**Adult (Post 16 years) Dyslexia Assessment for Dyslexia Booking Pack**

If your employer is funding this assessment **do not** use this booking pack, please use an employee booking pack**.**

Please note you need to be able to answer **yes** to all of the following questions before submitting this booking pack. If you cannot tick all boxes **DO NOT** submit the booking pack as it will be rejected.

**Please tick:**

* This assessment is being funded by a school, local authority, university or organisation **NOT YOUR EMPLOYER (the booking pack will be rejected)**
* You have downloaded the booking pack from our website within the last **14 days** as this is regularly updated with locations available and up to date fees.
* You will supply payment details, including a valid purchase order number if requesting invoice at **Step 3** of Start an application once you have sent the booking pack to us. We cannot process the booking back until we have these. <https://www.bdadyslexia.org.uk/services/assessments/corporate-assessments/application>
* You are aware that the booking pack will not be held if payment details are not supplied.
* You have continuously lived in an English-speaking country and have been regularly speaking English for a **minimum of 7 years**.
* You have had an eye test **within the last 2 years**.
* You are aware that reports following a Diagnostic assessment are not intended to be used in a court of law. If you require the assessment for a tribunal or court case, you will require an expert witness. The BDA cannot provide this.
* You are aware that we cannot assess for any other Specific Learning Difficulties.
* You are aware that details will be deleted if you do not respond to a date offered within **7 days**.
* You have supplied dates you are NOT available on page 3.
* You are aware that due to a high demand for assessments the date offered for the assessment will be held for **72 hours**.
* If the Open University are funding the assessment, you can and will supply a copy of Study-Related Costs Funding application that you have submitted to them.

**The Assessment Booking Process:**

|  |
| --- |
| **Diagnostic Assessment for Dyslexia – Adult (post-16)**  **Booking Form** |

**Please complete this booking pack & return the completed booking pack by email to:** [**assessments@bdadyslexia.org.uk**](mailto:assessments@bdadyslexia.org.uk)

|  |  |
| --- | --- |
| **Details of Booking** | |
| **\*Name of Main Contact:** all correspondence will be sent to this person **only**. |  |
| **\*Contact email:** |  |
| **\*Name of School, University Organisation funding the assessment:**  (not your employer) | \***Do not complete this form if your employer is funding this assessment it will be rejected. Further details and confirmation will be required. Please provide any evidence and correspondence.** |
| **\*Contact email:** |  |
| **\*Address:** |  |
| **\*Name of Person to be assessed:** |  |
| **\*Contact email:** |  |
| **Student ID for Open University** |  |

\*Required field

|  |  |  |
| --- | --- | --- |
| **Please indicate if the assessment is to be with a Specialist Teacher Assessor OR an Psychologist:**  (Please note the assessment will take from 2 hours and can be up to 4 hours) | | **Please tick.** |
| **Specialist Teacher** | **£550.00 + VAT = £660.00** |  |
| **Psychologist\***  \*(You must be located in the UK as test sheets need to be sent via post) | **£700.00 + VAT = £840.00** |  |

|  |  |
| --- | --- |
| **Are there any dates that you are NOT available in the next 4 months?** Assessors are booking up to 4 months in advance. The earliest available date will be offered. | **Y / N** |
| If yes, please give details: |  |

**Cancellation Terms.**

I agree that the BDA reserve the right to charge a cancellation/reschedule fee equivalent to **100%** cost of the assessment for assessments that are cancelled within **72 hours** of the agreed assessment date or **non-attendance** of the agreed date. This also includes late arrival to the assessment meaning the assessor does not have enough time to carry out the assessment or not having the required technology listed and/or paperwork required for the remote assessment to be carried out.

Cancellation/ reschedule fee equivalent to **50%** cost of the assessment for assessments cancelled or requested to be rescheduled within **21 days** of the assessment.

Should you cancel the assessment **14 days** after confirmation of the assessment date there will be a **£25 administration fee**.

If the organisation does not pay the assessment fee for any reason, please be aware that the person being assessed is liable for the assessment fee.

**All cancellations or reschedule request must be made in writing via email to** [**assessments@bdadyslexia.org.uk**](mailto:assessments@bdadyslexia.org.uk)

**Cancellation by the BDA:**

In the event of any other emergency resulting in the cancellation of a session, the BDA will endeavour to give clients a minimum of 24 hours’ notice and to reschedule the assessment.

