

THE YOUNG PERSONS PROFILE PARENT QUESTIONNAIRE FOR ADOLESCENT

Please complete the following questionnaire giving as much information as you can. Tick or circle all responses where appropriate. Please attach extra sheets if necessary.

FAMILY DETAILS

Child's Name:	Date of Birth:
Parent's Names:	
Home Address:	Child's Age:
	Tel. Number: Mobile Number: Fax No:
Post Code:	E-mail:
Brothers/Sisters	Age
List of people living at home:	
Gender	
M / F	
M / F	
M / F	
M / F	
M / F	
M / F	
M / F	
Is your child adopted?	Yes/No
Is your child aware of this?	Yes/No
What is the main language spoken at home by...	
Father:	
Mother:	
To the child:	
General Practitioner's Name:	Address:
Telephone number:	Post Code:

KEY CONCERNS

Briefly list the main concerns about your child:

What do you consider are your child's strengths?

What would you like to gain from visiting the Centre e.g. diagnosis, practical help?

Pregnancy/Birth History

Did you experience.....

An uneventful (normal) pregnancy? Yes / No
Difficulties during pregnancy? Yes / No
If so, what?
Excessive sickness during pregnancy? Yes / No
What was your child's birth weight?

Was your labour.....?

Normal
Forceps, Ventouse
Caesarean Section
Premature If so, by how much?
Late If so, by how much?

Any post-natal problems?

Post-natal depression Yes / No
Were there any difficulties in the first month after birth? Yes / No
If yes, please describe.

Developmental History (please refer to your 'parent-held record book' (Baby Book))

At what age did your child: Sit unsupported
Crawl
(If not, did s/he 'bottom hotch' or 'commando crawl'?)
Walk
Talk

Did your child have any feeding difficulties? Yes / No
If so, please describe.

Was your child: Breast fed? Bottle fed?

In which hand does your child hold a pencil? Left / Right
Which foot does your child kick a ball with? Left / Right

Medical History

	Does your child have / has your child had...? If yes, please give details.	Have any family members (i.e. siblings, parents, grandparents, aunts, uncles etc.) had....? If yes, please state who.
Eczema	Yes / No	
Asthma	Yes / No	
Hayfever	Yes / No	
Epilepsy / convulsions / fits	Yes / No	
Joint Hypermobility Syndrome (EDS III)	Yes / No	
Speech and language difficulties	Yes / No	
Developmental difficulties such as dyslexia, dyspraxia, DCD, ADHD, Asperger's Syndrome, Autism Spectrum Disorders etc.	Yes / No	
Mental health problems	Yes / No	
Squints / turns	Yes / No	
Headaches / Migraines	Yes / No	
Other (please state):		

Has your child had...?

A hearing test	Yes / No	Date:	Outcome:
A sight test	Yes / No	Date:	Outcome:
Does your child wear glasses?	Yes / No	If so, what for?	

Has your child had...?

A serious injury	Yes / No	If yes please describe:
A serious illness	Yes / No	If yes please describe:
Surgery	Yes / No	If yes please describe:
Bowel problems	Yes / No	If yes please describe:
History of glue ear	Yes / No	If yes please describe:
Difficulty Sleeping	Yes / No	If yes please describe:
History of head injury	Yes / No	If yes please describe:
Current Medication	Yes / No	If yes please describe:
Any other treatments	Yes / No	If yes please describe:

Has your child had an assessment or treatment with any health or education professionals such as..?

	Date(s)	Outcome	Was it helpful?
Occupational Therapist			
Physiotherapist			
Speech & Language Therapist			
Educational Psychologist			
Paediatrician			
Behavioural Optometrist			
Dietician			
Teacher			
Complementary Therapist			
Other (please state)			

Educational History

Name of School:

Address:

Telephone:

Post code:

E-mail:

Contact person in school:

Is your child

- | | |
|--------------------|--------------------------|
| Statemented | <input type="checkbox"/> |
| School Action Plus | <input type="checkbox"/> |
| School Action | <input type="checkbox"/> |
| None | <input type="checkbox"/> |
| Not sure | <input type="checkbox"/> |

Do you have regular contact with school?
If yes, with whom and how often?

Yes / No

Has your child been away from school for any length of time?
Please give details:

Are you aware of any other problem areas in school?
If so, please describe:

Section 1: The statements below describe various behaviours often shown by children. After each statement there are five tick boxes. If the description definitely describes the behaviour shown by your child then please tick the 'I strongly agree' (that this statement applies) box. If the statement does not describe your child's behaviour, then please tick the 'I strongly disagree' or 'I disagree' box as appropriate. Please choose the most appropriate of the five options in each case. Please place just one tick against each statement.

