



We value your viewpoint and would, therefore, appreciate your co-operation in completing this form. Please note, unless you indicate otherwise, your comments may be quoted, in part at least, in the educational psychologist's report.

ADULT QUESTIONNAIRE

Your Name:

Date of Birth:

Address:

Telephone Number:

Place of Work/Study:

BACKGROUND

Please indicate the presence of these with 'Y' or 'N'

	Yes (Y)	No (N)
SPOKEN LANGUAGE		
1. Slow learning to talk (early childhood)		
2. Trouble recognizing words that rhyme (eg cat, ball, hat) (early childhood)		
3. Mispronounces and/ or confuses words that sound alike (eg <i>tornado</i> for <i>volcano</i>) (school-age through adult)		
4. Struggle to retrieve words: "It was on the tip of my tongue" (school-age through adult)		
READING AND SPELLING		
5. Trouble learning letters, letter-sounds, and/ or sounding out words (early childhood – school-age)		
6. Inaccurate reading of words (school-age – adult)		
7. Reading slow and effortful, need to reread (school- age through adult, persistent across development)		
8. Avoids reading aloud (school-age through adult)		
9. Poor spelling (eg may add, omit, or substitute vowels or consonants, prefixes or suffices) (school-age through adult)		
10. Difficulty learning a foreign language (school-age through adult)		
11. Inability to complete timed tests (school-age through adult)		

1. What difficulties are you having with the accuracy and fluency of your reading, writing, spelling and arithmetic?

2. What difficulties have you had in the past (if possible, photocopy old school reports if they illustrate this):

3. What educational qualifications do you have?

4. Please give details of past and current health, including whether you have ever had speech therapy, or any hearing or visual impairment:

5. Describe any difficulties that people in your family may have experienced with learning:

6. What special help have you received in the past? Describe the effort and time that has been involved.

7. What special examination arrangements have you had in past examinations?

If you have ever been assessed in the past please attach photocopies of those assessments to this report. This is very important.

Signature:

Date of completion:

Thank you very much for taking the time to complete this questionnaire.