

Child 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.

Name of Pupil

Date of Birth

Age: Years

Months

Home Address

Postcode

Your Relationship to Child

Telephone Number

Email

Father's Occupation

Mother's Occupation

Number of children in family

Child's position in family (e.g. first)

Are there any other family members who have difficulties with written language?

Yes

No

If yes please specify

Present School

Is it a state or private school?

State

Private

Are there any special circumstances relating to school which have affected your child's development?

Yes

No

If yes please specify below

What is your child's attitude to school?

At what age did his/her learning difficulties first come to your attention?

What subject areas does he/she find difficult at present?

What subject areas is he/she good at?

What is school's attitude to child's difficulties?

Has your child had help from school?

Yes

No

If yes, was this at school or arranged privately?

School

Private

Has your child had any other treatment: e.g. visits to specialists, speech centres?

Yes

No

If yes please specify below

Please post copies of any psychological assessment reports.

Health / Development

Birth Weight

Were there any unusual complications in early childhood?

Yes

No

If yes please specify

Is your child's health good at present?

Yes

No

If no please specify

Does he/she take any regular medication?

Yes

No

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

Does your child suffer from any allergies?

Yes

No

If yes please specify

Has your child had any serious ailments, e.g. head injuries, fevers etc

Yes

No

If yes please specify

At what age was your child walking without help?

Does your child fidget a lot?

Yes

No

Is his/her hand/eye co-ordination competent?

Yes

No

Is your child good at games and sports?

Yes

No

Is your child left or right handed?

Left

Right

Does he/she switch implements from hand to hand?

Yes

No

Are there any left handers in the immediate family?

Yes

No

If so, who?

What age did your child begin to talk?

Is English the only language spoken at home?

Yes

No

If no please specify

Does he/she find any speech sounds difficult to make?

Yes

No

Does he/she express ideas clearly in words?

Yes

No

Is your child forgetful of a list of instructions?

Yes

No

Is your child forgetful of where he/she has left things

Yes

No

Does your child have attention and concentration difficulties?

Yes

No

Have your child's eyes been tested? Yes No

If yes, is vision within normal limits? Yes No

If no, please give details of any problems

Have your child's hearing been tested? Yes No

If yes, is hearing within normal limits? Yes No

If no, please give details of any problems

Difficulties and Symptoms

Please describe briefly the difficulties as they are now and your reason for seeking an assessment at this point

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

