

## DYSLEXIA PARENT INFORMATION FORM FOR ENGLISH (NON-LEP) SPEAKING STUDENTS

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_ Grade: \_\_\_\_\_ Campus: \_\_\_\_\_

Date: \_\_\_\_\_

**DIRECTIONS:** To aid in assessing the problems your child is experiencing in school and to detect the possibility of the presence of dyslexia, please complete the following questions.

Parent(s) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Mother's Work #: \_\_\_\_\_ Father's Work #: \_\_\_\_\_

Educational level completed by: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

How many siblings does the child have? \_\_\_\_\_ Brothers \_\_\_\_\_ Sisters

How many siblings are living in the home? \_\_\_\_\_

Do any family members have a history of learning or speech problems? ☐ Yes ☐ No

If "Yes", please explain: \_\_\_\_\_

Have there been any important changes within the family during the last three (3) years (i.e., job changes, deaths, births, illnesses, separations, divorce)? ☐ Yes ☐ No

If "Yes", please explain: \_\_\_\_\_

Compared to other children in the family, is this child's ability to learn information taught at school:

☐ slower ☐ about the same ☐ better developed

Compared to other children in the family, did this child reach developmental milestones at:

☐ slower rate ☐ about the same rate ☐ faster rate

Has your child ever been retained? ☐ Yes ☐ No

If "Yes", what grade? \_\_\_\_\_

Do you feel that your child is experiencing problems in school? ☐ Yes ☐ No

If "Yes", please describe the problem(s):

☐ Learning/Academic: \_\_\_\_\_

☐ Behavior: \_\_\_\_\_

☐ Speech: \_\_\_\_\_

☐ Medical/Physical: \_\_\_\_\_

☐ Other: \_\_\_\_\_

### MEDICAL HISTORY:

Were there any problems before, during or immediately after your pregnancy? ☐ Yes ☐ No

If "Yes", please explain: \_\_\_\_\_

Did your child have multiple episodes of middle ear fluid build-up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please explain: _____		
Does your child have chronic earaches (otitis media) or ear tubes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please explain: _____		
Has your child been examined for vision problems or glasses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please explain: _____		
Is your child currently prescribed glasses to correct their vision problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please explain: _____		
Does your child have any other physical/health problems, such as allergies, asthma, ADHD, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please explain: _____		
Is your child currently under the care of a physician and/or taking prescription medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please explain: _____		

**ADDITIONAL EARLY CHILDHOOD INFORMATION:**

Began saying their first words at:	<input type="checkbox"/> 1 year +/-	<input type="checkbox"/> 2 years
Began to speak in phrases:	<input type="checkbox"/> 1 ½ to 2 years	<input type="checkbox"/> 2 years +

Did your child have mild speech or articulation problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please explain: _____		
Did your child have trouble rhyming words?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please explain: _____		
Did you read to your child from books or magazines before they attended school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your child able to recognize and name colors before they attended school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your child able to count to 10 independently before they attended school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your child able to put puzzles together independently before they attended school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did your child attend pre-school (public or private)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", did the pre-school provide a structured curriculum for reading and writing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did your child attend kindergarten (public or private)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", did the kindergarten provide a structured curriculum for reading and writing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If your child attended either pre-school and/or kindergarten, did the teacher ever mention or indicate that your child was experiencing any reading or writing difficulties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please explain: _____		

**INTERESTS AND STRENGTHS:**

Does your child enjoy: (check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Reading books          | <input type="checkbox"/> Poetry                 | <input type="checkbox"/> Journal writing            |
| <input type="checkbox"/> Coloring               | <input type="checkbox"/> Science                | <input type="checkbox"/> Computers/technology       |
| <input type="checkbox"/> Drawing                | <input type="checkbox"/> Math                   | <input type="checkbox"/> Playing with their friends |
| <input type="checkbox"/> Other: (specify) _____ | <input type="checkbox"/> Other: (specify) _____ | <input type="checkbox"/> Other: (specify) _____     |
| <input type="checkbox"/> Other: (specify) _____ | <input type="checkbox"/> Other: (specify) _____ | <input type="checkbox"/> Other: (specify) _____     |

Does your child participate in or play: (check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Sports                 | <input type="checkbox"/> Card games             | <input type="checkbox"/> Musical instrument     |
| <input type="checkbox"/> Karate                 | <input type="checkbox"/> Computer games         | <input type="checkbox"/> Singing                |
| <input type="checkbox"/> Board games            | <input type="checkbox"/> Acting                 | <input type="checkbox"/> Debate                 |
| <input type="checkbox"/> Other: (specify) _____ | <input type="checkbox"/> Other: (specify) _____ | <input type="checkbox"/> Other: (specify) _____ |
| <input type="checkbox"/> Other: (specify) _____ | <input type="checkbox"/> Other: (specify) _____ | <input type="checkbox"/> Other: (specify) _____ |

Please complete the following questions by checking either the "YES" or "No".

**EARLY YEARS:**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Talked later than his/her siblings or peers
<input type="checkbox"/>	<input type="checkbox"/>	Used "baby talk" that continued past the normal stage
<input type="checkbox"/>	<input type="checkbox"/>	Had difficulty pronouncing words. (i.e., "busgetti" for "spaghetti", "mawn lower" for "lawn mower")
<input type="checkbox"/>	<input type="checkbox"/>	Did not enjoy listening to books with rhyme
<input type="checkbox"/>	<input type="checkbox"/>	Unable to recite popular nursery rhymes
<input type="checkbox"/>	<input type="checkbox"/>	Unable to recall the right word. Child may "talk around the word." ("Um, um, um... I forgot")
<input type="checkbox"/>	<input type="checkbox"/>	Had difficulty learning/saying a new vocabulary word
<input type="checkbox"/>	<input type="checkbox"/>	Overuses vague words like "stuff" or "that thing"
<input type="checkbox"/>	<input type="checkbox"/>	Hard to follow the conversation because the sentences are filled with pronouns or words lacking in specificity. (i.e., "The things were all mixed up, but I got the stuff anyway.")
<input type="checkbox"/>	<input type="checkbox"/>	Has difficulty telling and/or retelling stories in correct sequence
<input type="checkbox"/>	<input type="checkbox"/>	Able to easily express him/herself with correct articulation

**BEFORE THE CHILD STARTED SCHOOL:**

<input type="checkbox"/>	<input type="checkbox"/>	Had trouble learning the alphabet, numbers, days of the week, colors and shapes
<input type="checkbox"/>	<input type="checkbox"/>	Had trouble learning to spell and write his/her name
<input type="checkbox"/>	<input type="checkbox"/>	Had difficulty reciting the alphabet <b>without</b> singing the song
<input type="checkbox"/>	<input type="checkbox"/>	Had difficulty identifying letters when presented at random
<input type="checkbox"/>	<input type="checkbox"/>	Had difficulty learning the sounds that letters make

**ONCE ENROLLED IN SCHOOL:**

<input type="checkbox"/>	<input type="checkbox"/>	Child spends more time than is expected or normal on homework
<input type="checkbox"/>	<input type="checkbox"/>	Child needs an extraordinary amount of help with homework
<input type="checkbox"/>	<input type="checkbox"/>	Child prefers to be read to rather than reading to you

**FAMILY HISTORY OF DYSLEXIA:**

<input type="checkbox"/>	<input type="checkbox"/>	Other family members have been diagnosed with dyslexia and/or learning problems If "Yes": <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister If "Yes", who diagnosed the dyslexia? _____
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Please include all additional information that might assist us in helping your child.

Return this form with the Parent Consent for Evaluation to:

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