**Children (under 16 yrs)**

**Dyslexia Assessment**

**Booking Pack**

**Name of Child: ……………………………………………………………………..**

**Date of Birth and Age of Child: …………………………………………………**

**Please read the information sheet that accompanies this booking pack carefully as this will provide important information about the type of assessments available, the assessment process and what to expect, and answers to other frequently asked questions.**

**The Assessment Booking Process:**

|  |
| --- |
| **Child Diagnostic Assessment (pre-16)**  **Booking Form** |

**Please complete this booking pack to book a diagnostic assessment for a child. Please return the completed booking pack by email to: assessments@bdadyslexia.org.uk**

|  |  |
| --- | --- |
| **BDA Office use only:** | |
| **Booking Reference: CHD** | **Account Code T17** |

|  |  |
| --- | --- |
| **Details of Booking** | |
| **Name of Parent/Carer:** |  |
| **Home Address :** |  |
| **Contact Telephone numbers:** |  |
| **Contact Email:** |  |
| **Name of Child:** |  |
| **Child's date of birth:**  Please note we cannot assess children under the age of 7 years. |  |

|  |  |  |
| --- | --- | --- |
| **Please indicate if the assessment is to be with a Specialist Teacher Assessor OR a Psychologist:**  **(Please note the assessment will take up to four hours)** | | **Tick Here** |
| **Specialist Teacher Assessor** | **£450.00 plus VAT @ 20% = £540.00** |  |
| **Psychologist** | **£600.00 plus VAT @ 20% = £720.00** |  |

|  |  |
| --- | --- |
| **Are there any dates that you are NOT available in the next 2 months?** | **Y / N** |
| If yes, please give details: |  |

**Method of Payment:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cheque (please make payable to the B.D.A.) | | **☐** | Card (please complete details below) | **☐** |
|  | | | | |
| Total amount to be paid: | **£** | |  | |

**Please note that payment will be taken once an assessment date has been agreed.**

**Credit Card Payment: please fill out the form below**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| Please debit my account for the amount of: | | | | | **£** | | |
| Card type: | Visa **☐** | Mastercard **☐** | Switch/Maestro **☐** | | | | Delta **☐** |
| Please provide card number & details:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   For Maestro cards insert the whole of the long number which appears across the middle of the card | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  |  |  |  |  | / |  |  |  |  | |  |  |  |  | |  |  |  |  | | Valid From Date | | | | |  |  | Valid To Date | | | | |  |  | Switch / Maestro Issue No. | | | | |  | Switch / Maestro  Start Date | | | | | | | | | | | | |
| Name as it appears on the card: | |  | | | | | |
|  | | | | | | | |
| Cardholder’s signature: | |  | | Date: | |  | |

**Terms and conditions:**

I understand that on receipt of my booking pack containing the required completed documents, BDA will contact me to agree an appointment date and time for the assessment.

I agree that the BDA reserve the right to charge a cancellation fee equivalent to 100% cost of the assessment for assessments that are cancelled within 48 hours of the agreed assessment date.

|  |  |
| --- | --- |
| **Signature:** |  |
| **Name (print):** |  |
| **Date:** |  |

**Please return this booking pack by email to** [**assessments@bdadyslexia.org.uk**](mailto:assessments@bdadyslexia.org.uk) **to enable us to check the details and contact an appropriate assessor.**

**Terms and Conditions for Diagnostic Assessments**

**Booking a Diagnostic assessment:**

* The B.D.A. will act as liaison between the assessor and the client for the purposes of booking the assessment.
* The B.D.A. reserves the right to change the assessor allocated if the assessor should become unavailable for any other reason.
* In order to book the assessment your personal information and the information contained within the booking pack will be passed onto the assessor in order for them to carry out the assessment.

**Privacy Policy:**

* The BDA is committed to protecting the privacy of individuals. Accordingly, all personal data collected will be subject to our Privacy Policy. For more information please see our website.
* Following the assessment and the compilation of the final assessment report all client questionnaires, all raw data test sheets and all other personal data will be permanently deleted/destroyed.
* Your final assessment report will be held by the BDA for **7 years** [within your customer record file]. During this time you will be able to ask for an electronic copy of the report Please note there may be an administration charge for this. **We would therefore strongly recommend that you keep a copy of your report securely.** After this time the BDA will not be able to supply you with a copy of your report.
* Should you require a copy of your assessment report [and/or the personal data in your customer record]; or for your report to be permanently deleted; or for changes/corrections made to it before this time; or to make a complaint, please notify us at: [assessments@bdadyslexia.org.uk](mailto:assessments@bdadyslexia.org.uk)

**How your information will be used:**

From time to time we may like to send you information about our own products and services that you might be interested in, by post, telephone, email and SMS. We will not pass your information on to any organisation external to the BDA. If you agree to being contacted in this way, please tick the relevant boxes to indicate all of the means by which you would like to be contacted.

