Child name Parents name Phone		Date:	
			Date of birth
			School grade
			Email
Ad	alue ee		
Lis	t top two parental concerns:		
	1		
	2		
Cir	cle number if mild, underline if severe		
1.	Difficulty copying off the board	4.	Orients drawing poorly on the page
2.	Avoids closework and reading	5.	Difficulty printing and tracing
3.	Short attention span with reading	6.	Can't write easily on the line
1.	Letters on the page blur	5.	Eyes itch and burn
2.	Sore eyes	6.	Complains of blur after reading
3.	Headaches	7.	Excessive blinking and eye rubbing
4.	Holds head close to the page	8.	Closing or covering an eye to read
1.	Print on the page moves or shakes	3.	Sees words better on coloured paper
2.	Difficulty under fluorescent light	4.	Complains of print merging or jumping
1.	Using finger to keep place reading	4.	Frequently omits words or parts of words
2.	Losing place on the page	5.	Repeats words or lines
3.	Moves head across the page	6.	Frequently misreads words
1.	Confuses left and right	4.	Does not use support hand while writing
2.	Confuses b and d, and 6 & 9	5.	Tilts head to one side while writing or reading
3.	Reverses words, letters and numbers		
	Is schoolwork: Average? Better then	n avera	age? Below average?
	Does your child work very hard to achieve their	grade	s?
	Lateralisa	tion _l	preferences
1.	Prefers solo endeavours (Lego, Minecraft)	5.	Likes team sports, gross motor activities
2.	Sensory sensitivities	6.	Wider social, friends groups
3.	Performs high in some academic areas, less in others	7.	Arty, creative, imaginative
4.	More allergy prone	8.	More infection prone – ear infections

School Questionnaire