**CONFIDENTIAL QUESTIONNAIRE**

**FOR PARENTS/ CARERS and SCHOOL**

The following questionnaire has two parts. The first part is for a parent or carer of the child being assessed to complete. The second part is for school. Please pass the second part to your child’s school for completion. They should return it to you before you send it on to Coast Education, unless you have requested that they send it straight to Coast Education. This is so you can read it and make any necessary queries with the school before it is sent to us.

|  |  |
| --- | --- |
| Name of person being assessed |  |
| Name of parent/carer (if under 18) |  |
| Date of Birth (of person being assessed)  Age |  |
| Address |  |
| Name of school /college and year group |  |
| (Parent/Carer) Email Address |  |
| ‘Phone Number best for contact on |  |
| How do you prefer to be contacted (phone, email, text) |  |
| Please state briefly the reasons why you would like an assessment (e.g. Dyslexia Diagnosis; Access Arrangements; Disabled Students’ Allowance or personal interest). |  |
| Please give brief details of any previous assessments or support you have had from School/College/ University or other providers. This can include any screenings you have taken online. |  |
| Name of Teacher |  |
| Please give details of any adjustments or support you have had at school or college. This could include extra help in class, being able to use a word processor or having someone to read texts to you. |  |
| Which Assessment would you like carried out? PLEASE TICK (see [www.coast-education.co.uk](http://www.coast-education.co.uk) for a full list).   * Full Diagnostic Dyslexia Assessment □ * Dyslexia Portfolio with Ability Assessment □ * Dyslexia Screening □ * Access Arrangements Assessment □ * Other □ (please state) |  |

**CONFIDENTIAL PRE-ASSESSMENT QUESTIONNAIRE**

**For children/students (7-15 inclusive)**

* **Parents/Carers: Please fill in pages 1-10 and return to:** **Coast Education Secretary, Unit 3, Parkland Business Centre, 44 Chartwell Road, Lancing, BN15 8UE or via email to** [**denise@coast-education.co.uk**](mailto:denise@coast-education.co.uk)
* **Complete the mail request on page 11 and then pass pages 11-16 to your child’s school.**

Note: If this assessment is required to potentially be used as part of an application for exam access arrangements, under JCQ regulations, then we would strongly advise that you discuss this with the individual's school prior to the assessment. This is so that the school can supply information about the individual's normal way of working within this environment which will ensure that any recommendations for support in exams reflect this.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name of Child:** |  | | | | | | **Age:** | | |  |
| **Date of Birth:** |  | | | | | | **School Year:** | | |  |
| **Country of Birth:** |  | | **Date moved to the UK:** | | | |  | | | |
| **Is the child adopted?** | **Yes** | | **No** | | | | | **Prefer not to say** | | |
| **How does the child identify themselves?** | **Male** | **Female** | | | **Gender neutral** | | | | **Prefer not to say** | |
| **Name of parent / carer (please state title e.g. Mr/Mrs/Ms/Miss)** |  | | | | | | | | | |
| **Home address:** |  | | | | | | | | | |
| **Contact Tel No: (mobile)** |  | | | **(work)** | |  | | | | |
| **Contact Email:** |  | | | | | | | | | |

**Developmental History**

|  |  |
| --- | --- |
|  | **Yes / No** |
| Was the birth at full term and a normal delivery? |  |
| Were all the normal developmental milestones reached? E.g. Walking, talking, riding a bike? |  |
| Has your child ever had any Speech and Language difficulties? If yes, please give details. |  |
| Is there a history of ear infections, glue ear or grommets? If yes, please give details. |  |
| Does your child have ANY allergies? (For example, pet/grasses/food) If so, please give FULL details. |  |

**School History**

|  |  |
| --- | --- |
| **Current National Curriculum Levels (if appropriate)** | |
| **English** |  |
| **Maths** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **What are the difficulties exhibited in school?** | | | |
| **Reading** | Slight | Moderate | Severe |
| **Spelling** | Slight | Moderate | Severe |
| **Writing** | Slight | Moderate | Severe |
| **Mathematics** | Slight | Moderate | Severe |
| **Sports and Games** | Slight | Moderate | Severe |

|  |  |  |  |
| --- | --- | --- | --- |
| **Is there any specialist help currently given at school?** | | Yes | No |
| Please give details, (e.g. Teaching Assistant, extra time in exams, Statement/EHCP, specialist tuition) | | | |
| **Did your child pass the Phonics Test?** | Yes\* | No | Unavailable |
| \*If yes was that at the end of year one or year two? | | | |
| **Has your child’s schooling been disrupted in any way?** | | Yes\* | No |
| \*If yes please provide more information: | | | |
| **Has the school tested your child or have they seen any other specialists (e.g. speech specialists)?** | | Yes | No |
| \* If yes please provide more information: | | | |
| **Was there is a written report? Can we have a copy?** | | Yes | No |

**Background Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Your child’s vision.** | | | |
| **Does your child wear glasses?** | | | | Yes\* | | No | |
| \*If yes state their prescription and ensure they bring the glasses to the assessment: | | | | | | | |
| To proceed with the assessment, your child needs to have a sight test within the last 6 months. Please provide the date and outcome of this sight test: | | | | | | | |
| **Does your child have visual difficulties?** | | | | Yes\* | | No | |
| To ascertain this, please complete the visual checklist (attached) and arrange a referral to an Optometrist prior to booking the assessment if your child shows signs of visual difficulties.  \*If yes, please provide a copy of the report from the Optometrist. | | | | | | | |
| **ls your child’s hearing within normal limits?** | | | | Yes | | No | |
| lf NO, please give details of problem: | | | | | | | |
| **Is your child on any regular medication that may be relevant?** | | | | Yes | | No | |
| If YES, please indicate: | | | | | | | |
| **Are any other languages spoken at home? Please indicate.** | | | | Yes | | No | |
| If YES, please indicate: | | | | | | | |
| **Have any other family members experienced difficulties with spelling / reading / learning?** | | | | Yes | | No | |
| If YES, please indicate relationship to child | | | | | | | |
|  | | | | | | | |
| Please use the space below to summarise your child’s difficulties and your concerns, including your concerns about other potential Specific Learning Difficulties (SpLDs).  Please include any information which you feel may be relevant, such as school reports or any information from the SENCo. If you do not have enough room below then please add a separate sheet. If you include original paperwork, this will be returned with the assessment report. | | | | | | |
| Type of document (for example, school report, hospital, SALT, CAMHS, CDC, medical, other) | | | Original (Yes/No) | | | |
|  | | |  | | | |
|  | | |  | | | |
|  | | |  | | | |
| **Signed:** |  | **Print name:** | | |  | |
| **Relationship to child:** |  | **Dated:** | | |  | |

**PLEASE MAKE SURE YOU COMPLETE THIS SECTION**

**Please circle YES/NO**

* I give my permission for Coast Education to discuss the contents of the

Assessment Report, for (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, carried out on the

(date) \_\_\_\_\_\_\_\_\_\_\_\_, with educators (for example, teachers, lecturers, SENCO) at (name

of school\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I would like the report sent by email YES/NO

If YES, please state **clearly** the email address to which you would like the report sent.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_

**Permission to Process Data**

I confirm that I have requested a service from Coast Education

for (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on the (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and that I have authority to do so.

I hereby give permission for Coast Education to collect and process data in accordance with their Data Privacy Policy for the purpose of this diagnostic assessment or screener. This may include sensitive data such as educational scores and observations made during the assessment process.

I confirm that I have read Coast Dyslexia and Education Consultancy’s Privacy Policy which is available on their website [www.coast-dyslexia.co.uk](http://www.coast-dyslexia.co.uk)

Please complete the next page.

**Visual symptoms questionnaire**

Please complete this questionnaire and if necessary, refer your child to an Optometrist prior to booking the assessment. Barnard Associates are located at 27 Sackville Road, Hove, BN3 3WA. Tel (01273) 772318. Alternatively, The Institute of Optometrists, 56-62 Newington Causeway, London, SE1 6DS Tel: 020 7234 9641. [www.ceriumvistech.com](http://www.ceriumvistech.com) have a local search facility (see ‘*Find your local specialist*’)

Visual difficulties should **ideally** be addressed prior to SpLD assessment.

If **any** symptoms occur **often** or **always**, an optometrist referral is **always** recommended BEFORE ASSESSMENT.

Where symptoms occur only **sometimes** or **rarely,** a referral could still be made but it should be made clear to the person being screened that the referral may not confirm any visual difficulty.

Responses mainly **rarely** or **never** do not warrant onward referral.

