

## Adult Questionnaire

Full Name...

Telephone Number

Title: Ms/Mrs/Mr/Dr other

Date of Birth.

Male/Female

Home Address

Age                      years

Email:

Current School/College/University... Year:

Course Length:

What course are you studying?

What course/exam did you take before this?

Are you in work?

What previous work have you done?

Which schools/colleges did you attend?

What were you good at, at school?

How old were you when you first noticed your difficulties?

Did you have difficulties at school with:

Reading

No / Slight / Moderate / Yes

Spelling

No / Slight / Moderate / Yes

Writing

No / Slight / Moderate / Yes

Mathematics

No / Slight / Moderate / Yes

Essays

No / Slight / Moderate / Yes

Revision

No / Slight / Moderate / Yes

Sports and Games

No / Slight / Moderate / Yes

Did your teachers consider you badly behaved?

Did you work as hard at school as you might have done?

Do you remember any particular teachers and if so why?

Did you have any remedial help or other extra help?

Please give details:

Were you ever assessed for learning difficulties (e.g. dyslexia)?

Who assessed you?

If you have a copy of a report, please may we see this? If not, may we write for a copy?  
(Please give an address)

What were you told about your difficulties?

Is your vision within normal limits?

Is your hearing within normal limits?

Have you suffered from any serious illnesses?

Do you take regular medication?

If so, please give details

How many brothers do you have?.....How many sisters?.....

Where do you come in the family?    1                    2                    3                    4

	Spelling	Reading	Learning
Parents	.....	.....	.....
Brothers/	.....	.....	.....
Sisters	.....	.....	.....
Cousins	.....	.....	.....
Aunts/Uncles	.....	.....	.....

Do they have any difficulties with learning?

On courses which you have done (or are doing) did you have problems with:

Taking notes	Yes/No
Getting information from books	Yes/No
Getting information from lectures/lessons	Yes/No
Organising information	Yes/No
Revision	Yes/No
Meeting deadlines for assignments	Yes/No
Getting enough information down in timed examinations	Yes/No
Did you need to re-write your work often?	Yes/No

Or spend more time on it than other people seem to do?	Yes/No
Is your writing difficult to read?	Yes/No
Does your writing contain a large number of spelling errors?	Yes/No
Do you find it difficult to write cheques correctly?	Yes/No
Do you miss-spell "easy" words if you have to fill in a form or write where others can see you doing so?	Yes/No
Do you miss out little words or the endings of words?	Yes/No
Do you write rambling sentences?	Yes/No
Do you find it difficult to think of the words to express what you are thinking?	Yes/No
Do you avoid using words you can not spell in essays?	Yes/No
Do you miss out full stops, commas and other punctuation marks?	Yes/No
Do you tend to write down everything as it comes into your head?	Yes/No
Do you find that you start sentences and then forget what you were going to put?	Yes/No
Do you find writing essays under examination conditions easy?	Yes/No
Do you find that you often need to read a page more than once in order to understand what is being said?	Yes/No
Do you put off starting essays and projects until the last minute?	Yes/No
Do you get confused over dates and times and sometimes miss appointments?	Yes/No
Is map reading, or finding your way to a strange place confusing?	Yes/No

In classes or seminars do you "freeze up" when asked a question directly? Yes/No

Do you have difficulties saying long words or words containing particular sounds? Yes/No

Can you give examples?

Do you have concentration difficulties? Yes/No

Do you have motor co-ordination difficulties? Yes/No

Do you get confused if you have to speak in public? Yes/No

Do you sometimes find it difficult to take telephones messages and pass them on correctly? Yes/No

To help overcome these difficulties:

Do you use a word-processor for essays/assignments?

Do you have your own, or easy access to one?

Do you use a pocket spell checker regularly?

Do you have a friend or members of the family check your work?

Do you use a tape-recorder for taking notes in lectures or recording information?

Are your tutors aware of possible difficulties? Yes/No

What do they do to help?

What else do you feel they could help?

What other strategies have you developed?

On a separate piece of paper please summarise your difficulties and say what you are seeking from an assessment at this moment in time? Please include any information, which you feel may be relevant.

**Space To Learn is committed to protecting and respecting your privacy.**

**Please review and sign the declaration below:**

**Your declaration**

I understand the following:

Space To Learn will use the information for assessment purposes only.

The information I have provided is considered confidential, will be securely stored by Space To Learn, and will not be disclosed to third parties.

I declare that the information I have given on this form is correct and complete.

Print name: .....

Signature: ..... Date: .....