		I strongly agree	I agree	I neither agree nor disagree	I disagree	I strongly disagree
Example: I agree, this statement describes my child somewhat			X			
Example: I strongly disagree, this statement is not like my child at all						X
1.	Finds reading out aloud very difficult					
2.	Had/has great difficulty learning to write					
3.	Usually gets confused or muddled when given several instructions at once					
4.	Has difficulty sounding out words like el-e-phant					
5.	Reading speed is very slow compared to peers					
6.	Often reverses some letters when writing					
7.	Frequently loses place or misses out lines when reading					
8.	Needs to read text more than once to gain understanding					
9.	If asked, says that words jump around on the page when reading					
10.	Regularly writes shorter creative pieces or essays than his/her peers					
11.	Is unable to do sums 'in the head' i.e. without using fingers or paper					
12.	When writing, avoids using words that he/she cannot spell					
13.	Finds copying things down very difficult					
14.	Regularly makes spelling errors					
15.	Regularly fails to recognise known words					

Section 2: As before, please tick the most appropriate response. There are no right or wrong answers.

		I strongly agree	I agree	I neither agree nor disagree	I disagree	I strongly disagree
16.	Finds turn-taking hard					
17.	Has difficulty controlling the volume of his/her voice					
18.	Finds interacting with others very difficult					
19.	Avoids group situations; finds group activities difficult					
20.	Finds it hard to cope if routines change in the day (e.g. a new supply teacher comes into class, or a change in food for lunch)					
21.	Finds making and keeping friends difficult					
22.	Has routines that need to be undertaken in a certain way every day (e.g. washing hands, dressing, arranging locker or bedroom)					
23.	Finds starting a conversation hard					
24.	Prefers to engage in solitary interests or hobbies					
25.	Often makes inappropriate comments to or about others					
26.	Appears anxious in group settings e.g. class discussion, family gatherings, parties					
27.	Misinterprets the intention of others e.g. joke-telling, sarcasm					
28.	Finds making appropriate eye contact difficult					
29.	Regularly interprets instructions or rules very literally					
30.	Poor at recognising others' feelings					

Section 3: As before, please tick the most appropriate response. There are no right or wrong answers.

		I strongly agree	I agree	I neither agree nor disagree	I disagree	I strongly disagree
31.	Finds it very difficult to keep attention on a task					
32.	Often seems distracted when someone is talking to him/her					
33.	Seems to forget things that have been taught recently					
34.	Finds concentrating on homework or lessons hard					
35.	Main interests are different from those of his/her peers					
36.	Defiant when compared with peers					
37.	Argues with adults more than his/her peers or siblings do					
38.	Finds controlling temper very difficult					
39.	Responds badly to being told what to do by adults					
40.	Finds it hard to follow rules					
41.	Often taps feet and/or fiddles					
42.	Answers out of turn during a conversation					
43.	Appears restless, fidgety and on the go all of the time					
44.	Has difficulty waiting his/her turn					
45.	Compared with peers, acts inappropriately in social situations					

Section 4: As before, please tick the most appropriate response. There are no right or wrong answers.

		I strongly agree	I agree	I neither agree nor disagree	I disagree	I strongly disagree
46.	Regularly late, a very poor time-keeper					
47.	Very disorganised					
48.	Often loses objects or possessions					
49.	Appears untidy compared to peers/ becomes untidy quickly					
50.	Regularly fails to write down or remember homework tasks					
51.	Compared with peers, finds dressing and undressing at speed e.g. shoelaces, ties and fastenings etc. very difficult					
52.	Writing is poor with regard to spacing, letter formation, writing on the line					
53.	Finds ball games (e.g. netball, football) hard					
54.	Appears clumsy (knocks into or spills things)					
55.	Has great difficulty using equipment, (e.g. can opener, protractor, ruler, opening bags of crisps, managing cutlery or scissors)					
56.	Finds writing at speed very difficult					
57.	Has very untidy writing, difficult to read					
58.	Has great difficulty maintaining an upright posture while sitting					
59.	When writing an essay or assignment, seems to tire easily compared to peers e.g. writes less or hand aches					
60.	Regularly stands too close or too far away when conversing					
61.	Has difficulty hopping/jumping					

Historical Overview

To conclude, could you on a separate sheet, give a concise overview of what has happened in the past including assessment and treatment received to date.

Please also tell us something about your child's likes and dislikes.

