



Assessment Consent Form

No-one will be told anything that you have discussed during the assessment without your permission, except in extreme circumstances, for instance:

- if the assessor is concerned for your child's safety and welfare, or for the safety and welfare of others.
- if the assessor is obliged by law.

Name of parent/ carer	
Address	
Email	
Name of individual being assessed	
Address (if different)	
Date of birth	

I give my consent for an assessment to be carried out. This is to test for learning style, strengths and possible difficulties. I give consent for the report to be shared with:

Carer/guardian	
Mother	
Father	
Tutor/school/college/university	
Child/ young person	

GDPR

I give permission for information arising from the assessment, and for any relevant case notes, to be retained by Dyslexia Birmingham

Copies of assessment reports will be kept until the age of 25.

Dyslexia Birmingham (and all individual assessors) are registered with the ICO (Information Commissioner's Office)

Your data will be stored securely according to the General Data Protection Regulations (GDPR) and the Data Protection Act 2018.

Parent signature	
Date	
Young person being assessed signature (if over 13)	
Date	



Terms and Conditions

Applicability

These terms and conditions apply to assessments booked by a private individual or their parents/ guardians.

What is a dyslexia assessment?

A dyslexia assessment is a measure of the individual's cognitive abilities and attainments in order to provide evidence of a Specific Learning Difficulty (Dyslexia) so that recommendations can be made for study, examinations or the workplace as appropriate.

Who will carry out your assessment?

Your assessment will be carried out by myself. I am a qualified specialist Teacher/Assessor listed on the Specific Learning Difficulties Assessment Standards Committee (SASC) www.sasc.org.uk. I hold a current professional membership with PATOSS and an Assessment Practising Certificate (APC) that certifies that the assessment will be conducted, and the report written in accordance with the SpLD Working Group 2005/DfES Guidelines for assessment of SpLDs.

Before the assessment

Diagnostic assessments can be booked by phone or email. I will confirm the appointment by email. Both email and phone contact details must be provided to the assessor.

Prior to the assessment, the assessor will request background information from you. A report cannot be completed unless this information is provided.

It is essential that the person having the assessment has had an eyesight check within the two years prior to assessment (adults) and within 12 months (children). Glasses and any overlays usually used must be brought to the assessment if required.

The client may ask to rearrange the assessment, e.g. due to ill health, up to 24 hours before the appointment at the earliest possible convenience to both parties.

The assessor may rearrange the assessment due to ill health or unforeseen emergencies. The client will be informed at the earliest possible convenience and a new appointment arranged that is convenient to both parties.

During the assessment

The assessor will act with professionalism during the assessment with due care to the comfort and needs of the person being assessed.

The person being assessed is required to behave in a manner conducive to determining an accurate diagnosis. Where co-occurring needs mean that extra accommodations may be needed, this should be discussed with the assessor prior to assessment.

The assessor reserves the right to pause or postpone an assessment where an individual is becoming unduly upset by the process.

Where will the assessment take place?

Where possible parents are asked to arrange a suitable space at the child's school for the assessment to take place, this helps to ensure the child feels confident in the assessment. Where this is not possible, assessments can be carried out at my home but there are no parent waiting facilities. Where an individual under the age of 18 is left with an assessor, the parent/carer will have provided a contact phone number and will be freely available during this time.

Payment terms

Payment of a non-refundable £120 (£100+VAT) deposit is due at the time of booking with the balance due on the day before the assessment. The assessor reserves the right to cancel a booking if payment of the deposit has not been made. The assessor will be unable to complete a report where full payment has not been received.

Payment is by bank transfer (BACS). Funds must be cleared before a report is released.

Client No-Show

If you miss your appointment, your payment (the deposit and any other amount up to full payment) will be forfeited, and you will need to schedule a new one. Standard Terms & Conditions will apply to the new booking.

After the assessment

The report will be completed up to 3 weeks following the assessment and will be supplied by email as a password protected PDF. This will be written

to the required standard and adhere to the guidelines outlined by The SpLD Assessment Standards Committee (SASC).

