



This student has asked for our guidance on his/her abilities and difficulties in learning and the management of any special needs which may be identified. We value the knowledge and experience you have of him/her, and would, therefore, appreciate your co-operation in completing this form. We shall incorporate what you say in our report.

LEARNING SUPPORT TUTOR QUESTIONNAIRE
FOR COMPLETION BY THE STUDENT SUPPORT SERVICE/DYSLEXIA SUPPORT

Student's Name:

Course:

Year:

Date of Birth:

Age:

Department:

Address:

Telephone Number:

1. Please describe the purpose of this assessment.

2. Please describe your view of the extent, severity and persistence of any learning difficulties the student is currently experiencing (eg your observations of the accuracy and fluency of their basic skills and the amount of time and effort required to learn specific skills):