BEFORE RETURNING YOUR INFORMATION TO US, PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS STATED IN THE INFORMATION PACK

AS WE ARE UNABLE TO PROCEED UNTIL ALL THE INFORMATION REQUESTED HAS BEEN RECEIVED, PLEASE CHECK YOU HAVE ENCLOSED THE FOLLOWING WITH THIS QUESTIONNAIRE:

- | | | | |
|--|--------------------------|--|--------------------------|
| The referral fee | <input type="checkbox"/> | A GP consent form | <input type="checkbox"/> |
| A Teacher Questionnaire | <input type="checkbox"/> | All relevant background information e.g. previous reports from professionals | <input type="checkbox"/> |
| An Adolescent Questionnaire (if appropriate) | <input type="checkbox"/> | A sample of your child's handwriting | <input type="checkbox"/> |
| A photograph of your child for our records | <input type="checkbox"/> | | |

COULD YOU PLEASE ENSURE WHEN RETURNING ALL THE APPROPRIATE FORMS TO THE CENTRE THAT YOU HAVE THE ENVELOPE WEIGHED AND THE CORRECT AMOUNT OF POSTAGE APPLIED SO AS TO AVOID ANY DELAY IN THE POST.

Signed..... Name..... Date.....

THANK YOU FOR YOUR CO-OPERATION
Please return to: The Dyscovery Centre, University of Wales, Newport, Allt-Yr-Yn Campus,
Newport NP20 5DA

**THE YOUNG PERSONS PROFILE
TEACHER QUESTIONNAIRE FOR SECONDARY SCHOOL**

Please complete the following questionnaire giving as much information as you can. Tick or circle all responses where appropriate. Please attach extra sheets if necessary.

STUDENT / SCHOOL DETAILS

Student's Name:	Date of Birth:
Home Address:	School Year:
	School Name:
Post Code:	School Address:
Head Teacher's Name:	School Tel. No:
Class Teacher's Name:	
Special Needs Co-ordinator's Name:	
Classroom Assistant's Name:	
	Fax No:
	E-mail:

KEY CONCERNS

Briefly list the main concerns about the student:

1. _____
2. _____
3. _____
4. _____
5. _____

What are the student's strengths?

STUDENT / EDUCATION DETAILS

What is the student's reading age?	R.A.:
What is the student's spelling age?	S.A.:
Is the student identified as having special educational needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which level of the Code of Practice?	Level:
Does the student have an Individual Education Plan? If yes, please list key aims:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the student receive extra attention in class, i.e. non-teaching support?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the student withdrawn for Maths/English?	For Maths <input type="checkbox"/> For English <input type="checkbox"/>
Is the student in a special unit?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please state any other information you think may be helpful, what your main concerns are and what type of help is required.

Section 1: The statements below describe various behaviours often shown by adolescents. After each statement there are five tick boxes. If you feel that the description definitely describes the behaviour shown by the student then please tick the 'I strongly agree' (that this statement applies) box. If the statement does not describe the student's behaviour, then please tick the 'I strongly disagree' or 'I disagree' box as appropriate. Please choose the most appropriate of the five options in each case. Please place just one tick against each statement.

		I strongly agree	I agree	I neither agree nor disagree	I disagree	I strongly disagree
Example: I agree, this statement describes the student somewhat			x			
Example: I strongly disagree, this statement is not like the student at all						x
1.	Finds reading out aloud very difficult					
2.	Had/has great difficulty learning to write					
3.	Usually gets confused or muddled when given several instructions at once					
4.	Has difficulty sounding out words like el-e-phat					
5.	Reading speed is very slow compared to peers					
6.	Often reverses some letters when writing					
7.	Frequently loses place or misses out lines when reading					
8.	Needs to read text more than once to gain understanding					
9.	If asked, says that words jump around on the page when reading					
10.	Regularly writes shorter creative pieces or essays than his/her peers					
11.	Is unable to do sums 'in the head' i.e. without using fingers or paper					
12.	When writing, avoids using words that he/she cannot spell					
13.	Finds copying things down very difficult					
14.	Regularly makes spelling errors					
15.	Regularly fails to recognise known words					

Section 2: As before, please tick the most appropriate response. There are no right or wrong answers.

