**Children (under 16 years)**

**Diagnostic Assessment for Dyslexia 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 or organisation.
* 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 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. The booking pack can be found on our website.
* The child has had an eye test **within the last 12 months**.
* You are aware that we cannot assess for any other Specific Learning Difficulties such as Dyscalculia at this time.
* You are aware that details will be deleted if you do not respond to a date offered within **14 days**.
* You have supplied dates 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**.

**The Assessment Booking Process:**

|  |
| --- |
| **Child Diagnostic Assessment for Dyslexia (pre-16)**  **Booking Form** |

**Please 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 or organisation funding the assessment:** | **Further details and confirmation will be required.** | |
| **\*Contact email:** |  | |
| **\*Address:** |  | |
| **\*Name of Parent or Carer:** |  | |
| **\*Email address:** |  | |
| **\*Name of Child:** |  | |
| **\*Child's date of birth:**  Please note we cannot assess children under the age of 7 years. |  | **Age:** |

**\*Required field**

|  |  |  |
| --- | --- | --- |
| **Please indicate if the assessment is to be with a Specialist Teacher Assessor OR a Psychologist:**  (Please note the assessment will take from 2 hours and can be up to 4 hours) | | **Please tick** |
| **Specialist Teacher Assessor** | **£550.00 + VAT = £660.00** |  |
| **Psychologist** | **£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, we will always offer the earliest available date. | **Y / N** |
| If yes, please list dates: | | |

**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**.

**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 **14 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)

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 be deleted after 5 days if payment details are not received.

<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.** **Delay in payment will lead to the assessment being cancelled and rescheduled once payment has been received. This may be a later date.**

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.

|  |  |  |
| --- | --- | --- |
| **Assessor locations** | **Specialist Teacher** | **Psychologist** |
| Remote assessment (via video platform) **Please sign remote agreement - page 28.** | 12 years + only | 10 years + only |
| Coniston |  | Will travel up to 1 hour from Coniston only. |
| Coventry |  |  |
| Derbyshire |  |  |
| Greater Manchester |  |  |
| Hampshire |  |  |
| Leeds |  | 10 years + only |
| Northamptonshire |  |  |
| Pontypool |  |  |
| Swindon |  |  |
| Windsor | Will travel up to 30 minutes. |  |
| Wirral |  |  |
| Worcester | 14 years + only |  |

**Important information for Parents/Carers**

In light of guidance from The Joint Council for Qualifications (JCQ) document regarding Access Arrangements (updated annually) please be aware of the following:

If your child is in Year 9 or above and you require the assessment that you are booking with the BDA to be used as part of an application for Exam Access Arrangements, usually GCSEs or A Levels, e.g. extra time in exams, a scribe, etc.  then it will be necessary for you to contact your child’s school’s Special Educational Needs Coordinator (SENCO) prior to the assessment as this is now a JCQ requirement.

JCQ state that: ‘A privately commissioned assessment cannot be used to award access arrangements and cannot be used to process an application using Access arrangements online. This would be where the assessor has not contacted the centre, has not established a working relationship with the centre, has not been approved by the head of centre and has not received as a minimum a ‘skeleton’ Part 1 of Form 8 from the SENCo.’

<https://www.jcq.org.uk/exams-office/access-arrangements-and-special-consideration/regulations-and-guidance/>

**CONFIDENTIAL PRE-ASSESSMENT QUESTIONNAIRE**

**For children (Pre 16yrs)**

**To be completed by parent or carer**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name of Child:** |  | | | | | | | **Preferred Pronoun:** | | |  |
| **Date of Birth:** |  | | **Age:** | | | | | **School Year:** | | |  |
| **Country of Birth:** |  | | | | **Date moved to the UK:** | | |  | | | |
| **For your child to be assessed, they will need to have lived in an English-speaking country and to have been regularly speaking English for a minimum of 7 years.** | | | | | | | | | | | |
| **Is the child adopted?** | **Yes** | | | | **No** | | | **Prefer not to say** | | | |
| **How does the child identify themselves?** | **Male** | **Female** | | | | **Non-binary** | | | **Prefer not to say** | | |
| **\*Name of parent/guardian requesting the assessment:** | | | |  | | | | | | | |
| **Title:** |  | | | | | | | | | | |
| **\*Home address:** |  | | | | | | | | | | |
| **Contact Tel No:** |  | | | | | | | | | | |
| **Contact Email:** |  | | | | | | | | | | |
| **Do all those with legal responsibility for the child agree to this assessment?** | | | | | | | **Yes** | | | **No** | |

**\*Required fields**

**How your information will be used:**

I would like to receive information about the work of the British Dyslexia Association, their campaigns, training and events.