Please note that it is the client’s responsibility to provide the BDA with an emergency contact number at which they will normally be available.

If payment is not received within the payment terms of 30 days, the assessment will be cancelled and rescheduled once payment has been received.

I understand and agree to the cancellation terms as laid out above.

|  |  |
| --- | --- |
| **Signature:** |  |
| **Name (print):** |  |
| **Date:** |  |

**Terms and Conditions for Diagnostic Assessments**

**Booking a Diagnostic assessment:**

* The BDA will act as liaison between the assessor and the client for the purposes of booking the assessment.
* The BDA reserves the right to change the assessor allocated if the assessor should become unavailable for any other reason.
* In order to book the assessment your personal information and the information contained within the booking pack will be passed onto the assessor in order for them to carry out the assessment.
* You are aware that if the university or organisation that you have listed as funding the assessment do not make payment to the BDA within the payment terms for the assessment, the client being assessed will be responsible for the full assessment fee.
* Our payment terms are 30 days from date of invoice. Delay in payment will lead to the assessment being cancelled and rescheduled once payment has been received. This may be a later date.

**Privacy Policy:**

* The BDA is committed to protecting the privacy of individuals. Accordingly, all personal data collected will be subject to our Privacy Policy. For more information, please see our website.
* Following the assessment and the compilation of the final assessment report all client questionnaires, all raw data test sheets and all other personal data will be permanently deleted/destroyed.
* If no response regarding scheduling the assessment is received all details will be permanently deleted after **7 days** due to the personal information which the booking details contain.
* Your final assessment report will be held by the BDA for **7 years** [within your customer record file]. During this time you will be able to ask for an electronic copy of the report and/or password. Please note there will be an administration charge for this. **We would therefore strongly recommend that you keep a copy of your report securely.** After this time the BDA will not be able to supply you with a copy of your report.
* Should you require a copy of your assessment report, your report to be permanently deleted; please notify us at: [assessments@bdadyslexia.org.uk](mailto:assessments@bdadyslexia.org.uk)

**Privacy Policy:**

I would like to receive information about the work of the British Dyslexia Association, their campaigns, training and events, as well as ways I could get involved and provide support.

The BDA is committed to protecting your personal data please see our [Privacy Policy](https://www.bdadyslexia.org.uk/legal/privacy-policy) on our website. You can change your preferences at any time by contacting: [assessments@bdadyslexia.org.uk](mailto:assessments@bdadyslexia.org.uk)

**Payment details:**

Please follow the link to our website after you forwarded us this booking pack via email, **Step 3** of **Start an Application** and add the invoice or card details.

If payment details are not available, do not submit the form until they are. Booking packs submitted with no payment details will not be held.

<https://www.bdadyslexia.org.uk/services/assessments/diagnostic-assessments/application>

The booking cannot be processed without these details. Our payment terms are **30 days** from date of invoice.

I agree to abide by the terms and conditions as laid out above.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |  |  |  |  |  | |

|  |  |
| --- | --- |
| **Signature:** |  |
| **Name (print):** |  |
| **Date:** |  |

**Please return this booking pack by email to** [**assessments@bdadyslexia.org.uk**](mailto:assessments@bdadyslexia.org.uk) **to enable us to check the details and make provisional contact with the most appropriate assessor.**

**How did you hear about the BDA?**

Website  BDA Helpline  Email  Hardcopy Flier  Social media 

Recommendation  Other  please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Locations of our Assessors**

Please tick your preferred location for your Specialist Teacher **or** Psychologist assessment. We have assessors with offices in the following locations. If the assessor travels to carry out the assessment this is noted.