		I strongly agree	I agree	I neither agree nor disagree	I disagree	I strongly disagree
16.	Finds turn-taking hard					
17.	Has difficulty controlling the volume of his/her voice					
18.	Finds interacting with others very difficult					
19.	Avoids group situations; finds group activities difficult					
20.	Finds it hard to cope if routines change in the day (e.g. a new supply teacher comes into class, or a change in food for lunch)					
21.	Finds making and keeping friends difficult					
22.	Has routines that need to be undertaken in a certain way every day (e.g. washing hands, dressing, arranging locker or bedroom)					
23.	Finds starting a conversation hard					
24.	Prefers to engage in solitary interests or hobbies					
25.	Often makes inappropriate comments to or about others					
26.	Appears anxious in group settings e.g. class discussion, family gatherings, parties					
27.	Misinterprets the intention of others e.g. joke-telling, sarcasm					
28.	Finds making appropriate eye contact difficult					
29.	Regularly interprets instructions or rules very literally					
30.	Poor at recognising others' feelings					

Section 3: As before, please tick the most appropriate response. There are no right or wrong answers.

		I strongly agree	I agree	I neither agree nor disagree	I disagree	I strongly disagree
31.	Finds it very difficult to keep attention on a task					
32.	Often seems distracted when someone is talking to him/her					
33.	Seems to forget things that have been taught recently					
34.	Finds concentrating on homework or lessons hard					
35.	Main interests are different from those of his/her peers					
36.	Defiant when compared with peers					
37.	Argues with adults more than his/her peers or siblings do					
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39.	Responds badly to being told what to do by adults					
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42.	Answers out of turn during a conversation					
43.	Appears restless, fidgety and on the go all of the time					
44.	Has difficulty waiting his/her turn					
45.	Compared with peers, acts inappropriately in social situations					

Section 4: As before, please tick the most appropriate response. There are no right or wrong answers.

		I strongly agree	I agree	I neither agree nor disagree	I disagree	I strongly disagree
46.	Regularly late, a very poor time-keeper					
47.	Very disorganised					
48.	Often loses objects or possessions					
49.	Appears untidy compared to peers/ becomes untidy quickly					
50.	Regularly fails to write down or remember homework tasks					
51.	Compared with peers, finds dressing and undressing at speed e.g. shoelaces, ties and fastenings etc. very difficult					
52.	Writing is poor with regard to spacing, letter formation, writing on the line					
53.	Finds ball games (e.g. netball, football) hard					
54.	Appears clumsy (knocks into or spills things)					
55.	Has great difficulty using equipment, (e.g. can opener, protractor, ruler, opening bags of crisps, managing cutlery or scissors)					
56.	Finds writing at speed very difficult					
57.	Has very untidy writing, difficult to read					
58.	Has great difficulty maintaining an upright posture while sitting					
59.	When writing an essay or assignment, seems to tire easily compared to peers e.g. writes less or hand aches					
60.	Regularly stands too close or too far away when conversing					
61.	Has difficulty hopping/jumping					

Please attach extra sheets if necessary.

Has this student ever been diagnosed as having any learning difficulties? Yes No

If yes, please describe what these were.

Who was the diagnosis given by?

Has this student had any health or educational problems that have led to frequent absence from school? Yes No

If yes, please describe what these were.

Signed:.....Name:.....Date:.....

THANK YOU FOR YOUR CO-OPERATION
Please return to: The Dyscovery Centre, University of Wales, Newport, Allt-Yr-Yn Campus,
Newport NP20 5DA

ADOLESCENT QUESTIONNAIRE

Name:..... Date of Birth:.....

Address:.....

To help us help you, please answer all the questions and give as much information as you can. Some questions will only need a YES or NO answer.
 If you find the writing difficult, please ask someone to help you.

What do you consider to be the things you have greatest difficulty with?

What would you like help with?

About You and the Things You Like to Do

Do you have a particular best friend or group of friends?	Yes / No
Do you have a friend or group of friends that you have had since primary school?	Yes / No
What sorts of things do you do with your friends?	
Do you prefer to be on your own?	Yes / No
Have you ever been bullied?	Yes / No
Do you mind being in crowded places?	Yes / No
Are you confident about going out on your own?	Yes / No
Do you usually understand what others are asking you to do?	Yes / No
Do you have a part-time job such as a paper-round?	Yes / No

Can you use public transport by yourself?	Yes / No
Can you use the telephone/mobile to find out information?	Yes / No
Would you know what to do in an emergency, such as if someone burnt themselves in the kitchen?	Yes / No
Would you know what to do if you ran out of money when you were away from home?	Yes / No
Do you usually get to class on time?	Yes / No
Do you need help using money?	Yes / No
Do you need help using bus/train timetables?	Yes / No
Do you use a calendar or diary?	Yes / No
Do you have any difficulty finding your way to places?	Yes / No
What sorts of things do you like doing in your own time?	
Is there anything that worries you at home? If yes, what?	Yes / No
What is your relationship like with:	
your parents	Not good / OK / Good
your brothers and sisters (if you have them)?	Not good / OK / Good

Learning Skills

Do you find it easier to learn when:	
• you have been shown what to do	Yes / No
• when you read information	Yes / No
• just listen to instructions	Yes / No
Is it easy for you to take down notes and write in class when information is dictated?	Yes / No
Is it easy for you to copy diagrams or drawings from a book or off a board?	Yes / No
Can you get your work completed in the time allowed in lessons?	Yes / No
Do you find it easier to use a computer rather than to write?	Yes / No
Do you think you are organised in school e.g. do you remember your pencil case, books and P.E. kit etc.?	Yes / No

When you are reading, do words ever blur or move about on the page?	Yes / No
Do you find it hard to write down what it is you want to say?	Yes / No
Do you have any special jobs or responsibilities in school?	Yes / No
Do you need help with your homework?	Yes / No
Do you have any difficulties in examinations:	
• cannot understand the questions	Yes / No
• not enough time to answer	Yes / No
Do you find using tools and apparatus in science and technology difficult?	Yes / No
Do you prefer practical subjects or those where you have to listen and write?	Practical / Writing
Is there anything that worries you in school?	Yes / No
If yes, what worries you?	
What would you like to do when you leave school?	
What three things do you find hardest to do in school?	
1.	
2.	
3.	
What are the best parts of school for you?	
1.	
2.	
3.	

Health and Well-being

How often do you wake up during the night?	Never / Occasionally / Often
Do you run out of energy quickly?	Never / Occasionally / Often
Do you get more tired than your friends?	Never / Occasionally / Often
How often do you do sports or physical activities?	Never / Occasionally / Often

Do you have a healthy diet e.g. do you eat fruit and vegetables every day?	Yes / No
Do you ever suffer from backache?	Yes / No
Do you have headaches more than once a week?	Yes / No
Do you ever have any pains in your joints?	Yes / No
If so, where?	
Do you ever feel really down and miserable?	Yes / No

At Home

Do you find it hard to manage fiddly things such as zips, buttons, earrings etc?	Yes / No
Is it easy for you to manage:	Yes / No
• cleaning teeth?	Yes / No
• washing hair?	Yes / No
• shaving?	Yes / No
• cutting nails?	Yes / No
• putting on makeup / using feminine hygiene? (if applicable)	Yes / No N/A
Can you make yourself:	
• a snack?	Yes / No
• a simple meal?	Yes / No
• a drink?	Yes / No
Do you have any special jobs or responsibilities at home?	Yes / No
Do you think you are organised at home?	Yes / No
Do you keep your bedroom tidy?	Yes / No
Can you find things easily?	Yes / No
Did you need help to fill in this form?	Yes / No
If someone else completed the form for you, please tell us who this was.	

Signed:.....**Name:**.....**Date:**.....

Thank you for spending time filling this in.



CANOLFAN DYSCOVERY CENTRE

University of Wales, Newport
Allt-yr-yn Campus
NEWPORT
NP20 5DA

Tel: 01633 432 330

Fax: 01633 432 331

E-mail: dyscoverycentre@newport.ac.uk

National Health Provider No. 8WE87

Dear Dr

The Dyscovery Centre is an independent Health & Education service, whose team is made up of State Registered professionals such as Occupational Therapists, Physiotherapists, Speech & Language Therapists and Educational Psychologists. The Centre specialises in living and learning difficulties, in particular Developmental Co-ordination Disorder, Dyspraxia and Dyslexia.

The Centre is an approved NHS provider (No. 8WE87) and is therefore able to take tertiary referrals.

Your patient has approached our service in a private capacity to ascertain whether we are able to help. Before making any recommendations, we require detailed background information from themselves and from school, and this is obtained through questionnaires and previous reports.

We would be grateful for any information that you think may be helpful. In this way best practice is ensured and facilitates communication between the Centre and local services.

If you have any queries or would like to discuss the services provided at the Centre, please do not hesitate to contact me.

Yours sincerely

Amanda Kirby MBBS, MRCP, MFFP
Medical Director

I as parent/guardian of give permission for

Dr to release relevant information for the referral of the above patient.

Signed:

Date:



The Dyscovery Centre GP Form

Patient Name:

Address:

.....

..... **Post Code**

I confirm that the above named person is a patient at this surgery and enclose supporting information to assist with the appointment / supporting information is not applicable (please delete as appropriate).

Practice Name:

GP Name:

Practice Address:

.....

..... **Post Code**.....

Telephone Number:

PRACTICE STAMP