



Information contained within this questionnaire is treated as highly confidential and used solely for the purpose of your assessment. Sharing this information will contribute to your assessment and the recommendations made. Please complete this questionnaire as fully as you can and return it BEFORE your assessment. If you need any help please let me know.

<b>PERSONAL DETAILS</b>			
Your name	First name(s)		
	Surname		
Date of Birth	Day	Month	Year
Pronouns			
Your address (including postcode)			
Contact Details	Phone	E-mail	
Place of Study			
Year of Study			
Course Details			

**LANGUAGE BACKGROUND**

What is your first language?			
Please state any other languages spoken.			
Have you ever experienced difficulties with speech, language and/or communication?	yes*	no	
Have you ever had speech and language therapy?	yes*	no	
*If yes, please give details			

**EDUCATIONAL BACKGROUND**

Please tick if you experienced particular difficulties with any of the following at school.					
concentration	speaking/listening	socialising	reading	spelling/writing	maths
Did you move schools more often than expected?	yes*		no		
Did you take more time off school than expected?	yes*		no		
*If yes, please give details					
Did you ever received additional support?	yes*		no		
*If yes, please give details					

Have you ever been assessed by an Educational Psychologist or Specialist Teacher?	yes*	no
*If yes, please give details		
Was an Education, Health and Care Plan ever made for you?	yes	no
GCSE's – Please list subjects and grades/levels.		
A levels – Please list subjects and grades.		
Please list other courses or qualifications e.g. NVQs/ BTEC		
Please list any exam access arrangements made for you.		
<b>FAMILY BACKGROUND</b>		
Learning is complex and differences often run in families. Please mention anything you feel is relevant here.		

## DEVELOPMENTAL / MEDICAL BACKGROUND

Please mention anything about your birth and/or early years which you feel may be relevant to any difficulties you experience now.

Please give details of any accidents or hospitalisations.

Please provide details of any illnesses or conditions that may affect your learning or development.

Please tick if you have ever been seen by any of the following professionals.

Occupational  
Therapist

Physiotherapist

Paediatrician

Dietician

Clinical  
Psychologist

Psychiatrist

Is your general health good?

yes

no\*

\*Please give details

Do you take any long term medication?

yes\*

no

\*Please give details

## HEARING

Have you ever experienced any hearing difficulties?

yes\*

no

\*Please give details

Have you had surgery for

Tonsils

Adenoids

Grommets

Please tick if any of the following make it particularly difficult for you to listen and follow what someone is saying.

background noise	someone speaking quickly	not being able to see the speaker	unfamiliar accent
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**VISION**

When and where was your most recent eye test?

What was the result?

Are you known to be colour blind?	yes	no
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When **reading** do you ever notice.

headaches	sore eyes	words moving	words blurring
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Have you ever seen an optometrist due to visual discomfort or disturbance?	*yes	no	*Please give details
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**STRENGTHS AND ACHIEVEMENTS**

What are your main interests, talents and aspirations.

**CURRENT CHALLENGES**

Please describe any difficulties you currently experience in the following areas.

**Reading**  
*Do you read for pleasure? How would you describe your reading speed? How well do you understand exam questions and assignments? Do you have to re-read information? What kind of reading errors do you make?*

**Listening and notetaking**

*Do you take notes? Can you get important information down? Can you follow discussions? What makes it easier for you to listen?*

**Speaking and presentations**

*How confident are you joining in discussions or contributing ideas? How do you manage presentations? What feedback have you received?*

**Academic writing**

*Is it difficult to start written tasks? Any problems with research, planning, content, grammar, punctuation, spelling, amount, speed? What feedback have you received?*

**Memory**

*How would you describe your memory? How do you remember important dates and times? How do you revise?*

**Organisation**

*How well do you organise your work space, handouts, equipment? How do you plan out work and/or revision?*

**Time management**

*How well do you manage your time? Can you estimate the time needed to complete tasks? Are you typically early/late/on time? Can you meet deadlines? Do you tend to rush work or need more time?*

**Concentration**

*Does background noise or silence affect your concentration? What are your best working conditions? What helps you concentrate?*

**Social**

*How do you find joining and working in a group? Does your communication vary according to the situation? Do you feel confused or anxious around other people?*

**Course specific problems/ Other information**

*Is there anything specific to your course that creates particular problems for you? How well do you manage stress and/or anxiety?*

**DATA PROCESSING**

Completion and return of this questionnaire is your acknowledgement that you have read, understood and accept the privacy policy ([www.wordsspeechtherapy.co.uk](http://www.wordsspeechtherapy.co.uk)).

Print Name:

Date:

Signed: