

Dyslexia Evaluation Checklist: Parent Form

Student's Name (Last) _____ (First) _____ Date _____

Respondent's Name (Last) _____ (First) _____

Preferred Form of Address: Mr. Mrs. Ms. Miss

Relationship:

- Relationship options: 1. Mother, 2. Father, 3. Guardian, 4. Stepmother, 5. Stepfather, 6. Grandmother, 7. Grandfather, 8. Sister, 9. Brother, 10. Aunt, 11. Uncle, 12. Other (specify)

Check only the items that describe your child. Provide examples where indicated.

A. Development

- Development items: 1. Has a history of ear infections, 2. Had ear tubes inserted, 3. Had difficulty learning to talk, 4. Had speech therapy, 5. Currently has speech therapy, 6. Had some difficulty pronouncing new words, 7. Currently has some difficulty pronouncing new words, 8. Mispronounces some words by putting the sounds in the wrong order, 9. Has difficulty following directions, 10. Has difficulty remembering the details of a story that has been read aloud, 11. Has difficulty with word retrieval such as remembering the names of people and places, 12. Often uses the wrong word when speaking or has difficulty recalling the word he/she wants to use

B. Family History

- Family History items: 1. Has one or more family members who have/had difficulty learning to read and spell, 2. Has one or more family members who have/had difficulty with attention

C. Nonreading Skills

- Nonreading Skills items: 1. Is creative (e.g., loves to draw, sing, act, invent), 2. Is good at assembling puzzles, 3. Enjoys many activities that do not require reading

D. Prereading Skills

- Prereading Skills items: 1. Likes to listen to books, 2. Does not like to look at print when listening to books read by others, 3. Had trouble learning how to rhyme words, 4. Currently has trouble rhyming words, 5. Had trouble learning the alphabet, 6. Has trouble remembering letter sounds, 7. Has trouble breaking apart the sounds in words and then blending them back together to pronounce the words, 8. Currently has difficulty recognizing some letters, 9. Complains about having to read, 10. Shows anxiety or frustration about having to read, 11. Dislikes reading aloud

E. Reading Skills

- Reading Skills items: 1. Confuses little words that look alike (e.g., who and how, was and saw), 2. Does not read as well as others the same age, 3. Takes a long time to finish homework that requires reading, 4. Reads slowly and often has to reread to understand what he/she is reading, 5. Needs a parent to read the assigned text aloud prior to doing the assignment

F. Spelling and Writing Skills

- Spelling and Writing Skills items: 1. Spells words the way they sound rather than the way they look, 2. Knows how to spell a word but then forgets it, 3. May spell the same word in different ways on the same page, 4. Had difficulty with handwriting, 5. Currently has difficulty with handwriting, 6. Has difficulty with written assignments

G. Additional concerns:

Additional concerns section with blank lines for notes.

Parent's Checklist: School Age

Child's Name (Last) _____ (First) _____ Date _____

Respondent's Name (Last) _____ (First) _____

Preferred Form of Address: Mr. Mrs. Ms. Miss

Relationship:

- | | | |
|--|---|--|
| <input type="checkbox"/> 1. Mother | <input type="checkbox"/> 5. Stepfather | <input type="checkbox"/> 9. Brother |
| <input type="checkbox"/> 2. Father | <input type="checkbox"/> 6. Grandmother | <input type="checkbox"/> 10. Aunt |
| <input type="checkbox"/> 3. Guardian | <input type="checkbox"/> 7. Grandfather | <input type="checkbox"/> 11. Uncle |
| <input type="checkbox"/> 4. Stepmother | <input type="checkbox"/> 8. Sister | <input type="checkbox"/> 12. Other (specify) _____ |

Part I: Current Home and Health Status

Please check one item for each category.

A. With whom does your child live?

- 1. Both parents (together in one home)
- 2. Mother
- 3. Father
- 4. Mother and stepfather
- 5. Father and stepmother
- 6. Both parents (in two different homes)
- 7. Foster parents
- 8. Other (specify) _____

B. Was your child adopted?

- 0. I don't know
- 1. No
- 2. Yes (At what age? _____)

C. Are any languages other than English spoken in your home?

- 1. No
- 2. Yes (specify language[s]) _____

D. How many other children live in your home?

- 0. None
- 1. One (age _____)
- 2. Two (ages _____, _____)
- 3. Three (ages _____, _____, _____)
- 4. Four (ages _____, _____, _____, _____)
- 5. Other (ages _____, _____, _____, _____, _____)

E. Have there been any recent changes in family life (for example, a birth, a divorce, or a move to a new home)?

- 1. No
- 2. Yes (specify) _____

F. What is your child's overall physical health?

- 0. I don't know
- 1. Is usually in good health and physically fit
- 2. Is generally in good health
- 3. Has a health condition that does not require medication (specify health condition) _____
- 4. Has a health condition that requires medication (specify health condition) _____

G. Has your child ever sustained a head injury?

- 0. I don't know
- 1. No
- 2. Yes

If Yes, please answer parts a, b, and c below.

a. How serious was this injury?

- 1. Not serious
- 2. Slightly serious
- 3. Serious
- 4. Very serious

b. How long ago did the injury occur?

- 1. Within the past year
- 2. 1 to 2 years ago
- 3. 2 to 3 years ago
- 4. 3 to 4 years ago
- 5. More than 4 years ago

c. Was the child unconscious?

- 0. I don't know
- 1. No
- 2. Yes (specify amount of time) _____

H. Has your child ever had a serious illness?

- 0. I don't know
- 1. No
- 2. Yes

If Yes, please answer parts a and b below.

a. What was the most serious illness? _____

b. At what age did the illness initially occur? _____

I. Does your child have seizures?

- 0. I don't know
- 1. No
- 2. Yes

If Yes, how frequent are the seizures?

- a. I don't know
- b. Less than once a month
- c. About once a month
- d. More than once a month
- e. About once a week
- f. More than once a week

J. How would you describe your child's vision?

- 0. I don't know
- 1. Has normal or near normal vision without corrective lenses
- 2. Has normal or near normal vision when corrective lenses are worn
- 3. Has visual difficulties but does not wear corrective lenses
- 4. Has visual difficulties despite wearing corrective lenses
- 5. Has severe visual impairment

K. Has your child had a recent vision test?

- 0. I don't know
- 1. No
- 2. Yes

If Yes, please answer parts a and b below.

- a. Specify month and year of test (____/____)
- b. What type of vision test did your child receive? (Check only one.)
 - 1. Screening only
 - 2. Optometrist's evaluation
 - 3. Ophthalmologist's examination

L. How would you describe your child's hearing?

- 0. I don't know
- 1. Can hear in most situations (does not use a hearing aid)
- 2. Can hear in most situations with a hearing aid
- 3. Has difficulty hearing but does not use a hearing aid
- 4. Has difficulty hearing even when using a hearing aid
- 5. Has severe hearing impairment

M. Has your child had a recent hearing test?

- 0. I don't know
- 1. No
- 2. Yes

If Yes, please answer parts a and b below.

- a. Specify month and year of test (____/____)
- b. What type of hearing test did your child receive? (Check only one.)
 - 1. Screening only
 - 2. Audiologist's evaluation
 - 3. Ear, nose, and throat physician's examination

N. How much sleep does your child typically get each night?

- 0. I don't know
- 1. Less than 6 hours
- 2. 6 to 7 hours
- 3. 7 to 8 hours
- 4. 8 to 9 hours
- 5. 9 to 10 hours
- 6. More than 10 hours
- 7. Amount of sleep varies from night to night

O. How soundly does your child sleep?

- 0. I don't know
- 1. Sleeps so soundly that he or she cannot be woken easily
- 2. Usually sleeps soundly (typical for age)
- 3. Usually wakes at least once during the night
- 4. Doesn't seem able to sleep soundly
- 5. Does not apply

P. Has your child shown any recent changes in appetite?

- 0. I don't know
- 1. No
- 2. Yes (specify) _____

Q. Does your child frequently complain about not feeling well?

- 0. I don't know
- 1. No
- 2. Yes (specify) _____

R. Has any other member of your child's immediate family experienced personal, social, or learning problems?

- 0. I don't know
- 1. No
- 2. Yes (specify) _____
- 3. Does not apply

Part II: Birth History

Please check one item for each category, unless specified otherwise.

A. What was the birth mother's condition during pregnancy?

- 0. I don't know
- 1. Normal; no health problems
- 2. Mother had health problems (specify) _____
- 3. Mother had health problems related to substance abuse (specify) _____

B. How would you describe your child's birth? (Check all that apply.)

- 0. I don't know
- 1. Normal (no unusual problems)
- 2. Premature birth (weeks premature: _____)
- 3. Lengthy labor (more than 24 hours)
- 4. Complications at delivery (specify) _____

C. What was your child's condition immediately after birth? (Check all that apply.)

- 0. I don't know
- 1. Healthy (normal)
- 2. Injured at birth
- 3. Had difficulty starting to breathe
- 4. Jaundice
- 5. Had an infection
- 6. Seizures
- 7. Drug-dependent
- 8. Placed in incubator
- 9. Critical; placed in intensive care
- 10. Low birth weight (specify weight, if known _____)
- 11. High birth weight (specify weight, if known _____)
- 12. Low Apgar score (qualify, if needed) _____
- 13. Had a blood transfusion
- 14. Other (specify) _____

Part III: Infancy and Early Childhood History

A. Choose up to three words that best describe your child's temperament (personality) during infancy and early childhood.

