

# CONFIDENTIAL

## Family Questionnaire

**Student's Name:**

**Student's Date of Birth:**

### **Parents'/ Guardian's details for correspondence**

Full Name(s)	
Title	Mr/Mrs/Miss/Other
Relationship to child	
Your address including postcode	
Telephone number	
Email address	

### **Family History**

What languages are spoken at home?	
If English is not his/her first language, how long has English been spoken?	
Does your child experience difficulties in his/her first language?	

Is there a family history of dyslexia?	
Is there a family history of extra special/artistic/creative talent?	

## **Developmental/Medical Details**

Were there any unusual complications during pregnancy, birth or in early childhood?	
Has your child ever been hospitalised?	
Has your child ever suffered a head injury or serious accident?	
Has your child suffered with persistent earaches, ear infections or glue ear? Has your child ever had a hearing test?	
Has your child ever had an eye test?	
Have you noticed, or has your child ever mentioned any visual difficulties when reading and writing such as words moving on the page, words blurring or other?	
Did your child meet developmental milestones at the appropriate times?	
Does your child show a clear preference for one hand?	
Is your child on a special diet or are any foods avoided?	

Is your child's health good at present?	
Is your child on any prescribed medication?	

## **Speech, Language and Communication Development**

Was your child understandable outside the family by age 3years?	
Were any sounds mispronounced? If so, which ones?	
Were there any jumbled or mispronounced words?	
Has your child ever visited a Speech and Language Therapist? If so for how long? Please provide details	
Does your child ever appear to have problems understanding spoken language or with expression?	

## **Activity/Behaviour**

**Please tick if your child has ever had difficulty with:**

	<b>In the past</b>	<b>Ongoing</b>		<b>In the past</b>	<b>Ongoing</b>
Jigsaw Puzzles			Hyperactivity		
Lego			Melt downs		
Colouring/Drawing			Long silences		
Dressing			Sleeping		
Using cutlery			Nightmares		
Tying shoelaces			Anxiety		
Catching balls			Eating		
Throwing balls			Food textures		
Clumsiness			Being withdrawn		
Cycle riding			Organisation		
Remembering nursery rhymes			Following verbal instructions		
Co-ordination			Learning times tables		
Clumsiness			Concentration		

Please provide any details of any difficulties noted above/anything else not noted:

## Education

Schools attended	Dates	State/Independent
Has your child missed a lot of school?	Yes/No	
Are there reasons, other than age for changing schools	Yes/No	
If so, please provide details:		

Has your child had extra tuition outside of school?	Yes/No
With whom?	
How often?	
When?	

Has your child had extra support in school?	Yes/No
With whom?	
How often?	
When?	

## **Parents: Views and Concerns**

<b>Do you have any concerns about your child?</b>	
<b>Does your child express concerns?</b>	
<b>Does your child like school?</b>	
<b>What special interests/hobbies/talents does your child have?</b>	
<b>What does your child enjoy or find easy?</b>	
<b>Does your child have any strong dislikes?</b>	

## **Other Information**

Rebecca Heyes  
Managing Director of The Inclusive Learning Academy Ltd.

**Contact Details:**

[Rebecca@TheInclusiveLearningAcademy.co.uk](mailto:Rebecca@TheInclusiveLearningAcademy.co.uk)  
07966070836

**Qualifications:**

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