If the person being assessed shows signs of a visual difficulty during the assessment, the assessor reserves the right to withhold an assessment report until the extent/impact of any visual difficulties has been determined.

Minor amendments to the background information may be requested up to 30 days after a report has been received.

Once a report has been finalised and a 30 minute follow up discussion (on zoom) of the results will be offered (no later than 30 days after the report has been submitted), the assessment process will then be concluded.

Privacy Policy

The assessor adheres to Data Protection Guidance and is committed to protecting the privacy of individuals. Accordingly, all personal data collected will be subject to the Privacy Policy, submitted separately.

Following the assessment and the compilation of the final assessment report all client questionnaires, all raw data test sheets and all other personal data will be permanently deleted/destroyed. The final assessment report will be held until the young person reaches the age of 25. During this time you will be able to ask for an electronic copy of the report. After this time I will not be able to supply you with a copy of your report.

I AGREE TO THE ABOVE STATEMENTS, TERMS AND CONDITIONS.

SIGNED:		PRINT NAME:	
RELATIONSHIP TO CHILD:		DATED:	



Confidential Pre-assessment Questionnaire

For children (Pre 16yrs): To be completed by parent or carer.

Full Name of Child:			
Date of Birth:		Age:	
Country of Birth:		Years lived in an English speaking country.	
For a child to be assessed, they will need to have lived in an English-speaking country and have been regularly speaking English for 7 years.			
Name of parent/ guardian requesting the assessment:			
Home address:			
Contact telephone number:			
Email:			
Do all those with legal responsibility for the child agree to this assessment:	YES	NO	

REASONS FOR ASSESSMENT

What are your concerns about your child?

What views has your child expressed?

HEALTH AND DEVELOPMENT HISTORY

Were all of the normal development milestones reached e.g., walking, talking, riding a bike?

YES

NO

If no, please provide further details:

Has your child ever had any speech and language difficulties?

YES

NO

If no, please provide further details:

Is there a history of ear infections, glue ear or grommets?

YES

NO

If no, please provide further details:

Is your child's hearing currently within normal limits?

YES

NO

If no, please provide further details:

Is your child on any regular medication that may be relevant?

YES

NO

If yes, please provide further details:

VISION AND VISUAL DIFFICULTIES

To proceed with the assessment, your child **MUST** have a sight test within the last 2 years. In some cases, difficulties with reading are caused by visual difficulties that are not related to learning. Therefore, if, having answered the questions below, you suspect there are visual difficulties* you **MUST** discuss this at the eye test so that the Optician (Optometrist) carrying out the eye test, can refer your child on to an Ophthalmologist for further investigation, prior to the assessment. Please note that the assessment may be invalid if visual difficulties are not looked at prior to an assessment being carried out.

Has your child had any history of visual difficulties/ problems with sight/ visual impairment?

YES

NO

If yes, please provide further details:

What date did your child last have a sight test by an optometrist (optician)?

In order to proceed with the assessment, you **MUST** have had a sight test within the last 2 years.

Does your child wear glasses?

YES

NO

If yes, please provide further details: (What are they worn for? Reading, watching TV)

Please ensure that glasses are brought to the assessment.

Has your child ever used coloured overlays/ colour-tinted glasses?

YES

NO

If yes, please provide the following information:
Who recommended them and why?

Did they help? If yes, in what way?

Does your child still use them? If not, why not?

Approximately how many hours per school day does your child spend at a screen?	
Approximately how many additional hours per school day does your child spend reading books, newspapers, comics or other paper based texts?	
Has your child's screen/ reading/ near work time increased recently? If so, by how much?	

Section for parents/carers	Never	Rarely	Sometimes	Often	Always
Does your child report headaches when they are reading?					
Does your child report that reading makes their eyes feel sore, gritty or					
Does your child report feeling tired or sleepy during or after reading?					
Have you noticed your child become restless, fidgety or distracted when					
Have you noticed your child rubbing their eyes when they are reading?					
Have you noticed your child screwing up their eyes when reading?					
Have you noticed your child tilting their head to one side when reading?					
Have you noticed your child moving their eyes around or blinking frequently when					
Have you noticed your child holding a paper or book very close to their eyes					
How often does your child use a marker or their finger to keep their place when					
Have you noticed that your child frequently loses their place when					
Have you noticed your child covering or closing one eye when reading?					
Section for child					
When you read, do you see two of each					
When you read, do the words you read look blurry (or fuzzy, or unclear)?					
When you are reading, do the words					
When your teachers ask you to copy something from a screen at the front of the classroom, can you see what is					
*Visual difficulties should be investigated if you answered 'always' or 'sometimes' to several questions.					

