



## Parent's Background Information for Dyslexia Evaluation of Child

Child: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

Your Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Are you the legal guardian?      **YES**      **NO**     Child's grade in school: \_\_\_\_\_

**Please answer the questions below and provide any additional information that would be helpful in this evaluation.**

\_\_\_\_\_

**YES**      **NO**     Were there any problems with the mother's pregnancy or this child's fetal development or birth/delivery? If so, please give more details:

\_\_\_\_\_

**YES**      **NO**     Compared to other children, did this child have any delays in talking? (such as speaking first word, using two words or phrases, talking in complete sentences, etc.) If so, please give more details:

\_\_\_\_\_

Did this child have any other delays (such as sitting up, crawling, walking, toilet training, etc.)?

\_\_\_\_\_

**YES**      **NO**     Did this child have frequent ear infections?

**YES**      **NO**     Did this child have to have tubes put in his/her ears? If so, when?

**YES**     **NO**    Has this child ever had speech therapy? If so, when and how long?

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**YES**     **NO**    Has this child's hearing been tested? Any known hearing problems?

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**YES**     **NO**    Has this child's vision been tested? Any known vision problems or does he/she wear glasses?

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Are there any family members with current or past difficulties with reading, learning, speech, language, Dyslexia, ADHD, or any other issue that impacts school? If so, please list below.

Relation to Child  
(Father, brother, sister, etc.)

Difficulty or Diagnosis

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**YES**     **NO**    Has this child been tested by a psychologist or school special education staff? If so, please explain.

Has this child ever been diagnosed with any of the following?

- YES**   **NO**    Specific Learning Disability
- YES**   **NO**    ADD/ADHD
- YES**   **NO**    Autism
- YES**   **NO**    Other: \_\_\_\_\_

**YES**   **NO**    Have there been any significant illnesses or injuries? If yes, please explain.

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Does this child have problems with any of the following?

- |  |  |
|--|--|
| <b>YES</b> <b>NO</b> Reading               | <b>YES</b> <b>NO</b> Oral Composition                  |
| <b>YES</b> <b>NO</b> Reading Comprehension | <b>YES</b> <b>NO</b> Attention-related issues          |
| <b>YES</b> <b>NO</b> Math Calculation      | <b>YES</b> <b>NO</b> Orally expressing himself/herself |
| <b>YES</b> <b>NO</b> Math Problem Solving  | <b>YES</b> <b>NO</b> Writing/Written Expression        |
| <b>YES</b> <b>NO</b> Spelling              |  |

Current School: \_\_\_\_\_ **Grade:** \_\_\_\_\_

Current Teacher(s) \_\_\_\_\_

How many schools has this child attended? \_\_\_\_\_

Did this child attend preschool? If so, how many years? \_\_\_\_\_

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**YES**     **NO**    Has this child ever been retained or had to repeat a grade in school? If so, which grade(s)?

**YES**     **NO**    When this child first started school, did he or she have trouble with any of the “basics” such as learning the difference in left/right, reading/writing/reciting the alphabet, learning the sounds of letters, etc.? If so, please explain.

**YES**     **NO**    Has this child received any accommodations, special services, tutoring, or assistance at school (such as Gifted/Talented, Special Education/IEP, Section 504, or interventions in “Tier 2” or “Tier 3”)?

The **TIER Process** (RTI or Response to Intervention):

My child is not in the Tier process.

My child is in the Tier process. (If so, which tier?) \_\_\_\_\_

My child used to be in the Tier process. (Please explain.)

**YES**     **NO**    Has this child taken a Dyslexia Screener? Passed or Failed? \_\_\_\_\_

**YES**     **NO**    Has this child ever received Dyslexia Therapy or special tutoring designed for Dyslexia? (If yes, please explain.)

What are this child’s best school subjects?

Which subjects are hardest for this child? (Please give as much information as possible.)

**YES**     **NO**    Has this child had any discipline problems in school? If so, please describe.

**YES**     **NO**    Does this child like school? If no, why not?

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### Are the statements below true or false for this child?

#### PHONOLOGICAL AWARENESS SKILLS

**YES**     **NO**    Difficulty recognizing or reproducing rhyming words  
 **YES**     **NO**    Difficulty naming the first or last sound in a word  
 **YES**     **NO**    Difficulty blending sounds together to make a word

#### ALPHABET

**YES**     **NO**    Difficulty learning or remembering names of letters  
 **YES**     **NO**    Difficulty learning or remembering the sounds of letters  
 **YES**     **NO**    Difficulty writing, recognizing, or saying the alphabet correctly (without singing or chanting ABC song)

#### DECODING AND WORD RECOGNITION

**YES**     **NO**    Difficulty sounding out unfamiliar words  
 **YES**     **NO**    Difficulty reading words accurately  
 **YES**     **NO**    Leaves out words, adds extra words, or substitutes words when reading

#### READING

**YES**     **NO**    Makes frequent mistakes when reading  
 **YES**     **NO**    Hesitates and pauses a lot when reading  
 **YES**     **NO**    Reads slowly  
 **YES**     **NO**    Does not like reading out loud to others  
 **YES**     **NO**    Enjoys having someone else read to him/her  
 **YES**     **NO**    Reading problems seem unusual because he/she does much better in other areas

#### SPELLING

**YES**     **NO**    Difficulty memorizing words for spelling tests  
 **YES**     **NO**    Difficulty spelling words correctly when writing sentences and paragraphs

#### COMPREHENSION

**YES**     **NO**    Difficulty understanding what he/she reads  
 **YES**     **NO**    Difficulty answering written questions in textbooks, worksheets, or tests

#### WRITTEN EXPRESSION

**YES**     **NO**    Difficulty writing sentences correctly  
 **YES**     **NO**    Difficulty writing stories and reports

GENERAL ACADEMIC ABILITY

- YES     NO    Needs many repetitions, or lots of practice, to learn something new
- YES     NO    Difficulty memorizing math facts (multiplication tables, or even basic addition facts)
- YES     NO    Has extra trouble with math word problems
- YES     NO    Has trouble with getting homework done quickly

ORAL LANGUAGE

- YES     NO    Difficulty understanding directions given out loud
- YES     NO    Difficulty understanding stories that are read to him/her
- YES     NO    Has a weak or limited vocabulary (uses replacement words like "stuff" a lot)
- YES     NO    Difficulty finding the right word (may say "uhhhh" a lot)
- YES     NO    Difficulty speaking with correct grammar
- YES     NO    Difficulty explaining his/her ideas or thoughts out loud
- YES     NO    Frequently misunderstands what he/she hears

ATTENTION

- YES     NO    Has trouble organizing time and materials
- YES     NO    Has short attention span
- YES     NO    Does many things too quickly (rushes through work)
- YES     NO    Is often overactive or fidgety
- YES     NO    Is inconsistent in classwork and homework (sometimes does well & sometimes doesn't)
- YES     NO    Forgets what is said in a few minutes

HANDWRITING

- YES     NO    Is slow with handwriting
- YES     NO    Poor handwriting (messy and hard to read)

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Please describe this child's strengths, gifts, and talents:

How did you find out about Dyslexia Evaluations at Crossroads Counseling Center?