



Background Questionnaire Secondary

Thank you for downloading and taking the time to fill in this questionnaire. If you have trouble following the instructions, please contact us at careen.learning2succeed@gmail.com or call 0771 747 3048.

Instructions on how to fill in using Adobe Acrobat Reader DC

- 1) When you have downloaded the questionnaire to your PC, open it. It should automatically open in Adobe Acrobat Reader DC if this is installed on your computer.

- 2) Click "All tools":  Then click "Fill and Sign"  Fill & Sign

- 3) Now you can enter information into the questionnaire.

For entering text, click this button



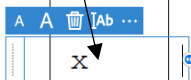
then using the mouse cursor, click where you want to enter text and this box will appear:



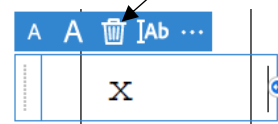
Now enter the text then click Esc on the keyboard when done.

Please note: to fill in a box with text on more than one line, press Enter on the keyboard to start the next line.

- 4) For some parts of the questionnaire with boxes, as seen below, please type an X in the applicable box for each question. Please click the **middle** of the box until the cursor comes up, then type an X

Never	Sometimes	Frequently	Always	Comments...
				

If you make a mistake, don't worry! Simply click the bin button to remove the X



- 5) To navigate to the next page or back to the previous page, click these arrows at the right-hand side of the page. The page number you are currently on will be displayed:



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Candidate's Name:		Date of Birth:	
Gender		Age at Assessment:	
Address:		School:	
		School Year:	
Post Code:		University Course (If applicable):	
Parents Phone:			

Please summarise your current situation:

Why have you chosen to have an assessment at this time?

Terms and Conditions.

Please note!!! The assessment will be carried out in two parts both taking place online using Microsoft Teams, or Zoom. Please read all the following:

For the assessment to take place successfully, the following is required:

- A quiet room with no disturbances throughout the duration of the assessment
- A laptop or desktop computer with a webcam, microphone, speakers or headphones, with Microsoft Teams software, and Zoom installed. Please don't use a phone or tablet as the test materials used will not appear at the correct size
- A reliable broadband internet connection

Please be aware that if all of the above are not available, the assessment will not be possible. If during assessment the internet connection becomes unstable, the assessment will need to be terminated.

Family and Medical History

It can be helpful to know about your background and development. Please consider the following questions but leave blank any answers to which you would rather not respond or have no recall. Please send the completed questionnaire to info@learning2succeed.co.uk, with any further information such as previous reports you may have.

1. What ages are your siblings? (If applicable)	
2. Do any siblings have similar difficulties?	
3. Is there any history of reading/spelling/speech difficulties in your close or extended family?	
4. Are you aware of any problems during pregnancy and / or your birth?	
5. How is your general health?	
6. Are you prescribed any medication?	
7. Did you reach your developmental milestones as a toddler? E.g. crawling, sitting, walking, co-ordination, weaning. If not please give details.	
8. Do you recall any childhood accidents / injuries/ operations?	
9. Do you have any hearing difficulties - past or present?	
10. Were you absent from the routine hearing tests at school?	
11. Is English the only language spoken at school or at home?	
12. Is English your first language? If not...	
a. What is your dominant language?	
b. How long have you been learning English?	
c. how long have you been speaking English?	
d. Is your education presented in English?	
e. How long have you resided in an English-speaking country?	
13. Were you late learning to talk?	
14. As a child were there any difficulties with articulation, pronunciation, or word-finding?	
15. Did you receive speech therapy as a child? If yes, when and how long for?	
16. Have you had any previous educational assessments? E.g. educational psychology, speech and language, occupational therapy, or screening tests for SpLD.	

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School History

1. At what age did you or your parents suspect there might be a problem?	
2. Are you left or right-handed?	
3. Did you have trouble deciding on a dominant hand?	
4. Describe your early progress with reading/writing/ handwriting/numeracy	
5. Do you usually write, have a scribe or word process in class?	
6. What is your experience of revision?	
7. Do you have an educational support or learning plan?	
8. Have you had any extended periods of absence from school?	

