



**KEY CONCERNS**

**Briefly list the main concerns about your son / daughter:**


**What do you consider are your son / daughters strengths?**


**What would you like to gain from visiting the Assessment Centre e.g. diagnosis, practical help?**


**DEVELOPMENTAL AND EDUCATION HISTORY**

Did your son / daughter experience any serious illnesses or injuries during childhood?	
How many primary schools did your son / daughter attend?	
How many secondary schools did your son / daughter attend?	
Please describe any reasons for changing schools below:	
Please describe any difficulties your son / daughter may have had at school:	
Did your son / daughter have any other difficulties when growing up?	
Was your son / daughter ever bullied?	<b>Yes / No</b>
Did your son / daughter miss much time from school? If yes, please describe:	<b>Yes / No</b>
Did your son / daughter have any additional support in school? If yes, please describe:	<b>Yes / No</b>

**ASSESSMENT HISTORY**

Has your son / daughter ever had an assessment with a health or educational professional (e.g. Occupational Therapist, Speech and language Therapist, Physiotherapist, Educational Psychologist, Psychiatrist, Dietician etc.)

If yes, please state who, when and the outcomes of the assessment:

<b>Professional</b>	<b>Date</b>	<b>Outcome</b>

**Please attach any reports if available.**

Does your son / daughter have a diagnosis? **Yes / No**  
If yes, please state the diagnosis, who diagnosed and when?

Has your son / daughter been seen previously at the National Learning Network? **Yes / No**  
If yes, when?

**CHECKLIST**

This is a checklist to discover a little more about your son / daughter. Each point describes an activity for which we would like you to make a judgment. Read each sentence and mark how your son / daughter's ability compares to those of his/her peer group/people in similar roles by placing an **X** in the most suitable box.

**There are no right or wrong answers and confidentiality is assured.**

From the checklist, please tick any items you think your son / daughter would benefit from additional help with.

**Ability compared to Peers**

	Very Poor	Poor	Average	Good	Very Good	Help Needed
<b>School/ College/ Work Skills</b>						
Tidiness of writing (others are able to read it)						
Using computers						
Reading and understanding written Work						
Spelling						
Prioritizing workload (knowing where to start)						
Finishing a similar amount of work to peers in the same course						
<b>Attention and Concentration</b>						
Doing a task that requires a lot of thought						
Remembering to do tasks and assignments						
Finishing a task (wrapping up the final details once the bulk of the work is completed)						
Concentrating on what people say (such as in lectures, tutorials or one on one)						
Blocking out distractions such as noise or activity (e.g. in class/lectures/tutorials)						
<b>Social and Communication</b>						
Starting a conversation						
Group situations, tutorials, meetings						
Interpreting the intentions of others correctly e.g. getting the joke, understanding sarcasm						
Knowing what is expected for an assignment or task						
Coping with changes to routine (such as a temporary change in timetable or work schedule)						

	Very Poor	Poor	Average	Good	Very Good	Help Needed
Self esteem – feeling positive about himself / herself						
<b>Organisation and Coordination</b>						
Co-ordination – e.g. sports, using apparatus / equipment (if appropriate)						
Organisation skills- keeping notes etc in good order						
Punctuality – being on time or a little early						
Remembering important dates such as assignment hand-in or exams						
<b>Everyday Living Skills</b>						
Managing money paying bills, finance						
Shopping – handling money and change						
Finding his/her way around new places						
Doing hair, shaving, cleaning teeth, applying make-up (if applicable!)						
Cooking meals and snacks						

**Please add any details or descriptions of any tasks/ activities your son / daughter finds particularly challenging:**


**FURTHER INFORMATION (Please add additional sheets if necessary)**

**Please state any other information you think may be helpful.  
E.g. how your son / daughter's difficulties are presenting in their work or social interaction.**


**What support do you feel your son / daughter requires?**


**HISTORICAL OVERVIEW**

To conclude, could you on a separate sheet, give a concise overview of what has happened in the past including assessment and treatment received to date. Please also tell us something about your child's likes and dislikes.

**BEFORE RETURNING YOUR INFORMATION TO US, PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS STATED IN THE INFORMATION PACK.**

<b>Also check you have enclosed:</b>	
The administration fee <input type="checkbox"/>	An Adolescent / Adult Questionnaire <input type="checkbox"/>
All relevant and background information <input type="checkbox"/>	A Teacher / Tutor Questionnaire <input type="checkbox"/>
A photograph of your child for our records <input type="checkbox"/>	

Signed..... Name..... Date.....

**THANK YOU. PLEASE RETURN QUESTIONNAIRE TO:**  
 The Assessment Service, Block A, Institute of Technology, Blanchardstown,  
 Blanchardstown Rd. North, Dublin 15.