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Educational and Chartered Psychologist

Confidential Child Questionnaire (up to 15 years 11 months)

Child's Full Name:_____

Child's Date of Birth:_____Age:____years ____months

Home
Address:_____
_____

Telephone Numbers:Home_____Work_____Mobile_____

Name of person requesting assessment:_____
Occupation:_____
Relationship to child:_____

Children in the family: Name Age
1st_____
2nd_____
3rd_____
others_____

Do other members of the family experience difficulties with reading or spelling?

About Your Child's School History

Name and address of present school
_____
_____

Is it independent or state?

Name of Headteacher and Special Educational Needs Coordinator (SENCO)
_____

Other school attended by your child:
Name Date
1)_____
2)_____
3)_____

What help has your child received in school?
_____
_____

The Brackley Clinic
48 Burgess Square, Brackley, Northants. NN13 7FA
Tel: 01280 703389 or 07837 359773
Email: lwheeler.edpsych@yahoo.co.uk

What help has your child received outside school?

_____
_____

Has your child received any assessment or help from other specialists, such as Educational Psychologists, Speech and Language Therapists, etc?

_____
_____

What subjects/tasks does your child find difficult?

_____
_____

What is he/she good at?

_____

How has he/she performed in school tests?

_____
_____

About Your Child's Birth, Development and Health

Birth weight: _____

Were there any unusual complications with your child's birth or pre-school development?_____
_____

At approximately what age did he/she walk and talk?_____
_____

Has your child had any serious accidents, injuries or illness in the past?

_____

Motor Development
Is your child right or left handed?
Is he/she good at sports/games?
Is your child well coordinated?

Hearing and Vision
When was your child's vision last tested and is this within normal limits?

Does he/she experience any difficulties with his/her eyes e.g. print movement or headaches when reading?

When was your child's hearing last tested and is this within normal limits?

Memory

Does your child have difficulties with:

Concentration and attention?	yes/no
Long-term memory?	yes/no
Where he/she has left things?	yes/no
Lists of instructions?	yes/no

How old was your child when his/her learning difficulties came to your attention?

Describe below what your child's difficulties are and how this assessment may help him/her? (continue on a separate sheet if necessary).

Signed:_____ Date_____

Print name_____

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