Exam Results and Arrangements

GCSEs, NVQs, BTEC, A Levels

<u>Subject</u>	<u>Result</u>	<u>Exam Arrangements (if applicable)</u>

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Favourite Subjects

Please tell us your **most** and **least** favourite subjects, under the comments section explain what you like and dislike about these subjects:

Subjects	Comments

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Section 1: Questions about Primary School Please mark an X in the appropriate box

Questions	Never	Sometimes	Frequently	Always	Comments...
At primary school, did you:					
ADC 1. Have difficulties with self-care tasks, such as tying shoelaces, fastening buttons and zips?					
ADC 2. Have difficulty eating without getting dirty?					
ADC 3. Have difficulty learning to ride a bike compared to your peers?					
ADC 4. Have difficulties with playing team games, such as football, volleyball, catching or throwing balls accurately?					
ADC 5. Have difficulty writing neatly so others could read it)?					
ADC 6. Have difficulty writing as fast as your peers?					
ADC 7. Bump into objects or people, trip over things more than others?					
ADC 8. Have difficulty playing a musical instrument (e.g. violin, recorder)?					
ADC 9. Have difficulties with organising/finding things in your room?					
ADC 10. Have others comment about your lack of coordination or call you clumsy?					

** The above questions are taken from The Adult Developmental Coordination Disorder/ Dyspraxia Checklist (ADC) for Further and Higher Education (Kirby and Rosenblum, 2008)

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Further Questions	Never	Sometimes	Frequently	Always	Comments...
At primary school did you:					
BQ 1. Feel behind in reading compared to those of the same age?					
BQ 2. Memorise stories from the pictures rather than the written text?					
BQ 3. Forget or confuse small abstract words? E.g. 'was' and 'were'					
BQ 4. Confuse similar words when reading? E.g. 'mop' and 'map'					
BQ 5. Dislike reading aloud?					
BQ 6. Miss out words or lines when reading?					
BQ 7. Mispronounce words when reading?					
BQ 8. Read slowly or hesitantly?					
BQ 9. Struggle to read your own writing?					
BQ 10. Have difficulty keeping on the lines when writing?					
BQ 11. Have trouble following a sequence of 3 instructions?					
BQ 12. Still need to sing the alphabet?					
BQ 13. Have difficulty learning times tables?					

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Further Questions	Never	Sometimes	Frequently	Always	Comments...
At primary school did you:					
BQ 14. Have difficulty showing maths steps?					
BQ 15. Have trouble remembering the days of the week?					
BQ 16. Have difficulty telling the time?					
BQ 17. Have difficulty understanding time intervals? E.g. 10 minutes or 1 hour					
BQ 18. Write letters, numbers or symbols in the wrong order?					
BQ 19. Mix up left and right?					
BQ 20. Find learning new vocabulary hard?					
BQ 21. Struggle to remember new vocabulary from one day to the next?					
BQ 22. Find it hard to learn nursery rhymes?					
BQ 23. Find it difficult to remember the order things have happened in a day?					
BQ 24. Get distracted by background noise?					
BQ 25. Have a poor concentration span for reading and writing?					
BQ 26. Find it hard to concentrate in the classroom?					

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<u>Further Questions</u>	Never	Sometimes	Frequently	Always	Comments...
At primary school did you:					
BQ 27. Find it hard to concentrate at home?					
BQ 28. Have difficulty walking in a straight line?					
BQ 29. Have difficulty running, jumping, hopping or skipping?					
BQ 30. Find it hard to use scissors?					
BQ 31. Struggle to use a pen?					
BQ 32. Have difficulty learning how to speak clearly?					
BQ 33. Mispronounce familiar words?					
BQ 34. Struggle to remember rhyming patterns like cat, bat, rat?					
BQ 35. Have difficulty dressing independently?					
BQ 36. Struggle to get organised for school? E.g. getting books ready, forget PE kit					
BQ 37. Have problems with general untidiness?					

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Section 2: Questions about you currently Please mark an X in the appropriate box

<u>Further Questions</u> Currently do you:	Never	Sometimes	Frequently	Always	Comments...
BQ 38. Need to re-read passages to understand the text?					
BQ 39. Have difficulty planning your work?					
BQ 40. Have poor punctuation and grammar?					
BQ 41. Forget to break into paragraphs?					
BQ 42. Tend to write in long rambling sentences that don't always make sense?					
BQ 43. Find it hard to copy things down without making mistakes?					
BQ 44. Make many alterations and have to cross out words when writing?					
BQ 45. Find others find it difficult to read your writing?					
BQ 46. Answer questions well orally but have difficulty writing down the answer?					
BQ 47. Spell a word as it sounds?					
BQ 48. Spell a word several ways without recognising the correct version?					
BQ 49. Reverse letters or numbers E.g. do you confuse b/d, 6/?					
BQ 50. Have to start from the beginning when reciting the alphabet?					

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<u>Further Questions</u>	Never	Sometimes	Frequently	Always	Comments...
Currently do you:					
BQ 51. Have to start from the beginning when reciting times tables? E.g. 1 x 4, 2 x 4...					
BQ 52. Have difficulty reciting the months of the year?					
BQ 53. Have more difficulty reading an analogue clock as opposed to digital?					
BQ 54. Struggle to read a 24 hour clock?					
BQ 55. Struggle to be on time for appointments?					
BQ 56. Get directions in the wrong order?					
BQ 57. Struggle to learn a new language?					
BQ 58. Forget when family birthdays are?					
BQ 59. Find it difficult to remember the order things have happened in a day?					
BQ 60. Use memory strategies such as lists or diary?					
BQ 61. Have difficulty remembering messages?					
BQ 62. Find it hard to write down telephone numbers accurately?					
BQ 63. Get frustrated when conveying thoughts or stories?					
BQ 64. Find it hard to follow a conversation?					

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Further Questions	Never	Sometimes	Frequently	Always	Comments...
Currently do you:					
BQ 65. Find it takes you a while to settle into work?					
BQ 66. Have low self-esteem or low confidence?					
BQ 67. Still have co-ordination issues?					
BQ 68. Struggle to find the right words?					
BQ 69. Have trouble structuring sentences?					
BQ 70. Find it hard to say long words accurately? E.g. specific, preliminary					
BQ 71. Sometimes say things back to front or muddle syllables? E.g. par cark					
BQ 72. Struggle to understand similes, metaphors or verbal puns? E.g. as white as snow, he had a heart of stone					
BQ 73. Find it hard to understand jokes?					
BQ 74. Still find you are generally untidy?					
BQ 75. Find yourself getting frustrated with simple tasks?					
BQ 76. Lose things and forget where you put them?					
BQ 77. Have difficulty meeting deadlines?					
BQ 78. Find you are slower than others at getting ready for work, school or college?					

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<u>Questions on eye and vision history</u>		Comments and notes...
1. Has your child any history of visual difficulties / problems with sight / visual impairment?		
1. When did they last have a sight-test by an optometrist ("optician")? (Please note, for a valid dyslexia assessment, an eye test needs to have been conducted within the last two years)		
3. Was any prescription made? YES / NO If YES , was your child advised to wear the prescription glasses/contact lenses for distance (e.g. for watching television) or near (e.g. for reading) or both ? If YES , does your child wear the prescribed glasses / contact lenses? YES / NO If NO , why not?		
4. If YES , does your child have the prescribed glasses/contact lenses with them today? YES / NO		Prescribed glasses/contact lenses should be worn for a SpLD assessment, unless intended for distance use only.
5. Has your child ever used colored overlays / colour-tinted glasses? YES / NO If YES , Who advised and provided them? Why were they recommended? Did they help? If YES , in what way? Does your child still use them? If not, why not?		
<u>Questions on reading / near work activity</u>		
6. Approximately how many hours per school day does your child spend at a screen (phone, tablet, computer) etc?		
7. Approximately how many additional hours per school day does your child spend reading books, newspapers, comics or other paper-based texts?		
8. Has your child's screen /reading /near work time increased recently? If so, by how much?		

