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**Psychological & 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. **Please include a small photograph if at all possible.**

**Family Information**

Full name of child .....

Date of Birth ..... Age.....

Address of parent or guardian .....

.....

.....

Telephone Number .....

Email details: .....

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</u> (e.g. brother, stepsister)
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

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

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

What help does your child currently receive e.g. outside tutor/ TA at school/ SENCO

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

**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:

.....

.

Signed:

.....

Relationship to child: .....

Date:

.....

Finally, how did you hear about us?

.....

.....

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