**Secondary School Questionnaire**

**To be completed by Form Tutor with English teacher.**

**Pupil’s name: D.O.B:**

**Dyslexia Assessment date:**

**School:** Telephone number:

**Year:**  Date of entry:

**Form teacher:**  **SENCO:**

Other professionals involved:

**Results of recent school assessments (Please include dates and scores where possible)**

**Current Support and Intervention provided:**

**Please attach most recent IEP and School Report if available:**

**School’s impression of the student and their general attitude:**

**Pupil’s Strengths:**

Difficulties with reading affecting comprehension?

Difficulties reading aloud?

Problems recalling facts?

Difficulties with spelling?

Poor structure and organisation of written work?

Remembering/following instructions?

Organisation – remembering Homework/equipment?

Clear legible handwriting?

Copying?

Using punctuation correctly?

Word finding/Processing?

Lacks confidence/Low Self-esteem?

Poor concept of time?

Behaviour:

Social Interactions:

Inappropriate/Disruptive behaviour:

**Special interests and attributes:**

Any other comments:

**Name and position of person completing this form on behalf of the School staff:**

Date completed: **Thank you for your time.**

**Please e-mail this to tdaviestutors@gmail.com**