- 0. I don't know
- 1. Active
- 2. Affectionate
- 3. Alert
- 4. Attentive
- 5. Calm
- 6. Colicky
- 7. Curious
- 8. Demanding
- 9. Determined
- 10. Difficult
- 11. Fearful
- 12. Fussy
- 13. Happy
- 14. Imitative
- 15. Independent
- 16. Irritable
- 17. Loving
- 18. Observant
- 19. Playful
- 20. Screaming
- 21. Shy
- 22. Stubborn
- 23. Withdrawn

B. How would you rate your child's early motor skills development, such as sitting up, crawling, and learning to walk?

- 0. I don't know
- 1. Developed earlier than most other children
- 2. Seemed to be typical
- 3. Developed later than most other children
- 4. Does not apply

C. How would you rate your child's early language development, such as speaking first words, asking simple questions, and talking in sentences?

- 0. I don't know
- 1. Developed earlier than most other children
- 2. Seemed to be typical
- 3. Developed later than most other children
- 4. Does not apply

D. Did your child have frequent ear infections (more than four within a 12-month period)?

- 0. I don't know
- 1. No
- 2. Yes

If Yes, at what age(s)? (Check all that apply.)

- a. <1
- b. 1
- c. 2
- d. 3
- e. 4
- f. 5

Part IV: Child's Preschool History

Please check one item for each category.

A. Did your child attend preschool (not daycare)?

- 0. I don't know
- 1. No
- 2. Yes

If Yes, beginning at what age?

- a. 2
- b. 3
- c. 4
- d. 5

B. During ages 3 through 5, how would you rate your child's cognitive development, such as counting, knowledge of the alphabet, and general knowledge and understanding?

- 0. I don't know
- 1. Seemed to learn more easily (or sooner) than most other children
- 2. Seemed to be typical
- 3. Seemed to have more difficulty learning (or learned later) than most other children
- 4. Does not apply

C. During ages 3 through 5, how would you rate your child's social development, such as ability to play with others, development of friendships, and relationships with adults?

- 0. I don't know
- 1. Seemed to develop social skills more easily (or sooner) than most other children
- 2. Seemed to be typical
- 3. Seemed to have more difficulty developing social skills (or learned later) than most other children
- 4. Does not apply

D. How difficult was your child's behavior to manage during the preschool years?

- 0. I don't know
- 1. Very easy to manage
- 2. Seemed to be typical
- 3. Somewhat difficult to manage
- 4. Very difficult to manage
- 5. Does not apply

Part V: School History

Please check one item for each category.

A. Has your child ever repeated a grade?

- 0. I don't know
- 1. No
- 2. Yes (If Yes, what grade was, or is being, repeated? _____)
- 3. Does not apply

B. Has your child ever received special educational services, such as resource room instruction, speech therapy, or an individualized education program?

- 0. I don't know
- 1. No
- 2. Yes

If Yes, please answer parts a and b below.

a. Briefly describe special education services received

b. When did your child first receive these services?

Age/grade (circle one) _____

- 3. Does not apply

C. Do you believe that your child has learning problems?

- 0. I don't know
- 1. No
- 2. Maybe
- 3. Yes (describe) _____
- 4. Does not apply

D. If you believe your child has learning problems, how long have you been concerned about this?

- 0. I don't know
- 1. For a couple of months
- 2. For about 6 months
- 3. For about 9 months
- 4. For about 1 year
- 5. For about 2 years
- 6. For about 3 years
- 7. For about 4 years
- 8. For about 5 or more years
- 9. Does not apply