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)

|  |
| --- |
| **Reasons for Assessment** |

|  |
| --- |
| **What are your concerns about your child?** |

|  |
| --- |
| **What views has your child expressed?** |

**Health and Developmental History**

|  |  |  |
| --- | --- | --- |
| **Early Development** | | |
| **Did you experience any problems during the pregnancy and birth of your child?** | Yes | No |
| lf yes, please provide further details: | | |
| **Were all the normal developmental milestones reached e.g., walking, talking, riding a bike?** | Yes | No |
| lf no, please provide further details: | | |
| **Has your child ever had any Speech and Language difficulties?** | Yes | No |
| lf yes, please describe these difficulties (such as understanding the meaning of words, expressive language, speech clarity, pronunciation, word finding difficulties and if they had any speech and language therapy): | | |
| **Is there a history of ear infections, glue ear or grommets?** | Yes | No |
| lf yes, please provide further details: | | |
| **ls your child’s hearing currently within normal limits?** | Yes | No |
| lf no, please give details: | | |
| **Is your child on any regular medication that may be relevant?** | Yes | No |
| If yes please give details: | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Vision and Visual Difficulties** | | | |
| **To proceed with the assessment, your child MUST have a sight test within the last 12 months. 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 your child on to an Ophthalmologist for further investigation, prior to the assessment. Please note that the assessment may be invalid if visual difficulties are not looked at prior to an assessment being carried out.** | | | |
| **Has your child had any history of visual difficulties / problems with sight / visual impairment?** | | Yes | No |
| lf yes, provide further details: | | | |
| **Does your child wear glasses?** | | Yes | No |
| lf yes, provide details (i.e., for near work, watching tv etc) **and ensure glasses are brought to the assessment**: | | | |
| **Has your child ever used coloured overlays / colour-tinted glasses?** | | Yes | No |
| If yes, please provide the following information:  Who recommended them and why?  Did they help? If yes, in what way?  Does your child still use them? If not, why not? | | | |
| **Reading and Near Work Activity** | | | |
| Approximately how many hours per school day does your child spend at a screen (phone, tablet, computer) etc? |  | | |
| Approximately how many additional hours per school day does your child spend reading books, newspapers, comics, or other paper-based texts? |  | | |
| Has your child’s screen /reading /near work time increased recently?  If so, by how much? |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section for parents/carers** | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| Does your child report headaches when they are reading? |  |  |  |  |  |
| Does your child report that reading makes their eyes feel sore, gritty or watery? |  |  |  |  |  |
| Does your child report feeling tired or sleepy during or after reading? |  |  |  |  |  |
| Have you noticed your child become restless, fidgety or distracted when reading? |  |  |  |  |  |
| Have you noticed your child rubbing their eyes when they are reading? |  |  |  |  |  |
| Have you noticed your child screwing up their eyes when reading? |  |  |  |  |  |
| Have you noticed your child tilting their head to one side when reading? |  |  |  |  |  |
| Have you noticed your child moving their eyes around or blinking frequently when they are reading? |  |  |  |  |  |
| Have you noticed your child holding a paper or book very close to their eyes when reading? |  |  |  |  |  |
| How often does your child use a marker or their finger to keep their place when reading? |  |  |  |  |  |
| Have you noticed that your child frequently loses their place when reading? |  |  |  |  |  |
| Have you noticed your child covering or closing one eye when reading? |  |  |  |  |  |
| **Section for child** |  |  |  |  |  |
| When you read, do you see two of each word? |  |  |  |  |  |
| When you read, do the words you read look blurry (or fuzzy, or unclear)? |  |  |  |  |  |
| When you are reading, do the words move on the page? |  |  |  |  |  |
| When your teachers ask you to copy something from a screen at the front of the classroom, can you see what is written on the screen? |  |  |  |  |  |
| **\*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]()

**Family History**

|  |  |  |
| --- | --- | --- |
| **Have any family members experienced difficulties with spelling / reading / writing/ learning?** | Yes | No |
| If yes, please indicate relationship to child and describe the difficulties: | | |

**Language and Linguistic History**

|  |  |  |
| --- | --- | --- |
| **Are any other languages spoken at home?** | Yes | No |
| **To be assessed your child will need to have lived in an English-speaking country and to have been regularly speaking English for a minimum of 7 years.** | | |
| If yes, please provide further details including if English is the main language. If English is the second language, are there difficulties in their first language? | | |

