

# CONFIDENTIAL

## Teacher/School Questionnaire

### Dyslexia Assessment Classroom Observations

Information is being gathered to clarify the child's learning needs. Information from the current school will be very useful and help provide a wider context in which to place these needs. Your support, therefore, is appreciated.

Student's Name:

Student's Date of Birth:

Student's Year Group:

### School Performance

Please provide details about the student's National Curriculum attainments:

SATs/ end of Key Stage results	English Reading/ Writing/ GPS	Maths	Science
Key Stage 1			
Key Stage 2			
Key Stage 3			

Did the student pass the phonics test?	Y*/N
*If yes, was this at the end of Year one or Year two?	

What do you feel your student is good at? What are their strengths?	
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<b>What do you feel your student needs most help with in the classroom?</b>	
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<b>Attitude to work-please tick all that apply:</b>			
Keen		Distracts others	
Independent		Competent	
Works well with help		Slow	
Distractible		Lacks interest	

<b>Peer relationships-please tick all that apply:</b>			
Popular		Withdrawn	
Friendly		Better with younger children	
Dominant		Avoids others	
Accepted		Has one special friend	

Is the child currently being monitored for Special Educational Needs?	Y/N
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Is there an Individual Educational Plan/Personalised Learning Plan?	Y/N
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Please detail any current support/provision this child is receiving:

Who gives this support? (role in school)	
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What type of support?	
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Length of session(s)?		
Frequency of support (times per week)?		
Has this child been discussed/assessed/monitored by any external agencies, e.g. Educational Psychologist, Behaviour Support, Learning Support etc.?	Y/N	
If <b>YES</b> , please give details:		

## **Language/Listening behaviours**

***Does your student have difficulties with:***

<b>Listening in class or outside of the classroom?</b>	
<b>Concentrating with background noise?</b>	
<b>Pronunciation?</b>	
<b>Retrieving words from memory?</b>	
<b>Does your student often 'give up' when working on something difficult?</b>	

## **Reading**

<b>Do they need to re-read frequently?</b>	
<b>Can they talk about and answer questions about what they have just read?</b>	

<b>Do they have difficulties recognising words?</b>	
<b>Can they break down an unfamiliar word to help them when reading?</b>	
<b>Do they have any difficulties reading out loud?</b>	
<b>Do they have any problems losing their place when reading?</b>	
<b>Have they ever complained of the print seeming to move, blur or their eyes hurting when reading?</b>	

## **Memory**

<b>Any difficulties with remembering the following:</b>	
<b>Alphabet sequence?</b>	
<b>Months/days/seasons?</b>	
<b>Telephone numbers?</b>	
<b>Names/dates/factual information?</b>	
<b>Oral instructions?</b>	
<b>Learning to tell the time?</b>	
<b>Distinguishing Left and Right?</b>	

<b>Which way round letters are formed?</b>	
<b>Times tables or number facts?</b>	

## **Other Information**

Your questionnaire will remain the confidential property of the child's parents, so please return your copy to them.

Completed by \_\_\_\_\_

Date \_\_\_\_\_

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**Qualifications:**

BA (Hons), QTS, PGCert SpLD (Dyslexia), AMBDA, ATS, APC, PPM