If the area is blacked out, we are unable to offer this location, but we can offer a remote assessment via video platform.

|  |  |  |
| --- | --- | --- |
| **Assessor locations** | **Specialist Teacher** | **Psychologist** |
| Remote assessment via video platform. **Please sign remote agreement - page 22.** |  |  |
| Coniston |  | Up to 1 hour travel from Coniston only. |
| Coventry |  |  |
| Derbyshire |  |  |
| Dudley |  |  |
| East Sussex |  |  |
| Lancashire |  |  |
| London Central |  |  |
| Leeds |  |  |
| Pontypool | Adults in education only |  |
| Swindon |  |  |
| Wirral |  |  |
| West Yorkshire |  |  |

**CONFIDENTIAL PRE-ASSESSMENT QUESTIONNAIRE**

For adults (post- 16yrs)

Please fully complete this section as this section only will be passed to the assessor.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Title:**  **Mr,Mrs,Miss,Ms,Mx** |  | | | | | | |
| **\*Full Name:** |  | | | | | | |
| **Preferred Pronoun:** |  | | | | | | |
| **Known as:** |  | | | | | | |
| **\*Date of Birth:** |  | | | **Age:** | | | |
| **Country of Birth:** |  | | **Date moved to the UK:** | | | **To be assessed you will need to have continuously lived in an English-speaking country and to have been regularly speaking English for a minimum of 7 years.** | |
| **Are you adopted?** | **Yes** | | **No** | | | **Prefer not to say** | |
| **How do you identify yourself?** | **Male** | **Female** | | | **Non-binary** | | **Prefer not to say** |
| **\*Full Home address:**  (Including postcode) |  | | | | | | |
| **Contact Tel No:** |  | | | | | | |
| **\*Contact Email:**  (must be provided as the assessor will make contact via email for remote assessments.) |  | | | | | | |

\*Required fields

I would like to receive information about the work of the British Dyslexia Association, their campaigns, training and events, as well as ways I could get involved and provide support.

**Health and Developmental History**

|  |  |  |
| --- | --- | --- |
| **Early Development** | | |
| **Are you aware of any difficulties encountered during your birth or the pregnancy?** | Yes | No |
| If yes, please provide further details: |  |  |
| **Did you meet normal developmental milestones on time such as walking, talking, riding a bike?** | Yes | No |
| lf no, please provide further details: | | |
| **Have you ever seen any other specialists (e.g. speech specialists) or been assessed for learning difficulties such as dyslexia?** | Yes | No |
| lf yes, please give further information: | | |
| **Have you ever suffered from any serious illnesses?** | Yes | No |
| lf yes, please give details including any mental health difficulties (including anxiety/depression): | | |
| **Are you currently taking any medication?** | Yes | No |
| If yes, please provide details: | | |
| **ls your hearing within normal limits? Have you had any historical difficulties with hearing i.e. glue ear or grommets?** | Yes | No |
| Please give details: | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Vision and Visual Difficulties** | | | |
| **In order to proceed with the assessment, you MUST have had a sight test within the last 2 years. In some cases, difficulties with reading are caused by visual difficulties that are not related to learning. Therefore, if having answered the questions below, you suspect there are visual difficulties\* you MUST discuss this at the eye test so that the Optician (Optometrist) carrying out the eye test, can refer you to an Ophthalmologist for further investigation, prior to the assessment.** | | | |
| **Have you had any history of visual difficulties / problems with sight / visual impairment?** | | Yes | No |
| lf yes, provide further details: | | | |
| **What date did you last have a sight test by an optometrist (optician)?** | | | |
| **Was any prescription made?** | | Yes | No |
| lf yes, were advised to wear the prescription glasses/contact lenses for distance (e.g. for watching television or for driving) or near (e.g. reading) or both? | | | |
| **Do you wear the prescribed glasses/contact lenses?**  You must bring them with you to the assessment, unless they are for distance only. | | Yes | No |
| **Have you ever used coloured overlays / colour-tinted glasses?** | | Yes | No |
| If yes please provide the following information:  Who advised and provided them?  Why were they recommended?  Did they help? If yes, in what way?  Do you still use them? If not, why not? | | | |
| **Reading and Near Work Activity** | | | |
| Approximately how many hours per working/study day do you spend at a screen (phone, tablet, computer) etc? |  | | |
| Approximately how many additional hours per day do you spend reading books, newspapers, comics or other paper-based texts? |  | | |
| Has your screen /reading /near work time increased recently? If so, by how much? |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** | |
| Do you get headaches when reading? |  |  |  |  | |  |
| Does reading makes your eyes feel sore, gritty or watery? |  |  |  |  | |  |
| Does reading make you feel tired or sleepy? |  |  |  |  | |  |
| Do you become restless, fidgety or distracted when reading? |  |  |  |  | |  |
| Do you become less comfortable the longer you read? |  |  |  |  | |  |
| When do you prefer dim light to brighter light for reading? |  |  |  |  | |  |
| Does reading from white paper seem too bright or glaring? |  |  |  |  | |  |
| Do parts of the white page between the words form patterns when you read? |  |  |  |  | |  |
| Does the print or background shimmer or appear coloured as you read? |  |  |  |  | |  |
| Does print appear to jitter or move on the page as you read? |  |  |  |  | |  |
| Do you screw your eyes up when reading? |  |  |  |  | |  |
| Do you rub your eyes to relieve the strain when you are reading? |  |  |  |  | |  |
| Do you move your eyes around or blink to keep text clear when you are reading? |  |  |  |  | |  |
| Do you use a marker or your finger to stop you losing the place when you read? |  |  |  |  | |  |
| Do you cover or close one eye when reading? |  |  |  |  | |  |
| Do you lose your place when reading? |  |  |  |  | |  |
| Do you re-read or skip words or lines when reading? |  |  |  |  | |  |
| Does text appear blurred, or go in and out of focus, when you read? |  |  |  |  | |  |
| Do objects in the distance appear more blurred after you have been reading? |  |  |  |  | |  |
| Do the words, page or book appear double when you are reading? |  |  |  |  | |  |
| \*N.B. **Response categories**  Always = every day.  Often = several times a week but not necessarily every day.  Sometimes = 2-3 times a month.  Rarely = only once every few months / a year  **\*Visual difficulties should be investigated if you answered ‘always’ or ‘sometimes’ to several questions.** | | | | | | |

