than peers in the class |  |  |
| Aggressive or non-compliant behaviour |  |  |
| Work avoidance tactics |  |  |
| Lack of confidence |  |  |
| Other (describe) |  |  |

|  |  |  |
| --- | --- | --- |
| **Strengths** | **Yes** | **No** |
| Sophisticated receptive vocabulary |  |  |
| Good critical thinking and reasoning skills |  |  |
| Capacity to perceive information 3-dimensionally |  |  |
| Creative, imaginative, practical skills |  |  |
| Good interpersonal skills |  |  |
| Intuitive |  |  |
| Visual spatial skills |  |  |
| Good visual memory |  |  |
| Capacity to see the “big picture” |  |  |
| Good general knowledge |  |  |
| Sport and/or drama skills  |  |  |
| Other (describe) |  |  |

Do you feel that this child/young person will need Examination Access arrangements such as extra time, a reader, a scribe or mini breaks? Yes/ No

Any other details you feel are relevant, or difficulties your child reports with school or schoolwork:

Parent’s / carer’s Title: \_\_\_\_\_\_\_\_\_\_\_\_

Parent’s / carer’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you prefer to be contacted? Email □ Telephone □

Next Steps:

If you would like guidance or advice, please return this to:

office@coast-education.co.uk

OR by photograph to 0752 100 5842 (omitting personal details)