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Visual Difficulties Questionnaire (pre - 16 years)* section for parents/carers	Never	Rarely	Sometimes	Often	Always	Comments...
VS 1. Does your child report headaches when they are reading?						
VS 2. Does your child report that reading makes their eyes feel sore, gritty or watery?						
VS 3. Does your child report feeling tired or sleepy during or after reading?						
VS 4. Have you noticed your child become restless, fidgety or distracted when reading?						
VS 5. Have you noticed your child rubbing their eyes when they are reading?						
VS 6. Have you noticed your child screwing up their eyes when reading?						
VS 7. Have you noticed your child tilting their head to one side when reading?						
VS 8. Have you noticed your child moving their eyes around or blinking frequently when they are reading?						
VS 9. Have you noticed your child holding a paper or book very close to their eyes when reading?						
VS 10. How often does your child use a marker or their finger to keep their place when reading?						
VS 11. Have you noticed that your child frequently loses their place when reading?						
VS 12. Have you noticed your child covering or closing one eye when reading?						

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Section for your child	Never	Rarely	Sometimes	Often	Always	Comments...
VS 13. When you read, do you see two of each word?						
VS 14. When you read, do the words you read look blurry (or fuzzy, or unclear)?						
VS 15. When you are reading, do the words move on the page?						
VS 16. When your teachers ask you to copy something from a screen at the front of the classroom, can you see what is written on the screen?						

*NB Response categories for this protocol: **Always** = every day, **Often** = several times a week but not necessarily every day, **Sometimes** = 2-3 times a month. **Rarely** = only once every few months / a year.

** The above questions are taken from the Visual Difficulties Screening Protocol V.2. 2019: children

Work Experience

Use this box to tell us if you have a holiday, weekend job, or previous work experience

Activities

Please give named examples of activities that you enjoy

Creative e.g.	Active e.g.
Sporting e.g.	TV e.g.
Computers e.g.	Artistic e.g.
Musical e.g.	Social e.g.
Practical e.g.	
Do you have any hobbies or belong to any clubs?	

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Please read the declarations below carefully before signing and dating it.

Assessment data and any resulting reports will be stored securely for 6 years. This is for Learning2Succeed to fulfil its legal obligations and for auditing purposes. For further information please refer to the Learning2Succeed Privacy Policy on the website by going to this web address: <https://www.learning2succeed.co.uk/terms-conditions>

☐ The information I have given on this form is complete and accurate to the best of my knowledge and belief.

There may be personal information that you have shared with us in this questionnaire, to assist in the diagnostic process, but that you would prefer not to be included in the report. Please mark this part with a * and then bring it to our attention.

☐ I consent to personal data being entered onto the Riverside Insights Online Platform. To view the Riverside Insights Privacy Policy with regards to how they store your data, go to this link: https://info.riversideinsights.com/privacy-assessment_policy

☐ I consent to personal data being stored electronically by Learning2Succeed. I understand that this information will not be shared with any third party unless I have given my explicit consent.

☐ If the report is funded by a third party e.g. Access to Learning Fund or Workplace, I give my consent for the final report to be shared with the funding body of this assessment.

☐ I agree to allow Learning2Succeed to retain my details for the purpose of sending occasional business updates. Learning2Succeed will not share your information with a third party.

By printing my name below, I consent for the information I have given to be used in the final report.

NB: Sign your name by choosing “Add signature” from the left of the page. Now you can type your name. Click “Apply”. Now click in the Name box to insert your name.

As the person, for whom the report will be written, is under 18, please ensure that a parent or guardian signs this form

Name:	Date:
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