



We value the viewpoint of parents 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.

**CONFIDENTIAL**

**PARENTAL QUESTIONNAIRE FOR ADULT STUDENTS  
NOT TO BE COMPLETED BY STUDENT - PRIMARY EVIDENCE REQUIRED**

Date of Completion:

Son/Daughter's Full Name:

Place of Study:

Date of Birth:

Age:

years

months

Home Address:

Telephone Number:

Mother's name:

Occupation:

Father's name:

Occupation:

How many children have you in your family?

Please give names of brothers and sisters:

Are there any special family circumstances which have affected your son/daughter's development?

Are there any other members of the family (including both parents' families) who have experienced reading, spelling or language difficulties?

What sort of difficulties are these?

Are there any special circumstances relating to school which have affected development?

At what age did his/her learning difficulties first come to your attention?  
(Please provide photocopies of past school reports where they illustrate this)

What areas does he/she find difficult at present?

What is he/she good at?

## **PREVIOUS HELP**

Previous help while at school?

Any other help:  
(eg visits to specialists, speech centres, etc)

Please give full details of any previous psychological assessments:

Please provide photocopies of any past reports:  
(This is very important)

## **VISION AND HEARING**

Have your son/daughter's eyes been tested? YES / NO

Is vision within normal limits? YES / NO

If NO, please give details of problems:

Has your son/daughter's hearing been tested?<sup>†</sup> YES / NO

Is his/her hearing within normal limits? YES / NO

If NO, please give details of problems:

## **PHYSICAL DEVELOPMENT**

At what age was he/she walking without help?

Was his/her hand/eye co-ordination competent?

Was he/she good at games and sports?

## **SPEECH**

At what age did he/she begin to talk?

Is English the only language spoken at home?

Does he/she have experience of speaking other languages?

Did he/she find any speech sounds difficult to make?

Did he/she express his/her ideas clearly in words?

## **ATTENTION**

Did he/she have difficulty in concentrating?

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<sup>†</sup> If necessary, arrange an assessment with Sarah Barlow RHAD MTO (Independent Audiologist), 1 St James' Court, Friar Gate, Derby DE1 1BT. Tel: 01332 727274, Email: [sarah@justhearing.com](mailto:sarah@justhearing.com).

Did he/she flit from one activity to another at home?

Is he/she forgetful of instructions?

Is he/she forgetful of where things have been left?

### **BIRTH AND EARLY CHILDHOOD**

Were there any unusual features or complication in pregnancy or birth?

Birth Weight

Mother's age at birth

Father's age at birth

Were there any unusual features or complications in early childhood?

Did he/she suffer from long standing ear, nose or throat problems?

Does he/she experience any allergy reaction?

Does he/she take any regular medication?

Please name drug and condition for which it is taken:

Has he/she had any serious injuries or accidents?  
eg head injuries, broken bones, suffocations, etc.

Other Illnesses:

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

|   | <b>Yes (Y)</b> | <b>No (N)</b> |
|---|----------------|---------------|
| <b>SPOKEN LANGUAGE</b>  |                |               |
| 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)                                  |                |               |
| <b>READING AND SPELLING</b>   |                |               |
| 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)   |  |  |

**EXTENT, SEVERITY AND PERSISTENCE OF PROBLEMS**

Please describe below what you know about the accuracy and fluency of your son/daughter's current basic skills. Describe the time and effort that has been required to help him/her in the past.

Signed

Date

Relationship to student