FAMILY HISTORY

Have any family members experienced difficulties with spelling/ reading/ writing/ learning?	YES	NO
If yes, please indicate relationship to the child and describe the difficulties.		

LANGUAGE AND LINGUISTIC HISTORY		
Are any other languages spoken at home?	YES	NO
For a child to be assessed, they will need to have lived in an English-speaking country and have been regularly speaking English for 7 years.		
If yes, please provide further details including if English is the main language. If English is the second language, are there difficulties in their first language?		

HEALTH AND DEVELOPMENT HISTORY		
Did your child pass the phonics test?	YES	NO
If yes, was that at the end of Year 1 or 2?		
Has your child's schooling been disrupted in any way other than during the COVID 19 pandemic?		
If yes, please provide more information:		
What was your child's educational experience of the COVID 19 pandemic? Where were they educated? How did they respond to smaller classes/ online learning?		
Have any of your child's teachers discussed any difficulties your child is experiencing?	YES	NO
If yes, please provide more information		
Has your child seen any other specialists (e.g. Educational Psychologist, Advisory teacher etc)?	YES	NO
If yes, please provide copies of the reports.		

Has your child received any support or intervention in the past?	YES	NO
If yes, please provide more information		

Has your child received support for any of the following (please tick as appropriate)				
	1:1 in school	Private Tutor	Small Group	Whole Class
Reading				
Maths				
Spelling				
Writing				

CURRENT SITUATION				
What are the difficulties currently exhibited in school?				
Reading	None	Slight	Moderate	Severe
Spelling	None	Slight	Moderate	Severe
Writing	None	Slight	Moderate	Severe
Handwriting	None	Slight	Moderate	Severe
Mathematics	None	Slight	Moderate	Severe
PE (sport)	None	Slight	Moderate	Severe
Is there any specialist help currently given in school?			YES	NO
If yes, please give details e.g. teaching assistant support, interventions, EHCP:				
Please share any relevant individual support plans/ EHCP/ speech and language reports/ occupational therapy reports if available.				
Is your child currently receiving any tuition outside of school?			YES	NO

If yes, please give details of the support being received and how often.

LITERACY

Please describe your child's current strengths and difficulties with reading, writing and spelling.

Does your child have difficulty recalling the order of the alphabet or other known sequences?

YES

NO

If yes, please give details.

NUMERACY

Please describe your child's current strengths and difficulties with numeracy?

Does your child have difficulty with telling the time?

YES

NO

If yes, please give details.

MEMORY, ATTENTION AND CONCENTRATION

Does your child have difficulty with memory, attention or concentration?

YES

NO

If yes, please give details.

Are there any difficulties with speech, oral language or communication?	YES	NO
If yes, please give details:		
Does your child have any difficulties with social skills, behaviour, peer relationships or emotional adjustment?	YES	NO
If yes, please provide further details:		
Does your child have difficulties with self-esteem and confidence?	YES	NO
If yes, please provide further details:		
ORGANISATIONAL SKILLS AND ROUTINES		
Does your child have good organisational skills?	YES	NO
If yes, please give details.		
Does your child need support to follow routines e.g., getting ready for school?	YES	NO
If yes, please give details.		
FINE AND GROSS MOTOR SKILLS		
Does your child have difficulty fine or gross motor skills e.g., body awareness, movement and balance?	YES	NO
If yes, please give details.		
Does your child experience left/ right confusion?	YES	NO
If yes, please give details.		

