

Adult background history form

Please complete the form and post to Access Education, 1 Whitby Road, Milford on Sea, Hampshire SO41 0NE. If you need help to fill out this form, please ring us on 0207 183 6276 or 01590 643440.

Full Name	<input type="text"/>				
Date of Birth	<input type="text"/>	Age: Years	<input type="text"/>	Months	<input type="text"/>
Home Address	<input type="text"/>				
	<input type="text"/>	Postcode	<input type="text"/>		
Telephone Number	<input type="text"/>	Email	<input type="text"/>		
Occupation	<input type="text"/>				
If you are a full time student, which school, college or university do you attend?	<input type="text"/>				
Which course are you undertaking? (subject and level, e.g. Post Grad / Degree / HND etc)	<input type="text"/>				
Are there any other members of the family who have difficulties with written language?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes please specify <input type="text"/>		
At what age were your difficulties first noticed?	<input type="text"/>				
What do you consider to be your particular strengths?	<input type="text"/>				
What do you consider to be your particular weaknesses?	<input type="text"/>				
What do you consider to be your particular weaknesses?	<input type="text"/>				

Previous Treatment

Did you ever receive any help at school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes please specify <input type="text"/>		
Were you educated in the state or private sector?	State <input type="checkbox"/>	Private <input type="checkbox"/>			
Did you have any treatment that may be connected with your current difficulties: e.g. visits to speech therapists or specialist teachers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes please specify below		
	<input type="text"/>				

Please post copies of any psychological assessment reports.

Health / Development

Do you know what your birth weight was? Yes No If yes please specify

Do you know when you started to walk? Yes No If yes please specify

Do you know if there were any unusual complications during birth or early childhood? Yes No If yes please specify

Do you take any regular medication? Yes No

If Yes, please name the drug and the condition for which it is taken

Have you had any serious illnesses or accidents? Yes No If yes please specify

Do you suffer from any allergies? Yes No If yes please specify

Is your health good at present? Yes No

If no, please specify

Did you fidget a lot as a child? Yes No

Is your hand/eye co ordination competent? Yes No

Are you good at games and sports? Yes No

Are you left or right handed? Left Right

Do you switch implements from hand to hand? Yes No

Does anyone in your family have dyslexic-type difficulties? Yes No

If so, who?

Are there any left handers in the immediate family? Yes No

If so, who?

Vision and Hearing

Have your eyes been tested? Yes No

Is vision within normal limits? Yes No

Please give details of any problems

Has your hearing been tested? Yes No

Is it within normal limits? Yes No

Please give details of any problems

Speech

- Do you know what age you began to talk? Yes No If yes please specify
- Is English the only language spoken at home? Yes No If yes please specify
- Do you have experience of speaking other languages? Yes No If yes please specify
- Do you find any speech sounds difficult to make? Yes No If yes please specify
- Do you express your ideas clearly in words? Yes No

Memory

- Are you forgetful of a list of instructions? Yes No
- Where you have left things? Yes No
- Do you have attention and concentration difficulties? Yes No

Difficulties and Symptoms

Please describe briefly your major difficulties and why you are seeking an assessment

Where did you hear about Access Education?

If you have any concerns regarding dyslexia, we are here to help
Call us on 0207 183 6276 or 01590 643440