**![A black background with a black square

Description automatically generated with medium confidence]()Familial History**

|  |  |  |
| --- | --- | --- |
| **Have any other family members experienced difficulties with spelling / reading / writing/ learning?** | Yes | No |
| lf yes, please give details: | | |

**Language and Linguistic History**

**To be assessed you will need to have continuously lived in an English-speaking country and to have been regularly speaking English for a minimum of seven years. This is because the tests used are heavily influenced by an English-speaking culture. In addition, you need to be able to read, write and spell in English.**

|  |  |  |
| --- | --- | --- |
| **Are any other languages spoken at home?** | Yes | No |
| lf yes, please give details: | | |

**Education History**

|  |  |  |
| --- | --- | --- |
| **Which secondary schools did you attend?** | | |
| What subjects were you good at?  How old were you when your difficulties were first noticed? | | |
|  | Yes | No |
| Did you have a good relationship with your teachers? |  |  |
| Did you work as hard in school as you might have done? |  |  |
| Did you feel you could not keep up, academically, with the others in your class? |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Did you have any difficulties at school with any of the following?**  **Please highlight as appropriate.** | | | | |
| **Reading** | No | Slight | Moderate | Severe |
| **Spelling** | No | Slight | Moderate | Severe |
| **Writing** | No | Slight | Moderate | Severe |
| **Mathematics** | No | Slight | Moderate | Severe |
| **Essays** | No | Slight | Moderate | Severe |
| **Revision** | No | Slight | Moderate | Severe |
| **Sport & games** | No | Slight | Moderate | Severe |

**Work History**

|  |  |  |
| --- | --- | --- |
| **Are you currently in work?** | Yes | No |
| If Yes, what is the name of your employer?  What is your current job title / role? | | |
| **Please give details of any previous work you have done:** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please give details of any previous study you have done:** | | | |
| College / University | Date | Course | Qualification gained |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Current Situation**

