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CONFIDENTIAL STUDENT/ADULT QUESTIONNAIRE

Please complete as fully as possible and bring to your appointment

Full Name:.....

Date of Birth:.....Age:.....

Home Address:.....

.....

.....Postcode:.....Tel:.....

School/College/University:.....

What courses are you studying?.....

.....

.....

What course/exams did you take before this?.....

.....

.....

Are you in work?.....

What previous work have you done?.....

.....

.....

PREVIOUS EDUCATION

Which schools/colleges did you attend?.....

.....
.....

What were you good at at school?.....

How old were you when you first noticed your difficulties?.....

Did you have difficulties at school with:

Reading	NO	SLIGHT	MODERATE	YES
Spelling	NO	SLIGHT	MODERATE	YES
Writing	NO	SLIGHT	MODERATE	YES
Mathematics	NO	SLIGHT	MODERATE	YES
Essays	NO	SLIGHT	MODERATE	YES
Revision	NO	SLIGHT	MODERATE	YES
Sports and Games	NO	SLIGHT	MODERATE	YES

Did you teachers consider you to be badly behaved?.....

Did you work as hard in school as you might have done?.....

Do you remember any particular teachers, and if so why?.....

PREVIOUS TREATMENT OF DIFFICULTIES

Did you have any remedial help or other extra help at school? Please give details:

.....
.....
.....

Were you ever assessed for learning difficulties (e.g. dyslexia)? YES/NO

If YES, who assessed you and when?.....

Do you have a copy of a report which I may have?.....

What were you told about your difficulties?.....

GENERAL BACKGROUND INFORMATION

Is your vision within normal limits?.....

Is your hearing within normal limits?.....

Have you suffered from any serious illnesses?.....

Do you take any regular medication? If so, please give details.....

.....

Father's occupation?.....

Mother's occupation?.....

How many brothers do you have?.....How many sisters?.....

Where do you come in the family? 1 2 3 4

Do they have difficulties with spelling/reading/learning?

	Spelling	Reading	Other
Parents
Brothers/Sisters
Cousins
Aunts/Uncles

To help overcome your difficulties:

Do you use a word-processor for essays/assignments?.....

Do you have your own, or easy access to one?.....

Do you use a pocket spell-checker regularly?.....

Do you use a tape-recorder for taking notes in lectures or recording information?.....
.....

Are your tutors aware of possible difficulties? YES/NO

What do they do to help?.....
.....
.....

What else do you feel they could do to help?.....
.....

What other strategies have you developed?.....
.....

Please summarise your difficulties and say why you are currently seeking an assessment. Please include any other information which you feel may be relevant (continue on a separate sheet if necessary).

Signed:.....

Print name:.....

Date:.....