The Reading Center
DYSLEXIA INSTITUTE OF MN
2010 Scott Road NW Rochester, MN 55901
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Information Form
Adult Client Questionnaire

Test Date: _____Time: _____ Referred by: _____

Date: _____

Client's Name:_____

Birth Date: _____

Ethnic Origin: _____

Name of School Attended:_____ Highest Level of Education:_____

Have you ever been held back a grade? Yes _____ No _____

Have you ever skipped a grade? Yes _____ No _____

Please explain:

_____

_____

_____

Please explain reason for referral. Describe in your own words your difficulty, as you understand it. Please include difficulties reported by others and your own observations:

_____

_____

_____

What are your expectations in regard to this evaluation?

_____

_____

_____

_____

_____

If you have had other testing and/or tutoring, please describe:

_____

_____

If you have had concerns about your school achievement, please describe them:

What do you consider to be your strengths? Weaknesses?

Describe your study habits, if applicable, average time spent on homework, and study environment (quiet, loud, in bedroom, in family room):

It is generally accepted that learning difficulties run in families. Do you know of other relatives in the immediate or extended family who struggled in school or had a diagnosis such as LD or ADHD?

No _____ Yes _____ (Explain below) Adopted _____

_____

_____

_____

Date of last vision check with an eye doctor? _____

Results: _____

Date of last hearing check? _____ Ear infections? _____yes _____no

Results: _____ If yes, please describe: _____

_____

Developmental/Medical History (please check all that apply)

- ☐ Complicated Pregnancy
- ☐ Illness at Birth
- ☐ Serious Accident
- ☐ Serious Illness
- ☐ Vision Impairment
- ☐ Allergies
- ☐ Received Speech Therapy
- ☐ Physical Disability
- ☐ Continuing Health Problems
- ☐ Developmental Delays
- ☐ Motor Delays
- ☐ Diagnosed EBD
- ☐ Diagnosed ADHD
- ☐ Diagnosed Asperger's
- ☐ Diagnosed Autism
- ☐ Diagnosed Anxiety
- ☐ Diagnosed ODD
- ☐ Diagnosed OCD
- ☐ Diagnosed Depression
- ☐ Additional Medical History
- ☐ Procedures with General Anesthetic

  Years of Age
  - ☐ 0-1 _____
  - ☐ 1-2 _____
  - ☐ 2-3 _____
  - ☐ 3-5 _____
  - ☐ 5-10_____
  - ☐ 10+ _____

List of Medications_____

Additional Comments:

_____

_____

Please respond to the items below. Please feel free to include additional comments.

Early Childhood Development:

	Yes	No		Yes	No
speech hard to understand			enjoyed looking at books		
delayed speech			had difficulty following one- or two-step directions		
enjoyed being read to			stuttered/continues to stutter		
played rhyming games					

Preschool and Kindergarten:

	Yes	No		Yes	No
did your attitude change when you entered school			"pretended" to read before learning to read		
was easily frustrated or discouraged while doing paper and pencil activities			has trouble remembering a list/directions		
had a short attention span			had confusion about handedness		
mispronounced words			had professional speech therapy		

Elementary Grades:

	Yes	No		Yes	No
speaking in incomplete sentences at the start of first grade			has/had an awkward pencil grip		
had trouble pronouncing correct sounds of letters			held pencil in different hand from one you ate with		
mispronounced words			had trouble writing on the line		
hated to read			had poor handwriting		
read but did not comprehend			wrote awkwardly		
omitted words when reading or writing			had difficulty copying accurately from book or board to paper		
continued to experience reversals			poor speller		
teacher thought you were not trying			blinked, rubbed, or covered eyes frequently		
teacher thought you did not pay attention			had difficulty rhyming words		

Middle School and High School:

	Yes	No		Yes	No
has difficulty telling time with an analog clock			has difficulty telling time with an analog clock		
liked to work with your hands			underlined from right to left		
had headaches or nausea after reading			had difficulty finding the "right" word when speaking		
highly verbal; have an excellent verbal vocabulary			written vocabulary was simpler than speaking vocabulary		