

CONFIDENTIAL PRE-ASSESSMENT QUESTIONNAIRE

For adults (post- 16yrs)

Full Name (please include Mr/Mrs/Ms/Miss): Known as:		Age:		
Date of Birth:				
Country of Birth:		Date moved to the UK:		
Are you adopted?	Yes	No	Prefer not to say	
How do you identify yourself?	Male	Female	Gender neutral	Prefer not to say
Email address:				
Home address:				
Contact Tel No: (mobile)		(work)		
Contact Email:				

Briefly explain why you wish to be assessed:

Employment / continuing education

Are you currently in work?

Yes* / No

Name of employer:

What is your current job title / role?

Please give details of any previous work you have done:

Are you currently taking a course of study?

Yes / No

If Yes, what are you studying?

Where?

Part time / Full time?

Have you taken any other courses since leaving school?

Yes / No

If Yes, please give details below:

College / University	Date	Course	Qualification gained

School History

Which secondary schools did you attend?

What subjects were you good at?

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How old were you when your difficulties were first noticed?

Did you have a good relationship with your teachers? Yes / No

Did you work as hard in school as you might have done? Yes / No

Did you feel you could not keep up, academically, with the others in your class? Yes / No

Did you have any difficulties at school with any of the following?

Reading	No	Slight	Moderate	Severe
Spelling	No	Slight	Moderate	Severe
Writing	No	Slight	Moderate	Severe
Mathematics	No	Slight	Moderate	Severe
Essays	No	Slight	Moderate	Severe
Revision	No	Slight	Moderate	Severe
Sport & games	No	Slight	Moderate	Severe

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Did you have any specialist help at school?

If Yes, please give details, (e.g. Teaching assistant, extra time in exams, Statement/EHCP, specialist tuition)

Yes / No

Was your schooling disrupted in any way?

Yes / No

At what age did you leave school?

Have you ever seen any other specialists (e.g. speech specialists) or been assessed for learning difficulties such as dyslexia?

Yes / No

If a written report was given can you let us have a copy?

Is your vision within normal limits?

Yes / No

If No, please give details of problem:

Have you had a sight test within the last two years?

Is your hearing within normal limits?

Yes / No

If No, please give details of problem:

Have you ever suffered from any serious illnesses?

Yes / No

If Yes, please give details including any mental health difficulties (including anxiety/depression)

Do you take any regular medication that may be relevant?

Yes / No

If Yes, please give details:

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Did you have any problems reaching developmental milestones e.g. Learning to walk, tie shoelaces, riding a bike etc.? Yes / No

If Yes, please give details:

Were any other languages spoken at home? Yes / No

If Yes, please give details:

Have any other family members experienced difficulties with spelling / reading / learning? Yes / No

If Yes, please give details:

Are there any situations when you do not feel confident? Yes / No

If yes please give details:

In day to day experiences at work, or on any courses you have taken, have you had difficulties with any of the following:

Communication - do you:

Find it difficult to think of the words to express what you want to say? Yes / No

Can you give examples?

Lose track of what you want to say, or what other people are saying? Yes / No

Sometimes find you have completely misinterpreted what you have been asked? Yes / No

Have difficulty following the conversation in group discussions? Yes / No

Get confused or freeze up if you have to speak or read aloud in public? Yes / No

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Sometimes find it difficult to take telephone messages and pass them on accurately? Yes / No

Organisation - do you have problems with:

Planning ahead? Yes / No

Organising yourself? Yes / No

Prioritising your workload? Yes / No

Meeting deadlines? Yes / No

Working under pressure of time (e.g. in examinations)? Yes / No

Do you put off starting tasks until the last minute? Yes / No

Do you get confused over dates and times and miss appointments? Yes / No

Memory and Concentration:

Do you have difficulties remembering instructions/new information? Yes / No

Do you often lose concentration? Yes / No

Did you find it difficult to learn your multiplication tables? Yes / No

Do you sometimes lose track of where you are in a task and have to start again? Yes / No

Do you find that you experience eye strain when looking at a computer screen for extended periods? Yes / No

Does writing tend to look blurred or move about on the page when concentrating for extended periods? Yes / No

Do you find it hard to remember sequences of letters or numbers such as telephone numbers or car registrations? Yes / No

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Literacy - do you have problems with:

Word Reading

Identifying the sounds in words?	Yes / No
Reading aloud and fear of getting it incorrect?	Yes / No
Reading fluently and accurately?	Yes / No
A slow reading speed?	Yes / No
Needing to track each word when you read using your finger or a book mark?	Yes / No

Comprehension

Understanding what you have read?	Yes / No
Difficulty with reading comprehension?	Yes / No

Listening skills

Can you differentiate between different voices that you hear when at school/college/work?	Yes / No
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Writing

Taking notes, e.g. at meetings or lectures?	Yes / No
Transferring information from one source to another?	Yes / No
Producing written reports, essays or other lengthy documents?	Yes / No
Proofreading your written work?	Yes / No
Summarising information?	Yes / No
Identifying key points when faced with large quantities of information?	Yes / No
Filling in forms or writing cheques correctly?	Yes / No
Do you sometimes muddle up words in sentences so that they don't make sense or are grammatically incorrect?	Yes / No
Do you write long, rambling sentences?	Yes / No

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Do you tend to write down everything as it comes into your head? Yes / No

Do you avoid writing in front of others? Yes / No

Do you miss out full stops, commas and other punctuation marks? Yes / No

Spelling

Do you feel your work contains a large number of spelling errors? Yes / No

Do you miss-spell 'easy' words when filling in forms in front of others? Yes / No

Do you miss out little words or the endings of words? Yes / No

Do you avoid using words you cannot spell? Yes / No

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Orientation:

- | | |
|--|----------|
| Do you have difficulty telling left from right? | Yes / No |
| Do you find it hard to remember directions? | Yes / No |
| Do you have difficulties reading road signs especially when driving? | Yes / No |
| Is map reading, or finding your way to a strange place confusing? | Yes / No |

Arithmetic - do you:

- | | |
|--|----------|
| Tend to forget mathematical operations that are used infrequently? | Yes / No |
| Find it hard to calculate sums in arithmetic without a calculator? | Yes / No |
| Find it difficult to do calculations in your head? | Yes / No |

Coordination and Dexterity - do you:

- | | |
|---|----------|
| Have poor coordination? | Yes / No |
| Find it difficult to learn how to do practical tasks? | Yes / No |
| Find it difficult to work with small tools or components? | Yes / No |
| Have difficulties in using a keyboard or mouse? | Yes / No |
| Often drop things, or bump into things? | Yes / No |
| Did you find it difficult learning to drive? | Yes / No |
| Do you have any current difficulties with driving? | Yes / No |

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Further Information

Please summarise your difficulties and say if there is anything you would like help with in particular. Have any strategies worked for you so far? For example, when planning your work do you mostly think in pictures or words or both?

Please include **any** information which you feel may be relevant.

Any other information not covered within this questionnaire that I should know before the assessment:

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THE INCLUSIVE LEARNING ACADEMY

Signed:		Print name:	
Dated:			

Rebecca Heyes

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