

## School Questionnaire

Information is being gathered to clarify this child's learning, emotional and/or behavioural needs. Information from the current school will be very useful and help to provide a wider context in which to place these needs. Your support is therefore appreciated.

### All information given will be treated confidentially

Child's full name:	Date of Birth:
School:	Year Group:
Name of person completing this form:	
Role in School:	Date form completed:
School contact telephone/email:	

Please provide details about this child's National Curriculum attainments:

SATs/end of Key Stage results	English	Maths	Science
Key Stage 1			
Key Stage 2			
Key Stage 3			

### Current subject performance in relation to peer group:

	Above average	Average	Below Average
Speaking and listening			
Reading accuracy			
Reading comprehension			
Writing			
Spelling			
Maths			
Science			

	Above Average	Average	Below Average
Languages (MFL)			
Humanities			
PE			
Art			
DT			
ICT			
Others			

Please detail any recent assessments with test names, dates and results, e.g. reading, spelling, cognitive, etc.

### Does the child have any difficulty with:

Gross Motor co-ordination	Yes/No
Remembering instructions	Yes/No
Copying from the board	Yes/No
Planning and organizing written work	Yes/No

Fine Motor co-ordination	Yes/No
Self-organisation	Yes/No
Getting started with written work	Yes/No
Continually losing things	Yes/No

Is there a discrepancy between the child's verbal ability and written work? Yes/No

**Does the child have a preferred learning style? Please tick/highlight any that apply:**

Interactive      Hands-on      Visual      Verbal      Experiential      Varied

**Attitude to work – please tick/highlight all that apply:**

Keen      Independent      Works well with help      Distractible      Distracts others      Competent      Slow      Lacks interest

**Peer relationships – please tick/highlight all that apply:**

Popular      Accepted      Friendly      Dominant      Withdrawn      Better with younger children      Avoids others      Has one special friend

Is this child being monitored for Special Educational Needs? Yes/No

Is there an individual Education Plan (IEP)/Personalised Learning Plan (PLP)? Yes/No

Please detail any current support/provision this child is receiving:

Who gives this support (role in school):

What type of support:

Length of session(s):

Frequency of support (times per week):

Has this child been discussed/assessed/monitored by any external agencies, e.g. Educational Psychologist, Behaviour support, Learning support etc. Please give details:

**If the child has a Statement of Educational Needs, please attach a copy of the most recent Annual Review or other relevant information**

Please outline your concerns, if any, regarding this child and your objectives for the assessment:

If you feel the child may qualify for an access arrangement in exams, please indicate which type you consider may be appropriate:

**If the child is in year 9 or above, please complete Part A of the JCQ Form 8 in case it is needed by the assessor.**

Your questionnaire will remain the confidential property of the parents, so please return your response to them. Thank you for taking the time to complete this questionnaire. If you provide your e-mail address the Helen Arkell Dyslexia Centre may contact you by email.

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