For this protocol:

* Always = every day
* Often =  several times a week but not necessarily every day
* Sometimes = 2-3 times a month
* Rarely = only once every few months / a year

Parental Advice: if this is for a younger child, please re-phrase questions and/or use your own observations.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| 1 | Do you get headaches when you read? |  |  |  |  |  |
| 2 | Does reading make your eyes feel sore, gritty or watery? |  |  |  |  |  |
| 3 | Does reading make you feel tired or sleepy? |  |  |  |  |  |
| 4 | Do you become restless or fidgety or distracted when reading? |  |  |  |  |  |
| 5 | Do you become less comfortable the longer you read? |  |  |  |  |  |
| 6 | Do you prefer dim light to bright light for reading? |  |  |  |  |  |
| 7 | Does reading from white paper seem too bright or glaring? |  |  |  |  |  |
| 8 | Do parts of the white page between the words form patterns when you read? |  |  |  |  |  |
| 9 | Does the print or background shimmer or appear coloured as you read? |  |  |  |  |  |
| 10 | Does print appear to jitter or move on the page as you read? |  |  |  |  |  |
| 11 | Do you screw your eyes up when reading? |  |  |  |  |  |
| 12 | Do you rub your eyes to relieve the strain when you are reading? |  |  |  |  |  |
| 13 | Does text appear blurred, or go in and out of focus, when you read? |  |  |  |  |  |
| 14 | Do you move your eyes around or blink to keep text clear when you are reading? |  |  |  |  |  |
| 15 | Do objects in the distance appear more blurred after you have been reading? |  |  |  |  |  |
| 16 | Do you lose your place when reading? |  |  |  |  |  |
| 17 | Do you re-read or skip words or lines when reading? |  |  |  |  |  |
| 18 | Do you use a marker or your finger to stop you losing the place when you read? |  |  |  |  |  |
| 19 | Do you cover or close one eye when reading? |  |  |  |  |  |
| 20 | Do the words, page or book appear double when you are reading? |  |  |  |  |  |

**Visual Difficulties Checklist**

**(Acknowledgement to Moody, Singleton and Jameson)**

This questionnaire should be completed prior to booking the assessment to allow time for visual difficulties to be assessed/addressed.

1. Have you ever used coloured overlays/tinted glasses (Yes/No)?

If YES,

1. who advised and provided them?
2. why were they recommended?
3. did they help?

if YES, then in what way?

1. do you still use them?
2. How many hours reading per day does your child do, in a typical week?
3. How many hours does your child spend on a screen (phone, tablet or computer) per day, in a typical week?

**Any other comments/observations?**

**Please tick the appropriate box.**

**How did you hear about Coast Education?**

** Google/ Search Engine**

** Google/Search Engine then BDA**

** Google/Search Engine then Patoss**

** Patoss Direct**

** British Dyslexia Association Direct**

** Recommendation (Details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

** Other: please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Privacy Policy:**

* Coast Education is committed to protecting the privacy of individuals. Accordingly, all personal data collected will be subject to our Privacy Policy. For more information, please see our website.
* Your final assessment report will be held by Coast Education for **6 years** [within your customer record file]. During this time, you will be able to ask for an electronic copy of the report. Please note there may be an administration charge for this. **We would therefore strongly recommend that you keep a copy of your report securely.** After this time Coast Education will not be able to supply you with a copy of your report.

**How your information will be used:**

From time to time, we may like to send you information about our own products and services that you might be interested in, by post, telephone, email, and SMS. We will not pass your information on to any organisation external to Coast Education. If you agree to being contacted in this way, please tick the relevant boxes to indicate how you would like to be contacted.

Post Phone  Email  SMS 

PLEASE FIND BELOW A LETTER FOR SCHOOL ABSENCE SHOULD YOU WISH TO USE IT. Please complete the date and your child’s name.

Date:

To

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be unable to attend school on \_\_\_\_\_\_\_\_\_\_\_\_\_ as

he/she will be undertaking an educational assessment at Coast Dyslexia. For

registration purposes, this is an ‘*allowable educational activity*.’

Yours Sincerely

Denise Hawkes MA APC

Senior Assessor

Coast Education

**SCHOOL PRE-ASSESSMENT QUESTIONNAIRE**

To be completed by the Teacher or Sendco

Parent/carer please tick mail preference below before passing this to school:

Please return the completed form to: child’s parent/carer □ OR please forward the completed form to: Coast Education Secretary, Unit 3, Parkland Business Centre, 44 Chartwell Road, Lancing, BN15 8UE or via email to [denise@coast-education.co.uk](mailto:denise@coast-education.co.uk) □

Signed (Parent/Carer)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

An assessment is being carried out to clarify this child’s learning, emotional and/or behavioural needs. Information from the current school will be very useful and help to provide a wider context in which to place these needs.

