**2015 DYSLEXIA/SPECIFIC LEARNING DIFFICULTIES**

**ADULT DIAGNOSTIC SCREENING QUESTIONS**

**Name**

**Address**

**Telephone no**

**Place of study/work**

**Subject/trade/course/profession**

**Date of birth**

**Why referred?**

**Considerations requested**: for example, do you have exams and need extra time, sympathetic consideration, extra time in assignments, help in the workplace etc?

other considerations (please specify)

Other college/**educational experiences** since leaving school

Other **work experiences** since leaving school

**Career aims**

**Attitude of teachers in the past**

**Has dyslexia already been suggested as cause of difficulties?**

**Have you had a dyslexia screening or assessment before? If so, when?**

**Strengths**

**Main weaknesses**

|  |  |  |
| --- | --- | --- |
|  | **Tick if it is an issue** | **Please provide more information** |
| **SCHOOLING – PRIMARY** |
| Problems learning to read |  |  |
| Second language  |  |  |
| Received extra help |  |  |
| Disruptions / missed school |  |  |
| **SCHOOLING – SECONDARY** |
| Problems recognised by school |  |  |
| Extra help? |  |  |
| Exams attempted (particularly English): |  |  |
| Exams passed/grades: |  |  |
| Consideration givene.g. extra time, use of computer etc |  |  |
| **BACKGROUND/HISTORY** |
| Ear infections / ‘glue ear’ (primary school) – last hearing test? |  |  |
| Vision problems: squint/lazy eye/other – last eye test? |  |  |
| Motor-coordination problems (eg tying shoelaces/catching a ball/or ‘clumsy child’ syndrome |  |  |
| Speech or language difficulties/ ‘late talker’? speech therapy? |  |  |
| Other members of the family have similar difficulties/ identification of dyslexia? |  |  |
| Any serious health problems, eg respiratory, neurological |  |  |
| **LANGUAGE/LISTENING BEHAVIOURS:** |
| Trouble listening |  |  |
| Trouble concentrating with background noise |  |  |
| Pronunciation difficulties, especially with multisyllabic words eg preliminary, contemporaneous |  |  |
| Word retrieval problems |  |  |
| Problems with listening and taking notes at same time |  |  |

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| --- |
| **READING** |
| needs to re-read frequently |  |  |
| comprehension difficulties |  |  |
| word recognition problems |  |  |
| oral reading difficulties |  |  |
| problem tracking print |  |  |
| print ‘dances’ blurs or irritates eyes |  |  |
| **WRITING** |
| Difficulty getting ideas down on paper |  |  |
| Difficulty finding the right words? |  |  |
| Problems with grammar/sentence structure/punctuation |  |  |
| Problems with organisation and planning  |  |  |
| Difficulties ‘seeing’ errors / proof-reading |  |  |
| **GENERAL** |
| ‘good’ days and ‘bad days’ |  |  |
| Difficulties remembering what words look like |  |  |
| Difficulties discriminating/’holding’ sounds |  |  |
| **MATHS** |
| difficulties memorising times tables |  |  |
| difficulties memorising basic number facts |  |  |
| general maths ability |  |  |
| difficulties with long division / algebra etcother (specify maths difficulties) |  |  |
| **MEMORY DIFFICULTY** |
| alphabet |  |  |
| months/days/seasons |  |  |
| telephone number |  |  |
| erratic memory |  |  |
| names, dates, factual information |  |  |
| difficulties following oral directions, remembering instructions and getting them wrong |  |  |
| **SPACE / TIME** |
| Difficulties learning to tell the time |  |  |
| Left/right confusion |  |  |
| Get lost easily - how do you find your way? Landmarks? |  |  |
| Map reading difficulties |  |  |
| **VISUAL-MOTOR/ HANDWRITING** |
| Copying difficulties |  |  |
| Letter reversals |  |  |
| Unusual paper position |  |  |
| Unusual pen grip |  |  |
| Left-handed |  |  |
| Difficulties controlling pen |  |  |
| Irregular or awkward letter construction |  |  |
| Problems with writing what’s intended / much crossing out, etc |  |  |
| Hand gets tired after short period of writing  |  |  |

**Is there any further information you would like to add?**