



East Court Assessment Centre

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When completed, please return this form by post to:
East Court Assessment Centre
The Orchard, Lyndhurst Road, Ramsgate, Kent CT11 8EA

Psychological and Educational Assessment Service

PRIVATE AND CONFIDENTIAL PARENTAL QUESTIONNAIRE

In order to obtain a full picture of your child, it is important to have details of your child's background. Parents may assist by filling in this questionnaire as fully as possible.

Family Information

Full name of child

Date of Birth Age.....

Address of parent or guardian

.....

.....

Telephone Number

Father's name and occupation

.....

Mother's name and occupation

.....

Other children in the family

<u>Name</u>	<u>Gender</u>	<u>d.o.b.</u>	<u>Relationship with above child (e.g. brother, stepsister)</u>
.....
.....
.....
.....

List any members of the family (biological relations) who have had reading/spelling difficulties. Please indicate whether any of these members have been formally assessed as dyslexic:

Your Child Difficulties

Briefly describe these and refer to problems at school and home:

Briefly describe any additional help your child has received, or is currently receiving, at school or with a private tutor:

Have there been any previous assessments? YES / NO
Please attach a copy or give details.

School Information

Name of present school:State/Independent

Current school Year:

Head Teacher: Class Teacher:

Names of schools previously attended

Ages attended

.....
.....
.....

Developmental Information

Pregnancy: Please comment on any difficulties during pregnancy or at birth (e.g. low birth weight, foetal distress, anoxia)

Milestones

(to the best of your memory!)

Approximate age of first sitting:

Approximate age of walking without help:

Age of first word:

Age of simple sentences:

Were there any speech difficulties?

Any other information (e.g. serious illnesses / accidents / falls especially to the head, delay in motor, social, intellectual development):

Further Information

Results of eyesight testing:

Results of hearing test:

Is the child on any medication / drugs at present? If yes, give name and condition for which taken:

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Signed:

Relationship to child: Date: