# Parental Interview - for Dyslexia Assessment/Pathways

## Issues that could be discussed with Parents

**I**n order to collect developmental history that could rule out other difficulties or inform intervention.

**Name: Date:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Y | N | Comments |
| Family History |  |  |  |
| Is there a family history of dyslexia or difficulties with reading and writing? |  |  |  |
| Was pupil born in UK?Is first language English? |  |  |  |
| **Health** |  |  |  |
| Are there, or have there been any health issues? (include any allergies, eczema, asthma, etc.) – please give details |  |  |  |
| Is there a history of ear infections or problems such a glue ear? - if yes, please give details*Are there still problems with hearing?**When were they last tested?*  |  |  |  |
| Does the child have any visual difficulties? - if yes, please explainGlasses? (near/distance/how long?)**When were eyes last tested?**Visual type difficulties noted when reading e.g. tired, rub eyes, hold book close, tracking, point with finger? |  |  |  |
| **Early milestones/pre-school** |  |  |  |
| Was birth premature? Were there any complications? |  |  |  |
| Did they crawl before learning to walk? |  |  |  |
| Were there any concerns when learning to walk? e.g. late/after 16 months |  |  |  |
| Were there any concerns about speech and language development?Have SALT been involved? |  |  |  |
| Did they show an interest in colouring or writing from an early age? |  |  |  |
| Did they enjoy learning nursery rhymes?Were they able to recall/recite them? |  |  |  |
| Did they enjoy listening to stories and show an interest in words and letters? |  |  |  |
| **Strengths** |  |  |  |
| What does your child enjoy doing?At schoolandAt home |  |  |  |
| What are your child’s strengths? |  |  |  |
| **Motor Skills**  |  |  |  |
| Are there any problems associated with coordination and balance? Can they ride a bike, use knife & fork, dress independently? |  |  |  |
| Any fine motor difficulties?e.g. handwriting |  |  |  |
| **Language/Literacy Skills**  |  |  |  |
| Do they use age appropriate language and vocabulary when talking? |  |  |  |
| Can they follow instructions? |  |  |  |
| Can they recall/remember information?e.g. instructions, details, past events |  |  |  |
| **Other** |  |  |  |
| How do you feel they are currently getting on at school? |  |  |  |
| How does this compare to previous years? |  |  |  |
| How does your child feel about school? |  |  |  |
| What do you feel they find the most difficult now? |  |  |  |
| How is their self-esteem? How is their confidence? - towards schoolwork - towards interests/other |  |  |  |
| How are social skills, do they get on with friends easily? |  |  |  |
| How are organisation skills?At homeAt School |  |  |  |
| Are there any other difficulties you feel they struggle with? |  |  |  |
| Is there anything else you feel would help your child in school with their learning? |  |  |  |