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ADULT QUESTIONNAIRE

Your Name: Date of Birth:

Address:

Telephone Number:

Place of Work/Study:

Telephone Number:

1. ***What difficulties are you having with the accuracy and fluency of your reading, writing, spelling and arithmetic?***

2. ***What difficulties have you had in the past (if possible, photocopy old school reports if they illustrate this):***

3. ***What educational qualifications do you have?***

4. ***Please give details of past and current health, including whether you have ever had speech therapy, or any hearing or visual impairment:***

5. ***Describe any difficulties that people in your family may have experienced with learning:***

6. ***What special help have you received in the past? Describe the effort and time that has been involved.***

7. ***What special examination arrangements have you had in past examinations?***

If you have ever been assessed in the past please attach photocopies of those assessments to this report. This is very important.

Signature:

Date of completion:

Thank you very much for taking the time to complete this questionnaire.