Your support is greatly appreciated.

**All information will be treated confidentially.**

|  |  |
| --- | --- |
| **Child’s full name** |  |
| **School** |  |
| **Year group** |  |
| **Name of person completing this form** |  |
| **Title (Mr/Mrs/Ms/Miss)** |  |
| **Role in School** |  |
| **Date form completed** |  |
| **School SENCO contact details** |  |

**Parents’/guardians’ details for correspondence**

|  |  |
| --- | --- |
| **Full Name(s)** |  |
| **Title (Mr/Mrs/Ms/Miss)** |  |
| **Relationship to child** |  |
| **Address** |  |
| **Postcode** |  |
| **Mobile number(s)** |  |
| **Email Address** |  |

**School Performance**

**Please provide details about the child’s National Curriculum attainments:**

|  |  |  |  |
| --- | --- | --- | --- |
| **SATs / end of Key Stage results** | **English** | **Maths** | **Science** |
| Key Stage 1 |  |  |  |
| Key Stage 2 |  |  |  |
| Key Stage 3 |  |  |  |

|  |  |
| --- | --- |
| Did the child pass the Phonics Test? | Y\* / N |
| \*If yes was that at the end of year one or year two? |  |

|  |
| --- |
| **Current subject performance in relation to peer group:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Below Average** | **Average** | **Above Average** |  | **Below Average** | **Average** | **Above average** |
| **Speaking and listening** |  |  |  | **Reading accuracy** |  |  |  |
| **Humanities** |  |  |  | **Reading comprehension** |  |  |  |
| **PE** |  |  |  | **Writing** |  |  |  |
| **Art** |  |  |  | **Spelling** |  |  |  |
| **DT** |  |  |  | **Maths** |  |  |  |
| **ICT** |  |  |  | **Science** |  |  |  |
| **Other:** |  |  |  |  |  |  |  |

|  |
| --- |
| **Please details any recent assessments including test names, dates, and results:** |

**Does the child have any difficulty with:**

|  |  |  |  |
| --- | --- | --- | --- |
| Planning and organising written work? | Y / N | Continually losing things? | Y / N |
| Getting started with written work? | Y / N | Self-organisation? | Y / N |
| Copying from the board? | Y / N | Fine motor co-ordination? | Y / N |
| Remembering instructions? | Y / N | Gross motor co-ordination? | Y / N |

|  |  |
| --- | --- |
| Is there a discrepancy between the child’s verbal ability and written work? | Y / N |

|  |  |  |  |
| --- | --- | --- | --- |
| **Attitude to work – please tick/highlight all that apply:** | | | |
| Keen |  | Distracts others |  |
| Independent |  | Competent |  |
| Works well with help |  | Slow |  |
| Distractible |  | Lacks interest |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Peer relationships – please tick/highlight all that apply:** | | | |
| Popular |  | Withdrawn |  |
| Accepted |  | Better with younger children |  |
| Friendly |  | Avoids others |  |
| Dominant |  | Has one special friend |  |

|  |  |  |
| --- | --- | --- |
| Is this child being monitored for Special Educational Needs? | | Y / N |
| Is there an individual Education Plan (IEP)/Personalised Learning Plan (PLP)? | | Y / N |
| Please detail any current support/provision this child is receiving: | | |
| Who gives this support (role in school)? |  | |
| What type of support? |  | |
| Length of session(s)? |  | |
| Frequency of support (times per week)? |  | |

|  |  |
| --- | --- |
| Please provide evidence/information of the child’s normal way of working and relevant background information if this assessment may be used as evidence for exam access arrangements. | |
| Has this child been discussed/assessed/monitored by any external agencies, e.g. Educational Psychologist, Behaviour support, Learning support etc. | Y / N |
| If YES, please give details: | |
| **If the child has an Educational Health and Care Plan, please attach a copy of the most recent Annual Review or other relevant information** | |

Please outline your concerns, if any, regarding this child and your objectives for the assessment in the box below:

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Print name:** |  |
| **Position in school:** |  | **Dated:** |  |

**Your questionnaire will remain the confidential property of the parents/carers, so please return your response to them.**

Thank you for your support and co-operation in taking the time to complete this questionnaire.

Please return this questionnaire to: Coast Education Secretary, Unit 3, Parkland Business Centre, 44 Chartwell Road, Lancing, BN15 8UE **or** to the parent/carer (see the first page of the questionnaire for parental/carer preference)

Please use this space for any relevant extra information you may have.

Any other relevant information.