## Screening Questionnaire

Please complete fully prior to the assessment to help inform the screening, to give context to the scores and to better understand your concerns.

\* Required

1.	Email address *
2.	Child's name *
3.	Date of Birth *
	Example: January 7, 2019
4.	School *
5.	Current Year Group *
6.	Parent email address *

7.	Parent mobile number(s) *
8.	Are you concerned about your child's progress in reading? *  Mark only one oval.
	Yes No
9.	Are you concerned about your child's progress in spelling? *
	Mark only one oval.
	✓ Yes No
10.	Do they confuse similar looking letters e.g. b/d/p, u/n, m/n? *  Mark only one oval.
	Yes No
11.	Do they reverse words e.g. was/saw, on/no? *  Mark only one oval.
	Yes  No

12.	Do they confuse small words e.g. of/for/from? *
	Mark only one oval.
	Yes
	No
	Not sure
13.	When reading, do they skip and/or substitute words? *
	Mark only one oval.
	Yes
	No
	Not sure
14.	Do they read accurately but not understand the text? *
	Mark only one oval.
	Yes
	No
	Not sure

15.	Are they confused about which hand to write with? *
	Mark only one oval.
	Yes
	No
	Not sure
16.	For their age, do they have immature letter and number formation? *
	Mark only one oval.
	Yes
	No
	Not sure
17.	Do they forget to dot 'i's and cross 't's? *
	Mark only one oval.
	Yes
	No
	Not sure

18.	Do they struggle to use punctuation and paragraphs? *
	Mark only one oval.
	Yes
	No Not ours
	One Not sure
19.	Can they tell left from right? *
	Mark only one oval.
	Yes
	No
20.	Can your child count in 2's, 5's and 10's? Tick all that apply. *
	Check all that apply.
	My child can count in 2's
	My child can count in 5's
	My child can count in 10's
21.	Do they know the times tables? *
	Mark only one oval.
	Yes
	No
	Some but not all

22.	Can they list the months of the year in the correct order?
	Mark only one oval.
	Yes No
00	
23.	Can they tie their shoelaces? *
	Mark only one oval.
	Yes
	No
24.	Can they tell the time on an analogue clock? *
	Mark only one oval.
	Yes
	No
25.	Can they remember and follow simple instructions? *
	Mark only one oval.
	Yes
	○ No

26.	Please outline any further concerns in relation to your child's literacy development. *	
Da	ta Protection	
27.	Do you give consent for the screening assessment scores to be entered onto an online score generation tool? This is a secure site and your child's scores are only accessed by the assessor. *	
	Mark only one oval.	
	Yes	
	No	
28.	Do you give consent for an electronic copy of the report to be kept on file? *	
	Mark only one oval.	
	Yes	
	○ No	

29.	Do you give consent for the completed report to be sent to you electronically? Electronic reports are password protected. *
	Mark only one oval.
	Yes
	No
30.	Paper based data will be held securely in a locked filing cabinet.  Online documents will be password protected and will not be shared. Data will be held for the minimum time required by law. You may request your data from us at any time. *  Check all that apply.  I agree that my child can be screened for dyslexia using the Dyslexia Portfolio at Bell House. I have read and agree to the information above.

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