|  |
| --- |
| **Briefly explain why you wish to be assessed:** |

**Literacy**

|  |  |  |
| --- | --- | --- |
| **Do you have problems with:** | | |
| **Word Reading** | | |
| Identifying the sounds in words? | Yes | No |
| Reading aloud and fear of getting it incorrect? | Yes | No |
| Reading fluently and accurately? | Yes | No |
| Speed of reading? | Yes | No |
|  | | |
| **Comprehension** | | |
| Understanding what you have read? | Yes | No |
| Identifying key points when faced with large quantities of information? | Yes | No |
| **Writing** | | |
| Taking notes, e.g., at meetings or lectures? | Yes | No |
| Copying information from one source to another? | Yes | No |
| Producing written reports, essays, or other lengthy documents? | Yes | No |
| Proofreading your written work? | Yes | No |
| Summarising information? | Yes | No |
| Filling in forms correctly? | Yes | No |
| Do you sometimes muddle up words in sentences so that they don’t make sense or are grammatically incorrect? | Yes | No |
| Do you write long, rambling sentences? | Yes | No |
| Do you tend to write down everything as it comes into your head? | Yes | No |
| Do you avoid writing in front of others? | Yes | No |
| Do you miss out full stops, commas, and other punctuation marks? | Yes | No |
|  | | |
| **Spelling** |  |  |
| Do you feel your work contains many spelling errors? | Yes | No |
| Do you miss-spell ‘easy’ words? | Yes | No |
| Do you miss out little words or the endings of words? | Yes | No |
| Do you avoid using words you cannot spell? | Yes | No |

**Planning and Organisational Ability**

|  |  |  |
| --- | --- | --- |
| **Do you have problems with:** | | |
| Planning ahead? | Yes | No |
| Organising yourself? | Yes | No |
| Prioritising your workload? | Yes | No |
| Meeting deadlines? | Yes | No |
| Working under pressure of time (e.g., in examinations)? | Yes | No |
| Do you put off starting tasks until the last minute? | Yes | No |
| Do you get confused over dates and times and miss appointments? | Yes | No |

**Memory, Attention and Concentration**

|  |  |  |
| --- | --- | --- |
| Do you have difficulties remembering instructions/new information? | Yes | No |
| Do you often lose concentration? | Yes | No |
| Did you find it difficult to learn your multiplication tables? | Yes | No |
| Do you sometimes lose track of where you are in a task and must start again? | Yes | No |
| Do you find it hard to remember sequences of letters or numbers such as telephone numbers or car registrations? | Yes | No |

**Number, Estimation and Calculation**

|  |  |  |
| --- | --- | --- |
| Do you tend to forget mathematical operations that are used infrequently? | Yes | No |
| Do you find it hard to calculate sums in arithmetic without a calculator? | Yes | No |
| Do you find it difficult to do calculations in your head? | Yes | No |
| Do you find it hard to manage your day-to-day finances? | Yes | No |

**Fine and Gross Motor Skills**

|  |  |  |
| --- | --- | --- |
| **Orientation** | | |
| Do you have difficulty telling left from right? | Yes | No |
| Do you find it hard to remember directions? | Yes | No |
| Do you have difficulties reading road signs especially when driving? | Yes | No |
| ls map reading, or finding your way to a strange place confusing? | Yes | No |
|  | | |
| **Coordination and Dexterity** | | |
| Do you have poor coordination? | Yes | No |
| Find it difficult to learn how to do practical tasks? | Yes | No |
| Find it difficult to work with small tools or components? | Yes | No |
| Have difficulties in using a keyboard or mouse? | Yes | No |
| Often drop things, or bump into things? | Yes | No |
| Did you find it difficult learning to drive? | Yes | No |
| Do you have any current difficulties with driving? | Yes | No |

**Social and Communication Skills**

|  |  |  |
| --- | --- | --- |
| **ln day to day experiences at work, or on any courses you have taken, have you had difficulties with any of the following:** | | |
| **Social** | | |
| Do you have any difficulties developing good working relationships? | Yes | No |
| Do you have any difficulty developing friendships? | Yes | No |
| Do you find it hard to make eye contact with people? | Yes | No |
| Do you feel uncomfortable in social situations? | Yes | No |
| If you answered yes to any of the above questions, please give details: | | |
| **Communication** | | |
| Find it difficult to think of the words to express what you want to say? | Yes | No |
| Lose track of what you want to say, or what other people are saying? | Yes | No |
| Have difficulty following the conversation in group discussions? | Yes | No |
| Sometimes find you have completely misinterpreted what you have been asked? | Yes | No |
| Get confused or freeze up if you must speak or read aloud in public? | Yes | No |
| Sometimes find it difficult to take telephone messages and pass them on accurately? | Yes | No |

**Strengths**

|  |
| --- |
| **Please provide information about your strengths, what you are good at, hobbies you enjoy etc:** |

