

Dyslexia/Specific Learning Difficulties
Diagnostic Questionnaire

Please print off this form, complete sections 1-4 as fully as you can, then sign & date the form.

Please return your completed form to Student Services by hand, via your tutor or by post

(Student Services, Macclesfield College, Park Lane, FREEPOST SK1 504, Macclesfield, SK11 8YA).

Once this is received we will arrange for you to have an assessment appointment, if appropriate.

SECTION 1 – STUDENT DETAILS

Name:		Date of Birth:	
Mobile No:		Student No:	
Email address:			
Course name:			
Course tutor:			
Year of study (first year, etc)		Full Time Part Time	<input type="checkbox"/> <input type="checkbox"/>

Have you ever been diagnosed with any of the following conditions?

tick

Dyspraxia / Development Co-ordination Disorder	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>
Attention Deficit Hyperactivity Disorder (ADHD) or ADD	<input type="checkbox"/>
Asperger's Syndrome, Autism Spectrum Disorder	<input type="checkbox"/>
Learning Difficulties, disabilities	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>
Who diagnosed you? <i>(leave blank if you are unsure)</i>	
When were you diagnosed? <i>(leave blank if you are unsure)</i>	

What was the last school you attended?		
What other college / educational experiences have you had since leaving school?		
What are your career aims?		
What do you think are your main difficulties?		
What type of help have you received in the past? or What type of help do you believe you now need?	Extra time in examinations	<input type="checkbox"/>
	Extra time in assignments	<input type="checkbox"/>
	Sympathetic consideration	<input type="checkbox"/>
	Other (specify).....	<input type="checkbox"/>

SECTION 2 – DYSLEXIA

Questionnaire adapted from Cynthia Klein, LLLU, 2000.

At PRIMARY school did you...	<i>Tick</i>	<i>Comments</i>
have problems learning to read?		
receive extra help?		
miss a lot of school?		
speak a second language?		

At SECONDARY school did you...		
have problems recognised by the school?		
receive extra help?		
attempt exams (particularly English)?		
pass exams? If so what grades?		
have any exam concessions?		

BACKGROUND

Did you suffer from ear infections/ 'glue ear' at primary school?		
Did / do you have any problems with your vision (e.g. squint/lazy eye/other)?		
Did / do you have any motor co-ordination problems (e.g. tying shoelaces/catching a ball or 'clumsy child' syndrome)?		
Did / do you have any speech or language difficulties or were you a 'late talker'?		
Do other members of family have similar diagnosed difficulties?		
Do you have any serious diagnosed health problems?		

LANGUAGE / LISTENING BEHAVIOURS

Do you have trouble listening?		
Do you have trouble concentrating with background noise?		
Do you have pronunciation difficulties, especially with longer words?		
Do you have word retrieval problems (e.g. "tip of the tongue")?		
Do you have problems with listening and taking notes at the same time?		

READING	<i>Tick</i>	<i>Comments</i>
Do you read for pleasure?		
Do you need to re-read text frequently?		
Do you have difficulties understanding what you read?		
Do you have problems recognising words?		
Do you have problems sounding out / decoding?		
Do you have difficulties reading out loud to yourself?		
Do you have problems tracking print (missing out words or lines of print)?		
Does the print 'dance' or blur or irritate your eyes?		
Does reading give you headaches?		

WRITING AND SPELLING

Do you have difficulty getting ideas down on paper?		
Do you substitute a word for one that is easier to spell?		
Do you have difficulties with grammar / sentence structure / punctuation?		
Do you have problems with organisation and planning?		
Do you have 'good' days and 'bad' days?		
Do you have difficulty remembering what words look like?		
Do you have difficulty 'holding' sounds (hearing words in your head)?		
Do you have difficulty 'seeing' errors when checking your work?		

MATHEMATICS

Did / do you have difficulties memorising times tables?		
Did / do you have difficulties memorising basic number facts?		
What is the highest exam grade you have achieved in maths?		
Do you have difficulties with long division and algebra?		
Do you have any other mathematical problems?		

MEMORY*Tick**Comments*

Can you recite the alphabet if you start in the middle?		
Can you recite the days of the week / months/ seasons?		
Do you have difficulty remembering telephone numbers?		
Would you say you have an erratic memory?		
Do you have problems remembering names / dates / factual information?		
Do you have difficulty following spoken directions, or you can remember instructions but get them in the wrong order?		
Do you have any other memory problems?(specify)		

SPATIAL / TEMPORAL

Do you have difficulties telling the time on a digital / analogue / 24hour clock?		
Do you confuse left and right?		
Do you get lost easily?		
If so, how do you find your way (e.g. landmarks)?		
Do you have difficulty reading maps?		
Do you have any other spatial difficulties?		

VISUAL / MOTOR

Do you have difficulties copying information?		
Do you reverse some of your letters (e.g. d / b)		
Do you write with your paper in an unusual position?		
Do you have an unusual pen grip?		
Are you left handed?		
Do you experience difficulties controlling pens?		
Do you have an irregular or awkward letter construction?		
Do you have problems with writing what's intended (e.g. much crossing out etc.)?		
Does your hand get tired after short period of writing?		

SECTION 3- VISUAL STRESS

*Adapted from the Lucid Visual Stress Screener Manual
(Singleton, Henderson & Thomas, 2009)*

	NEVER	JUST A LITTLE	SOMETIMES	OFTEN	ALWAYS
Does the print move about when you read?					
Does the print become fuzzy or blurred when you read?					
Does the white page between the lines of print form patterns like rivers?					
Does the white page glare against the black letters?					
Do you get sore or tired eyes when reading for a long time?					
Do you get headaches when reading for a long time?					
<i>SECTION TO BE COMPLETED ASSESSOR ONLY:</i>					

SECTION 4- DECLARATION

I agree to this information being shared with staff who are connected to my course:	
Student signature:	
Date:	

Please return your completed form to Student Services by hand, via your tutor or by post to this address:

**Student Services
Macclesfield College
Park Lane
FREEPOST SK1 504
Macclesfield
Cheshire
SK11 8YA**

SECTION 5- ADDITIONAL ASSESSOR NOTES