STRENGTHS

Please provide information about your child's strengths, what they are good at, hobbies and activities they enjoy etc:

I agree that the information provided can be used in the background information in the report.	YES	NO
If no, please indicate which sections should not be included:		
Do you give consent for a copy of this questionnaire to be kept on file for 12 months.	YES	NO
Do you give consent for an electronic copy of the report to be kept in cloud storage and for the final report to be emailed when complete?	YES	NO
The data will be held securely in a locked cupboard and/or as a password protected file and will not be passed to third parties.	YES	NO
SIGNED:		PRINT NAME:
RELATIONSHIP TO CHILD:		DATED:

School Pre-assessment Questionnaire

For children (pre 16 years) - To be completed by the school

An assessment is being carried out to clarify this child's learning needs. Information from the current school is very useful and helps to provide a wider context in which to place these needs. If this assessment is required to potentially be used as part of an application for exam access arrangements, under JCQ regulations, then we would strongly advise that you discuss this with the individual's school or college prior to the assessment. This is so that the school/college can supply information about the individual's normal way of working within this environment which will ensure that any recommendations for support in exams reflect this. Your support is therefore appreciated.

Child's full name	
School	
Year group	
Name of person completing this form	
Title (Miss/Mr/Ms/Mrs)	
Date form completed	
School SENDCO contact details	

SCHOOL PERFORMANCE					
	Well below average	Below average	Average	Above average	Well above average

Speaking and listening					
Humanities					
PE					
Art					
DT					
ICT					
Science					
Maths					
Reading accuracy					
Reading comprehension					
Writing					
spelling					

Please detail any recent assessments including test names, dates and results:

Does the child have any difficulties with:		
Planning and organising written work?	YES	NO
Getting started with written work?	YES	NO
Copying from the board?	YES	NO
Remembering/ following instructions?	YES	NO
Is there a discrepancy between a child's verbal ability and written work?	YES	NO
Is the child being monitored for special educational needs?	YES	NO
Is there a personalised educational plan?	YES	NO

<p>Please give details of any current support or intervention the child is receiving:</p> <p>Who gives the support? What type of support? Length of sessions? Frequency of support?</p>		
<p>Has the child been discussed/ assessed/ monitored by outside agencies? E.g., PSS, educational psychologist?</p>	<p>YES</p>	<p>NO</p>
<p>If yes, please give details:</p> 		
<p>If the child has an EHCP, please share a copy of their most recent review.</p>		
<p>LITERACY</p>		
<p>Please describe the child's strengths and difficulties with Literacy:</p> 		
<p>NUMERACY</p>		
<p>Please describe the child's strengths and difficulties with Numeracy.</p> 		
<p>Does the child have difficulties with memory, attention or concentration?</p>	<p>YES</p>	<p>NO</p>
<p>If yes, please give details:</p> 		

SPEECH, ORAL LANGUAGE, COMMUNICATION AND SOCIAL SKILLS		
Are there any current difficulties with speech, oral language or communication?	YES	NO
If yes, please give details:		
Does the child have difficulties with social skills, behaviour, peer relationships or emotional adjustment?	YES	NO
If yes, please give details:		
Does the child have difficulties with self-esteem or confidence?	YES	NO
If yes, please give details:		

Peer relationships - please tick all that apply:			
Popular		Withdrawn	
Accepted		Better with younger children	
Friendly		Avoids others	
Dominant in friendships		Has one special friend	
Attitude towards work - please tick all that apply			
Keen		Distracts others	
Independent		Competent	
Works well with support		Slow to complete work	

Easily distracted		Appears to lack interest	
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FINE AND GROSS MOTOR SKILLS

Does the child have difficulty fine or gross motor skills e.g., body awareness, movement and balance?

YES

NO

If yes, please give details.

ORGANISATIONAL SKILLS

Does the child have good organisational skills?

YES

NO

If no, please give details:

STRENGTHS

Please provide information about the Childs strengths, what they are good at and what they enjoy doing at school:

ANY OTHER INFORMATION

Please provide any other information that would be useful to the assessor to know and anything you hope to achieve from the assessment:

SIGNED:		PRINT NAME:	
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POSITION IN SCHOOL:		DATED:	
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Please return via the parent, to myself at