

BACKGROUND INFORMATION
Confidential Questionnaire

We encourage you to provide as much information about yourself as possible so that we can assess your learning needs and offer relevant services and facilities. The information will remain confidential in accordance with data protection legislation. In completing this questionnaire you are agreeing to make it available to appropriate ALN staff and external services.

If you need more space for your answers, please continue on the reverse of the relevant page.

Name.....	Male.....	Female.....
Date of Birth	Student ID.....	
Course of Study		
Level / Year of Course	of	years

Please write a paragraph explaining briefly WHY you have come to Additional Learning Needs and what you hope to gain.

Developmental / Family History

As far as you are aware, did you:

Don't
know

- Have any difficulty in learning to talk? Y N
- Receive speech therapy? Y N
- Start to walk late? Y N
- Have difficulty in learning to tie laces? Y N
- Have difficulty learning to ride a bike? Y N
- Have difficulty with sports and hand-eye co-ordination? Y N
- Have any difficulty in concentrating during school years? Y N
- Have problems with being hyperactive as a young child? Y N
- Need very little sleep as a young child? Y N
- Tend to get into trouble at school for poor concentration? Y N

Are you generally clumsy, uncoordinated or accident prone?

Y N

Are you left-handed? Right-handed? Ambidextrous?

Which hand do you use for writing?

Does it hurt when writing?

Does your handwriting vary in legibility? Y N

Do you hold pens/cutlery/tools awkwardly? Y N

Have you learnt to drive? Y N

Do you find it easy to organise yourself?

Have you ever learnt to play a musical instrument?

Can you read music?.....

Do you find that your mind drifts when in conversation with others?

.....

Do you have a tendency to interrupt conversations?

Is there a history within your family of difficulties such as: dyslexia, dyspraxia, AD(H)D, depression, eating disorders, etc.? If yes, please give details.

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Have you previously been assessed for dyslexia or any other specific learning difficulties? Please give details.

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Health and Well-being

Were there any complications at your birth?

Have you had your eyes tested?

Do you wear glasses/lenses?

Has your hearing been tested?

Do you have any hearing difficulties?

As a child, did you have problems with glue ear, grommets, etc?

.....

Have you had any serious injuries, accidents, traumas, hospitalisation or fevers?

.....

Are you currently taking any medication that could affect your learning? Please give details.

Is there anything else you would like to tell us about your general health or well-being? (e.g. anxiety; eating disorders; ME; depression; mobility/physical difficulties; addiction; pain).

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If English is NOT your first language:

Which languages are spoken in your home?

In which language did you receive your education?

At what age did you start to learn spoken English?

At what age did you start to learn written English?

Educational History

Have you missed any schooling for long periods? Please specify:

.....
.....

Did you have any difficulty with: *(Please tick)*

Learning to read?		Spelling?		Revision?	
Writing essays?		Expressing yourself?		Numerical work?	

Which subjects were you good at in school?

.....
.....

Which subjects did you experience difficulty with, if any?

.....
.....

Have you received any extra teaching at school or privately? Please specify:

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.....
.....

Did you receive any exam concessions (extra time/ reader/scribe/PC)?

If yes, please give details:

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.....
.....

Please outline your grades and any feedback on work that has been assessed so far on your current course:

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.....

Your strategies. Do you use: *(Please tick)*

A computer for your work?	<input type="checkbox"/>	Someone else to check your work?	<input type="checkbox"/>
A spell checker?	<input type="checkbox"/>		
Other strategies for your studies? <i>(Describe)</i>			

What do you enjoy doing / excel in ?.....
.....
.....

Do you experience any problems in relation to daily life?.....
.....
.....

Please tick YES or NO to these questions.		YES	NO
1	Do you find difficulty in telling right from left?		
2	Is map reading or finding your way to a strange place confusing?		
3	Do you dislike reading aloud?		
4	Do you take longer than you should to read a page of a book?		
5	Do you find it difficult to remember the sense of what you have read?		
6	Do you dislike reading books?		
7	Is your spelling poor?		
8	Is your writing difficult to read?		
9	Do you get confused if you have to speak in public?		
10	Do you find it difficult to take messages on the telephone and pass them on correctly?		
11	When you have to say a long word, do you sometimes find it difficult to get all the sounds in the right order?		
12	Do you find it more difficult to do sums in your head without using your fingers or paper?		
13	When using the telephone, do you get the numbers mixed up when you dial?		
14	Do you find it difficult to say the months of the year forwards in a fluent manner?		
15	Do you find it difficult to say the months of the year backwards?		
16	Do you mix up dates and times, and miss appointments?		
17	When writing cheques do you frequently find yourself making mistakes?		
18	Do you find forms difficult and confusing?		
19	Do you mix up bus numbers like 95 and 59?		
20	When you were at school, did you find it hard to learn your multiplication tables?		

(Vinegrad M. 1994 A revised adult dyslexia checklist In *Educare* March 48 pp 23: Reproduced with the kind permission of *Educare*)

Please tick YES or NO to these questions.

		YES	NO
1	Do you read slowly?		
2	Do you find it difficult to read fluently?		
3	Do you miss out or insert words without meaning to?		
4	Do you often lose your place?		
5	Do words appear to float or move whilst reading?		
6	Do you re-read or skip lines?		
7	Do you use a marker / your finger to keep your place?		
8	Do you feel that you are not understanding what you have read?		
9	Is it an effort to maintain your concentration when you read?		
10	Does reading make you tired?		
11	Do you get headaches when you read?		
12	Do your eyes become itchy, sore or water when you read?		
13	Do you rub or close one eye when reading?		
14	Do you hold the page close to read?		
15	Do you hold the page away from you to read?		
16	Does white paper seem to glare?		
17	Does reading become harder the longer you have been doing it?		
18	Do you prefer to read in dim light rather than bright light?		
19	Do words tend to become blurry after you have been reading for while?		

Complete this part **ONLY** if you find the **MATHEMATICAL** element on your course difficult

Please tick YES or NO to these questions.

		YES	NO
1	Do you have difficulty in using addition accurately?		
2	Do you have difficulty in using subtraction accurately?		
3	Do you have difficulty in using multiplication accurately?		
4	Do you have difficulty in using division accurately?		
5	When a new mathematical concept was introduced, did you take longer than other students to understand it?		
6	Do you often find it difficult to understand what the question is asking you to do?		
7	Do you get confused with how to lay out a mathematical problem on a page?		
8	If you are dealing with a problem consisting of more than one step do you often miss out parts or lose track?		
9	Do you have difficulty in remembering what symbols mean?		
10	When copying numbers, do you substitute, change the order, omit or reverse them?		
11	When shopping, do you have difficulty in working out the change due to you?		
12	Do you find it difficult to plan your finances long term?		
13	Do you have difficulty in putting names to faces?		
14	If you play games, such as tennis, badminton, etc. do you lose track of the score?		
15	Do you have difficulty in telling the time?		
16	Do you have difficulty in following directions and retracing your steps?		
17	Do you have trouble estimating how long a task will take?		
18	Do you have difficulty in reading and understanding tables and graphs?		