Part VI: Current Temperament and Mood

A. Choose up to three words that best describe your child's current temperament (personality).

- 0. I don't know
- 1. Accommodating
- 2. Active
- 3. Affectionate
- 4. Argumentative
- 5. Attentive
- 6. Calm
- 7. Caring
- 8. Conscientious
- 9. Demanding
- 10. Determined
- 11. Difficult
- 12. Emotional
- 13. Enthusiastic
- 14. Happy
- 15. Hyperactive
- 16. Impatient
- 17. Impulsive
- 18. Independent
- 19. Insecure
- 20. Intelligent
- 21. Irritable
- 22. Motivated
- 23. Obedient
- 24. Outgoing
- 25. Playful
- 26. Reserved
- 27. Self-reliant
- 28. Shy
- 29. Sociable
- 30. Stubborn
- 31. Trusting
- 32. Undisciplined
- 33. Unhappy
- 34. Unmotivated
- 35. Other (specify) _____

B. Which of the following best describes your child's typical mood?

- 0. I don't know
- 1. Usually happy
- 2. Mood is typical for age
- 3. Seems unhappy at times
- 4. Seems unhappy most of the time
- 5. None of the above (describe) _____

C. How consistent is his or her mood?

- 0. I don't know
- 1. Mood is consistent
- 2. Shows normal "highs and lows" (typical for age)
- 3. Shows intense "highs" of energy followed by periods of sadness or depression
- 4. Does not apply

Part VII: Current Behaviors

Please base your ratings on your typical observations over the past year. Check one category for each item.

A. What is your child's attitude toward school?

- 0. I don't know
- 1. Very enthusiastic about school
- 2. Generally likes school
- 3. Likes some things about school and dislikes other things
- 4. Generally dislikes school
- 5. Dislikes school so much that he or she does not want to go
- 6. Does not apply

B. How would you rate your child's level of effort toward schoolwork?

- 0. I don't know
- 1. Tries very hard to succeed
- 2. Generally tries to succeed
- 3. Effort varies
- 4. Generally doesn't try to succeed
- 5. Does not apply

C. When helping or working at home, how attentive is your child to details?

- 0. I don't know
- 1. Extremely attentive to details
- 2. Usually attends to details and concentrates when working (typical for age)
- 3. Often fails to pay close attention to details or makes careless mistakes
- 4. Does not apply

D. How would you rate your child's attention span?

- 0. I don't know
- 1. Unusually high degree of sustained attention in tasks or play activities
- 2. Usually maintains attention in tasks or play activities (typical for age)
- 3. Often has difficulty sustaining attention in tasks or play activities
- 4. Does not apply

E. How would you rate your child's listening ability?

- 0. I don't know
- 1. Always, or almost always, listens when spoken to directly
- 2. Usually listens when spoken to directly (typical for age)
- 3. Often does not seem to listen when spoken to directly
- 4. Does not apply

F. How would you rate your child's follow-through on homework?

- 0. I don't know
- 1. Always, or almost always, follows instructions and finishes homework
- 2. Usually follows instructions and finishes homework (typical for age)
- 3. Often does not follow instructions and fails to finish homework
- 4. Does not apply

G. How would you rate your child's level of organization?

- 0. I don't know
- 1. Is highly organized
- 2. Usually organizes tasks and activities (typical for age)
- 3. Often has difficulty organizing tasks and activities
- 4. Does not apply

H. How would you rate your child's response to tasks that are difficult for him or her?

- 0. I don't know
- 1. Noticeably increases level of effort
- 2. Generally persists (typical for age)
- 3. Attempts but gives up easily
- 4. Often avoids, dislikes, or is reluctant to engage in difficult tasks
- 5. Does not apply

I. How well does your child maintain personal belongings?

- 0. I don't know
- 1. Always, or almost always, keeps personal belongings in order
- 2. Usually keeps personal belongings in order (typical for age)
- 3. Often loses personal belongings
- 4. Does not apply

J. How does your child typically respond to minor distractions?

- 0. I don't know
- 1. Generally not distracted
- 2. Usually shows normal reactions and adapts (typical for age)
- 3. Often easily distracted
- 4. Does not apply

K. How often does your child remember to do assigned chores at home?

- 0. I don't know
- 1. Always, or almost always, remembers chores he or she is supposed to do
- 2. Usually remembers chores he or she is supposed to do (typical for age)
- 3. Often forgets chores he or she is supposed to do
- 4. Does not apply

L. What is your child's typical activity level when watching television, eating meals, or doing homework?

- 0. I don't know
- 1. Seems less active than others of same age and sex
- 2. Activity level is similar to others of same age and sex
- 3. Often fidgets or squirms (more than others of same age and sex)
- 4. Does not apply

M. What is your child's typical activity level in social situations outside of the home?

- 0. I don't know
- 1. Seems sluggish or lacks energy
- 2. Activity level is similar to others of same age and sex
- 3. Often runs about or climbs excessively in situations in which it is inappropriate
- 4. Does not apply