**Other Information**

|  |  |  |
| --- | --- | --- |
| Did anyone help you to complete this questionnaire? | Yes | No |
| lf yes, please provide further details: | | |
| Do you receive assistance with day-to-day living, for example, from a carer? | Yes | No |
| lf yes, please give further information on what you need help with, such as washing and dressing, or managing your finances etc. | | |
| Have you ever been told you have, or been diagnosed with, a learning disability, e.g., moderate learning difficulty, severe learning difficulty, or global learning difficulty? | Yes | No |
| lf yes, please give details: | | |
| Do you receive the Personal Independence Payment (PIP), or the Disability Living Allowance (DLA)? | Yes | No |
| If yes, please provide details: | | |
| Please summarise your difficulties and say if there is anything you would like help with in particular. Have any strategies worked for you so far? For example, when planning your work do you mostly think in pictures or words or both? Please include **any** information which you feel may be relevant. | | |
| Any other information not covered within this questionnaire that we should know before the assessment: | | |

Following the assessment, the assessor has 15 working days to submit the report to us. In line with the 2018 Data Protection Act permission **MUST** be obtained by the person being assessed for the BDA to share the summary report with the person they consent to.

**Please complete fully:**

|  |  |  |
| --- | --- | --- |
| **Authorisation for the BDA to share the summary report (please choose):** | **Yes** | **No** |
| **Signature:** |  | |
| **Name (print):** |  | |
| **Date:** |  | |
| **Name of person to share report with:** |  | |
| **Their email address:\*** |  | |

**\*must be provided**

**CLIENT AGREEMENT – ONLINE/REMOTE ASSESSMENT**

**To be completed by the person being assessed.**

By signing this form, you agree to the following statements and requirements:

**Setting:**

You must be alone, in a quiet room (though not a bedroom), during the remote assessment and arrange to not be interrupted. However, if necessary, you may ask a facilitator to be present in a nearby location ready to support you with any technical aspects of the remote assessment session you may need help with.

You will need to be in a comfortable position with access to a suitable surface to use when you complete writing tasks.

**What you will need:**

You will need to have several sheets of lined paper and pens available during the assessment. If the assessor has posted test materials, these will need to be to hand, unopened. The assessor will tell you when to open these.

If you wear glasses for computer screens and reading, you will need to have them with you and be wearing them during the assessment. If it is your normal way of working to use a coloured overlay, you will need to have these with you during the assessment. Hearing aids should also be worn if required.

**Technical equipment:**

You will need to use a large tablet, laptop or desktop computer with a strong WIFI signal. (Smaller tablets, iPad minis and phones are not acceptable for the testing element of these remote sessions, although it will be useful to have a smartphone to hand).

Your large tablet, laptop or desktop computer must have suitable microphone, camera and speaker/ headphone facilities. It will need to have adequate charge for the entire assessment which may be several hours long.

**Other technical factors:**

The online diagnostic assessment will be completed by a specialist assessor using an online platform such as Zoom; it is your responsibility to ensure that you can access this platform which may require you to download a programme in advance.

If either party has technical difficulties during the session which cause them to leave the meeting, then they should immediately reconnect to the meeting via the same link sent on email to continue the session. The assessor’s email address will be provided in case there are difficulties reconnecting. If there are technical difficulties which have an impact on the integrity of the assessment, the appointment will need to be re-arranged.

Unless instructed by the assessor, you must put away and turn off other smart devices such as a mobile phone or tablet during the assessment. At the end of the session, you will be required to retrieve your phone to take photos of some of your written work. Once these are safely received, they will then ask you to delete these photographs to preserve confidentiality.

**Other considerations:**

All assessment content must remain confidential and must not be shared by you with anyone else.

You will not be able to record the remote session nor take any screenshots or photos of the testing materials or the assessor. If this is suspected the assessor will immediately end the assessment and the assessment will be void.

**Please complete the details below and add your name which will act as a signature of agreement.**

I agree to all of the requirements and statements above:

Name:

Email:

Phone:

**Checklist of Information Required for Booking:**

1. Completed booking form.

* Assessment locations – identified the preferred type and location of assessment.
* Completed pre assessment questionnaire.

4. Payment information added to the website. **Step 3** of Start an Application.

Please note we cannot process bookings without having received all of the completed documentation and payment details.

Delays in returning documents/sending payment details will result in a delay in booking the assessment.

Please email this completed booking pack to **assessments@bdadyslexia.org.uk**