**Health and Developmental History**

|  |  |  |
| --- | --- | --- |
| **Did your child pass the Phonics Test?** | Yes | No |
| If yes was that at the end of year one or year two? | | |
| **Has your child’s schooling been disrupted in any way other than during the Covid 19 pandemic?** | | |
| If yes, please provide more information: | | |
| **What was your child’s educational experience during the Covid 19 pandemic?** | Yes | No |
| Were they educated largely at school (i.e., children of key workers) or at home?  If they were at school, how did they respond to smaller classes? If they were working online, how did they get on with this? | | |
| **Have any of your child’s teachers discussed any difficulties your child is experiencing?** | Yes | No |
| If yes, please provide more information: | | |

|  |  |  |
| --- | --- | --- |
| **Has your child seen any other specialists (e.g. Educational Psychologist, Advisory teacher etc)?**  **If yes, please provide copies of reports.** | Yes | No |
| **Has your child received any support or intervention in the past?** | Yes | No |
| **If yes, please provide more information, such as the nature or name of the programme:** | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Has your child received support for any of the following (please tick as appropriate)** | | | | |
|  | 1:1 in school | Private Tutor | Small Group | Whole Class |
| Reading |  |  |  |  |
| Maths |  |  |  |  |
| Spelling |  |  |  |  |
| Writing |  |  |  |  |

**Current Situation**

|  |  |
| --- | --- |
| **Current National Curriculum Levels (if appropriate)** | |
| **English** |  |
| **Maths** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **What are the difficulties currently exhibited in school?** | | | |
| **Reading** | Slight | Moderate | Severe |
| **Spelling** | Slight | Moderate | Severe |
| **Writing** | Slight | Moderate | Severe |
| **Mathematics** | Slight | Moderate | Severe |
| **Sports and Games** | Slight | Moderate | Severe |

|  |  |  |
| --- | --- | --- |
| **Is there any specialist help currently given at school?** | Yes | No |
| If yes, please give details, (e.g., Teaching Assistant support, extra time in exams, EHCP, specialist tuition):  Please share any relevant Individual Support Plan/Individual Education Plan/Education Health and Care Plan/Speech and Language Report/Occupational Therapy Report if available. | | |

|  |  |  |
| --- | --- | --- |
| **Is your child currently receiving any tuition outside of school?** | Yes | No |
| If yes, please give details of the support being received and how often: | | |

**Literacy**

|  |  |  |
| --- | --- | --- |
| **Please describe your child’s current strengths and difficulties with reading, writing and spelling.** | | |
| **Does your child have difficulty recalling the alphabet or other known sequences?** | Yes | No |
| If yes, please give details: | | |

**Numeracy**

|  |  |  |
| --- | --- | --- |
| **Please describe your child’s current strengths and difficulties with Numeracy.** | | |
| **Does your child have difficulty telling the time?** | Yes | No |
| If yes, please give details: | | |

**Memory, Attention and Concentration**

|  |  |  |
| --- | --- | --- |
| **Does your child have difficulties with memory, attention or concentration?** | Yes | No |
| If yes, please provide further details: | | |

**Speech, Oral Language, Communication and Social Skills**

|  |  |  |
| --- | --- | --- |
| **Are there any current difficulties with speech, oral language or communication?** | Yes | No |
| If yes, please provide further details: | | |

|  |  |  |
| --- | --- | --- |
| **Does your child have difficulties with social skills, behaviour, peer relationships or emotional adjustment?** | Yes | No |
| If yes, please provide further details: | | |
| **Does your child have difficulties with self-esteem and confidence?** | Yes | No |
| If yes, please provide further details: | | |

**Organisational Skills**

|  |  |  |
| --- | --- | --- |
| **Does your child have good organisational skills?** | Yes | No |
| If no, please provide further details: | | |

**Fine and Gross Motor Skills**

|  |  |  |
| --- | --- | --- |
| **Does your child have any difficulties with fine and gross motor skills e.g., body awareness, movement and balance?** | Yes | No |
| If yes, please provide further details: | | |
| **Does your child experience left/right confusion?** | Yes | No |
| If yes, please provide further details: | | |

**Strengths**

|  |
| --- |
| **Please provide information about your child’s strengths, what they are good at, hobbies they enjoy etc:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Print name:** |  |
| **Relationship to child:** |  | **Dated:** |  |

In line with the 2018 Data Protection Act permission **MUST** be obtained by the parent or carer of the person being assessed for the BDA to share the report with the person they consent to.

**Please complete fully:**

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

**\*must be provided**

If you need any further information, please write to us at: [assessments@bdadyslexia.org.uk](mailto:assessments@bdadyslexia.org.uk)

**SCHOOL PRE-ASSESSMENT QUESTIONNAIRE**

**For children (Pre 16yrs)**

**To be completed by the School**

An assessment is being carried out to clarify this child’s learning needs. Information from the current school will be very useful and help to provide a wider context in which to place these needs. If this assessment is required to potentially be used as part of an application for exam access arrangements, under JCQ regulations, then we would strongly advise that you discuss this with the individual's school or college prior to the assessment. This is so that the school/college can supply information about the individual's normal way of working within this environment which will ensure that any recommendations for support in exams reflect this. Your support is therefore appreciated.