N. How well does your child play quietly when required?

- 0. I don't know
- 1. Can play quietly when required (typical for age)
- 2. Often has difficulty playing quietly
- 3. Does not apply

O. What is your child's style of motor activity?

- 0. I don't know
- 1. Awkward, seemingly clumsy
- 2. Slow, overly careful motor behavior
- 3. Motor activity seems similar to others of same age and sex
- 4. Is often "on the go" or acts as if "driven by a motor"
- 5. Does not apply

P. How much talking does your child do?

- 0. I don't know
- 1. Generally talks much less than age peers of the same sex
- 2. Amount of talking is age appropriate
- 3. Often talks excessively
- 4. Does not apply

Q. How good is your child at taking turns?

- 0. I don't know
- 1. Typically withdraws from activities that involve taking turns
- 2. Takes turns appropriately for age
- 3. Often has difficulty waiting for a turn
- 4. Does not apply

R. How well does your child interact with peers?

- 0. I don't know
- 1. Typically avoids interacting with peers
- 2. Social interaction skills are typical for age
- 3. Often interrupts or intrudes on others (butts into conversations or games)
- 4. Does not apply

Part VIII: Behavior Problems at Home

Some of the following behaviors are common at certain ages and are not of concern. Sometimes they can cause serious problems at home. If your child does not exhibit the problem behavior at home, check No and proceed to the next category. If you check Yes, briefly describe the specific behavior and rate how serious the behavior is.

A. Inattentiveness. Does your child have difficulty paying attention or concentrating at home? For example, does he or she fail to listen to specific instructions or become distracted by extraneous stimuli?

- 1. No
- 2. Yes (describe) _____

If Yes, how serious is this behavior?

- a. Not serious
- b. Slightly serious
- c. Serious
- d. Very serious

B. Overactivity. Is your child overly active for his or her age? For example, does he or she seem unable to remain seated in the car or at the dinner table, run around the house excessively, or act as if "driven by a motor"?

- 1. No
- 2. Yes (describe) _____

If Yes, how serious is this behavior?

- a. Not serious
- b. Slightly serious
- c. Serious
- d. Very serious

C. Impulsiveness. Does your child act in impulsive ways that would be considered immature for his or her age? For example, does he or she interrupt others who are talking, blurt things out, act without thinking, butt into conversations or games, or become unreasonably impatient when asked to wait?

- 1. No
- 2. Yes (describe) _____

If Yes, how serious is this behavior?

- a. Not serious
- b. Slightly serious
- c. Serious
- d. Very serious

D. Uncooperative behavior. Is your child uncooperative? For example, does he or she frequently refuse to follow instructions or rules, act defiantly, argue or talk back to adults, pout, refuse to take turns or share with other children, or cheat at games?

- 1. No
- 2. Yes (describe) _____

If Yes, how serious is this behavior?

- a. Not serious
- b. Slightly serious
- c. Serious
- d. Very serious

E. Anxiousness. Does your child seem more anxious than other children of his or her age? For example, does he or she pull his or her hair, bite his or her nails, twitch, pace, shake, repetitively tap his or her hands or feet, show a tense or worried expression, tremble, complain of a stomachache, or cry?

- 1. No
- 2. Yes (describe) _____

If Yes, how serious is this behavior?

- a. Not serious
- b. Slightly serious
- c. Serious
- d. Very serious

F. Withdrawal. Does your child seem to withdraw from other children rather than interact or play with them? For example, does he or she appear sullen or detached or prefer to be alone rather than with others?

- 1. No
- 2. Yes (describe) _____

If Yes, how serious is this behavior?

- a. Not serious
- b. Slightly serious
- c. Serious
- d. Very serious

G. Aggressiveness. Does your child act aggressively to other people or property? For example, does he or she hit, kick, bite, pinch, scratch, push, throw objects at, or spit at others; threaten, bully, or verbally abuse others; or break, deface, or destroy things?

- 1. No
- 2. Yes (describe) _____

If Yes, how serious is this behavior?

- a. Not serious
- b. Slightly serious
- c. Serious
- d. Very serious

H. Other inappropriate (nonaggressive) behaviors. Does your child behave in ways that are socially inappropriate or offensive to others? For example, does he or she swear or use vulgar language, tease others, tattle on others, talk too loudly, bother others, talk nonsense, pick his or her nose, belch, expel gas, or touch his or her genitals?

- 1. No
- 2. Yes (describe) _____

If Yes, how serious is this behavior?

- a. Not serious
- b. Slightly serious
- c. Serious
- d. Very serious