**CONFIDENTIAL QUESTIONNAIRE FOR PARENTS/ LEGAL GUARDIANS and SCHOOL**

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| --- | --- |
| Name of person being assessed  |  |
| Name of parent/legal guardian (if under 18) and title (mother, father, legal guardian etc). |  |
| Date of Birth (of person being assessed)Age |  |
| Address |  |
| Name of school/college  |  |
| 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, Support).  |  |
| Please give brief details of any previous assessments or support you have had from School or other providers. This can include any screenings you have taken online. |  |
| Name of Teacher/ Form Teacher |  |
| Name of Senco |  |
| Please give details of any adjustments or support you have had at school. 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 □
* Full Diagnostic Assessment with ADHD screening □
* Full Diagnostic Assessment with Dyspraxia/DCD screening □
* Full Diagnostic Assessment with Dyspraxia/DCD AND ADHD screening □
* Dyslexia Screening □
* Stand Alone Access Arrangements Assessment □
* Access Arrangements Form 8 Part 2 added to Full Assessment □
* Dyscalculia Screening
 |
| Would you like your assessment carried out via Zoom on the online platform with the assessor?  | Yes □ No □  |
| For a face-to-face assessment, which location would you like? (Tick) | Community Church at Lawrence Weston, Bristol □44 Chartwell Road, Lancing, BN15 8UE (near Brighton) □ |

**CONFIDENTIAL PRE-ASSESSMENT QUESTIONNAIRE**

**For children/students (7-17 inclusive)**

* 1. Parents/Carers: Please fill in your section.
* 2. Pass school section to your child’s teacher or SendCo. This should be returned to **you** when completed, or with you permission sent to us direct. (If you do not have this by the time your child’s assessment is carried out, please let us know).
* 3.If possible, please return by email to denise@coast-education.co.uk before assessment.

IMPORTANT: If this assessment is to provide evidence for Examination Access Arrangements, the school MUST return Form 8 (with the first section completed) BEFORE the assessment. This is a JCQ ruling and must be adhered to. (There is an additional fee for Form 8 completion).

|  |  |
| --- | --- |
| **Full Name of your child as on birth certificate:**  |  |
| **Preferred name:**  |  |
| **Date of Birth:**  |  |
| **Age:**  |  |
| **Current School AND Year Group:**  |  |
| **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)** |  |
| **Main Home address:** |  |
| **Contact Tel No: (mobile)** |  | **(work)** |  |
| **Contact Email:** |  |

**Developmental History**

|  |  |
| --- | --- |
| **Please give as many details as possible** | **Yes / No - details** |
| Was the birth at full term and a normal delivery?If no, please provide details. |  |
| Were all the normal developmental milestones reached? E.g. Walking, talking, riding a bike? Details:  |  |
| 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.  |  |
| Does your child have any difficulties with gross or fine ( large or small) body movements or coordination? Details:  |  |
| Does your child have any significant difficulties with concentration?  |  |
| Do you feel that your child will benefit from accommodations in the assessment, such as fidget toys or mini breaks? Please give details:  |  |

**School History**

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

|  |
| --- |
| **What are the difficulties exhibited in school? (Please circle or highlight)** |
| **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? (For example, Covid-19 school closures, serious medical conditions).** | 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, SALT, paediatricians, physiotherapists)?
 | Yes | No |
| * Does your child have a diagnosis for ADHD, ASC, APD or other condition? **If yes**, please provide a diagnostic letter or report.
 | Yes | No |
| \* If yes please provide more information: |

**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 2 years.** 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? ADHD, Dyspraxia, Autism, Other**  | Yes  | No |
| If YES, please indicate relationship to child: |
| **Education History:**  | **Location**  | **From --- Until** |
| Childminder |  |  |
| Nursery  |  |  |
| School |  |  |
| School and GCSE’s being taken |  |  |
| College and Courses being taken |  |  |
| 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. It is important that you tell us about any other diagnoses, as these can be included in your report, and can impact literacy difficulties further.  |
| Type of document (for example, school report, IEP, hospital, SALT, CAMHS, CDC, medical, other) | Original (Yes/No)  |
|  |  |
|  |  |
|  |  |
| **Signed:**  |  | **Print name:** |  |
| **Relationship to child:** |  | **Dated:** |  |

**IMPORTANT: PLEASE MAKE SURE YOU COMPLETE THIS SECTION**

**I confirm that I have requested this assessment and I have the legal authority to do so.**

**I am the child’s:**

* **Parent □**
* **Legal guardian □**

Your Name (Printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Your child’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Please state **clearly** the email address or addresses you would like your diagnostic assessment report sent:
* Email address 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email address 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I give my permission for Coast Education to discuss the contents of the

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

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

of school)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes □ No □

**Permission to Process Data**

I confirm that I have requested a service from Coast Education

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

and that as the child’s parent or legal guardian, I have the 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 tick the appropriate box.**

How did you hear about us?

  Patoss

  British Dyslexia Association

  Search Engine (such as Google)

  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 new support, government initiatives, and products or services that you might be interested in. We will **not** pass your information on to any organisation external to Coast Education. Please tick boxes if you do NOT want to be contacted by:

Post Phone  Email  SMS 

|  |  |
| --- | --- |
| **Helpline:** | **0800 193 67 87** |
|  **Admin:** |  **0800 193 67 87** |
|  |  |

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

Any other relevant information.