**All information will be treated confidentially.**

|  |  |
| --- | --- |
| **\*Child’s full name** |  |
| **\*School** |  |
| **\*Year group** |  |
| **\*Name of person completing this form** |  |
| **Title (Mr/Mrs/Ms/Miss)** |  |
| **\*Role in School** |  |
| **\*Date form completed** |  |
| **\*School SENCO contact details** |  |

|  |
| --- |
| **Parents’/guardians’ details for correspondence** |

|  |  |
| --- | --- |
| **\*Full Name(s)** |  |
| **Title (Mr/Mrs/Ms/Miss)** |  |
| **\*Relationship to child** |  |

\*Required fields

|  |
| --- |
| **School Performance** |

**Please provide details about the child’s National Curriculum attainments:**

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

|  |  |  |
| --- | --- | --- |
| Did the child pass the Phonics Test? | Yes | No |
| If yes was that at the end of year one?  If later, please provide the year group: | Yes | No |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Below Average** | **Average** | **Above Average** |  | **Below Average** | **Average** | **Above average** |
| Speaking and listening |  |  |  | Reading accuracy |  |  |  |
| Humanities |  |  |  | Reading comprehension |  |  |  |
| PE |  |  |  | Writing |  |  |  |
| Art |  |  |  | Spelling |  |  |  |
| DT |  |  |  | Maths |  |  |  |
| ICT |  |  |  | Science |  |  |  |
| Other: |  |  |  |  |  |  |  |

|  |
| --- |
| **Please details any recent assessments including test names, dates and results:** |

|  |  |  |
| --- | --- | --- |
| **Does the child have any difficulty with:** |  |  |
| Planning and organising written work? | Yes | No |
| Getting started with written work? | Yes | No |
| Copying from the board? | Yes | No |
| Remembering instructions? | Yes | No |

|  |  |  |
| --- | --- | --- |
| **Is there a discrepancy between the child’s verbal ability and written work?** | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
| **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.** | Yes | No |
| If YES, please give details: | | |
| **If the child has an Education Health and Care Plan, please share a copy of the most recent Annual Review or other relevant information.** | | |

|  |
| --- |
| **Literacy** |

|  |
| --- |
| **Please describe the child’s current strengths and difficulties with Literacy:** |

|  |
| --- |
| **Numeracy** |

|  |
| --- |
| **Please describe the child’s current strengths and difficulties with Numeracy:** |

|  |
| --- |
| **Memory, Attention and Concentration** |

|  |  |  |
| --- | --- | --- |
| **Does the child have difficulties with memory, attention and concentration?** | Yes | No |
| If yes, please provide further details: | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Attitude to work – please tick/highlight all that apply:** | | | |
| Keen |  | Distracts others |  |
| Independent |  | Competent |  |
| Works well with help |  | Slow to complete work |  |
| Distractible |  | Displays a lack of interest |  |

|  |
| --- |
| **Speech, Oral Language, Communication and Social Skills** |

|  |  |  |
| --- | --- | --- |
| **Are there any current difficulties with speech, oral language or communication?** | Yes | No |
| If yes, please provide further details: | | |
| **Does the child have difficulties with social skills, behaviour, peer relationships or emotional adjustment?** | Yes | No |
| If yes, please provide further details: | | |
| **Does the child have difficulties with self-esteem and confidence?** | Yes | No |
| If yes, please provide further details: | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Peer relationships – please tick/highlight all that apply:** | | | |
| Popular |  | Withdrawn |  |
| Accepted |  | Better with younger children |  |
| Friendly |  | Avoids others |  |
| Dominant in friendships |  | Has one special friend |  |

|  |
| --- |
| **Organisational Skills** |

|  |  |  |
| --- | --- | --- |
| **Does the child have good organisational skills?** | Yes | No |
| If no, please provide further details: | | |

|  |
| --- |
| **Fine and Gross Motor Skills** |

|  |  |  |
| --- | --- | --- |
| **Does the child have any difficulties with fine and gross motor skills e.g. body awareness, movement and balance?** | Yes | No |
| If yes, please provide further details: | | |

|  |
| --- |
| **Strengths** |

|  |
| --- |
| **Please provide information about the child’s strengths, what they are good at and what they enjoy doing at school:** |

|  |
| --- |
| **Any Other Information** |

|  |
| --- |
| **Please provide any other information that would be useful for the assessor to know and what you hope to achieve from the assessment:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Print name:** |  |
| **Position in school:** |  | **Dated:** |  |

**CLIENT AGREEMENT – ONLINE/REMOTE ASSESSMENT**

**To be signed by the person facilitating the assessment.**

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

2. Assessment locations – identified the preferred type and location of assessment

3. Completed questionnaires - Parent/Carer and School

4. Payment information added to the website following submission of this booking pack. <https://www.bdadyslexia.org.uk/services/assessments/corporate-assessments/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.

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