



## Confidential Questionnaire

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Name of Pupil: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

School: \_\_\_\_\_

Year in school: \_\_\_\_\_ Birth position in the family: \_\_\_\_\_

Briefly describe the reasons why you are referring \_\_\_\_\_ for an EP assessment:

Are there any family members who have reading, spelling, and language difficulties?

What are your main concerns at school?

Have you concerns at home?

At what age did the difficulties first come to your attention?

Any other allergies or information that would be useful for me to know about:

Please comment on general health?

What outcomes would you expect from an assessment and discussion?

Parent's name \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_