

## Dyslexia Checklist

**Name:**

**City or Town:**

**Contact Telephone Number:**

**E-Mail Address:**

Tick all that apply

### Background Information

- Any literacy difficulties in the family
- Ear infections/ glue ear.
- Hearing difficulties
- Vision difficulties: squint, lazy eye, other
- Speech difficulties/ late talker
- Co-ordination difficulties/dressing/ tying shoelaces, catching a ball
- Any serious health issues

### Learning

- Difficulties learning alphabet/ times tables
- Difficulties learning nursery rhymes
- Gets words muddled eg cumbumber/ flutterby
- Likes listening to stories but shows no interest in reading
- Has good and bad days for no reason
- Untidy writing compared with speaking ability
- Confuses left and right
- Had/ still has no handedness preference

### Memory

- Finds it hard to carry out more than one instruction at a time
- Forgets names of friends, teachers, colours etc
- Badly organised
- Difficulties with days of the weeks, months of the year

## Time

- Has difficulty with telling the time
- Poor time keeping skills
- Difficulties with yesterday, today, tomorrow

## Behaviour

- Often in trouble at school
- Often tired

**Any other relevant information: (add another page if necessary)**

Please Note:

The information you supply on this form will be used solely for us to determine whether you may need testing for Dyslexia and for us to make contact with you to discuss this further. At no stage are you under any obligation to have a full assessment. Nor will your details be passed onto any third party. If, as a result of completing this form and discussing your symptoms, you decided to go no further then the form will be destroyed.

On Completion please return the form to Literacy Solutions 3 Squire Road Nelson, Lancashire, BB9 0NS. Or return by email to [paul@literacysolutions.co.uk](mailto:paul@literacysolutions.co.uk)