The Reading Center
DYSLEXIA INSTITUTE OF MN
2010 Scott Road NW, Rochester, MN 55901
507-288-5271

Information Form: Questionnaire for Parents

Today's Date: _____ Referred by: _____

Child's Name: _____ Parent: _____
Birth Date: _____ Highest level of education: _____
Ethnic Origin: _____ Employer: _____
Parent: _____
Highest level of education: _____
Employer: _____

List siblings: names and ages

Does the child live with ___ both parents ___ mother ___ father ___ guardian
Name of custodial parent: _____
Name of Guardian: _____

Name of School: _____ Present Grade: _____
Age your child started Kindergarten: _____

Has your child ever been held back a grade? Yes ___ No ___
Has your child ever skipped a grade? Yes ___ No ___
Please explain:

Does the child receive any services at school (IEP, 504, other)? Explain

Please explain reason for referral. Describe in your own words your child's problem as you understand it. Please include difficulties reported by teachers and your observations at home:

What are your expectations in regard to this evaluation?

If your child has had other testing and/or tutoring, please describe:

If your child's teachers have had concerns about his/her school achievement, please describe them:

What do you consider to be your child's strengths? Weaknesses?

What do your child's teachers consider to be their strengths? Weaknesses?

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 ☐ Foster ☐

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 and feel free to include additional information.

Early Childhood Development:

	Yes	No		Yes	No
speech is hard to understand	☐	☐	enjoys looking at books	☐	☐
delayed speech	☐	☐	has difficulty following one- or two-step directions	☐	☐
enjoys being read to	☐	☐	stuttered/continues to stutter	☐	☐
plays rhyming games	☐	☐		☐	☐

Preschool and Kindergarten:

	Yes	No		Yes	No
child's attitude changed when they entered school	☐	☐	"pretended" to read before learning to read	☐	☐
is easily frustrated or discouraged while doing paper and pencil activities	☐	☐	has trouble remembering a list/directions	☐	☐
has a short attention span	☐	☐	has confusion about handedness	☐	☐
mispronounces words	☐	☐	professional speech therapy	☐	☐

Elementary Grades:

	Yes	No		Yes	No
speaking in incomplete sentences at the start of first grade	☐	☐	has an awkward pencil grip	☐	☐
has trouble pronouncing correct sounds of letters	☐	☐	holds pencil in different hand from one he/she eats with	☐	☐
mispronounces words	☐	☐	has trouble writing on the line	☐	☐
hates to read	☐	☐	has poor handwriting	☐	☐
reads but does not comprehend	☐	☐	writes awkwardly	☐	☐
omits words when reading or writing	☐	☐	can not copy accurately from book or board to paper	☐	☐
continues to experience reversals	☐	☐	poor speller	☐	☐
teacher says they are not trying	☐	☐	blinks, rubs, or covers eyes frequently	☐	☐
teacher says they do not pay attention	☐	☐	has difficulty rhyming words	☐	☐

Middle School and High School:

	Yes	No		Yes	No
has a hard time adapting to new situations	☐	☐	has difficulty telling time with an analog clock	☐	☐
likes to work with their hands	☐	☐	underlines from right to left	☐	☐
has headaches or is nauseous after reading	☐	☐	has difficulty finding the "right" word when speaking	☐	☐
is highly verbal; has an excellent verbal vocabulary	☐	☐	written vocabulary is simpler than speaking vocabulary	☐	☐
"forgets" what they need to do	☐	☐	is a silent or quiet individual	☐	☐