Post Phone  Email  SMS  phone call 

The BDA is committed to protecting your personal data please see our Privacy Policy on our website

If you need any further information please write to us at: [assessments@bdadyslexia.org.uk](mailto:assessments@bdadyslexia.org.uk)

**Payment details:**

* Payment details must be received before a booking can be processed.

**Cancellation policy:**

* **Cancellation by the Client or Main Contact** 
  + All changes and cancellations **must** be notified in writing to: assessments@bdadyslexia.org.uk.
  + Cancellation charges will be applied as follows:
    - Cancellation/reschedule within 14 days of a booked session = 50% of fee due;
    - Cancellation/reschedule within 24 hours of a booked session = 100% of fee due.
* **Cancellation by the B.D.A.** 
  + In the event that severe weather or any other emergency results in the cancellation of a session, the B.D.A. will endeavour to give clients a minimum of 24 hours’ notice\* and to reschedule the assessment
  + \*Please note that it is the client’s responsibility to provide the B.D.A. with an emergency contact number at which they will normally be available.

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I agree to abide by the terms and conditions as laid out above.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | **Name (print):** | **Signature:** | **Date:** | |  |  |  | |

**Please return this booking pack by email to** [**assessments@bdadyslexia.org.uk**](mailto:assessments@bdadyslexia.org.uk) **to enable us to check the details and make provisional contact with the most appropriate assessor.**

**How did you hear about the BDA**

**Website  BDA Helpline  Email  Hardcopy Flier  social media **

**Recommendation  Other  please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Areas our Assessors Cover**

Some assessors will travel to you to carry out assessments, others may prefer you to come to their premises so please be aware that you may need to travel to attend an assessment. Our assessors will travel a maximum of 40 miles but you may prefer to travel further in order to go to them.

Please indicate your preferred location for your Specialist Teacher **OR** Psychologist assessment.

We have assessors who cover the following locations. Please note that psychologist assessments are not available in all locations.

|  |  |  |
| --- | --- | --- |
| **Assessor locations** | **Specialist Teacher**  **£540.00 (inc. VAT)** | **Psychologist**  **£720.00 (inc. VAT)** |
| Bishops Stortford |  |  |
| Birmingham |  |  |
| Berkshire |  |  |
| Bracknell |  |  |
| Bristol |  |  |
| Buckinghamshire |  |  |
| Coventry |  |  |
| Darlington |  |  |
| Derbyshire |  |  |
| Dorset |  |  |
| Essex |  |  |
| Gloucestershire |  |  |
| Herefordshire |  |  |
| Hertfordshire |  | (Age 12+) |
| Kent |  |  |
| Lancashire |  |  |
| Leicester + Leicestershire |  |  |
| Lincolnshire |  |  |
| Liverpool |  |  |
| London (All Areas) |  |  |
| Manchester |  |  |
| Middlesex |  |  |
| Newcastle |  |  |
| Norfolk |  |  |
| Northamptonshire |  |  |
| North Yorkshire |  |  |
| Nottingham |  |  |
| Oxfordshire |  |  |
| Rutland |  |  |
| Sheffield |  |  |
| Shropshire |  |  |
| Somerset |  |  |
| South Wales |  |  |

|  |  |  |
| --- | --- | --- |
| Staffordshire |  |  |
| Surrey |  | (age 11+) |
| Sussex |  |  |
| Warrington |  |  |
| Warwickshire |  |  |
| West Midlands |  |  |
| West Yorkshire |  |  |
| Wiltshire |  |  |
| Worcestershire |  |  |

**Important information for Parents/Carers**

Following recent changes to the Joint Council for Qualifications (JCQ) guidance for Access Arrangements 2017/18 please be aware of the following:

If your child is in Year 9 or above and you require the assessment that you are booking with the BDA to be used as part of an application for Exam Access Arrangements, usually GCSEs or A Levels, e.g. extra time in exams, a reader or a scribe, etc.  then it will be necessary for either you or the BDA on your behalf (with your written permission) to contact your child’s school’s Special Educational Needs Coordinator (SENCO) prior to the assessment as this is now a JCQ requirement.

*“7.3.6 A privately commissioned assessment carried out without prior consultation with the centre cannot be used to award access arrangements and cannot be used to process an application using Access arrangements online.*

*The SENCO must complete at least a ‘skeleton’ Section A of Form 8 prior to the candidate being assessed (Section C of Form 8).” JCQ - Adjustments for candidates with disabilities and learning difficulties Access Arrangements and Reasonable Adjustments 2017/18*

If you would prefer not to contact the SENCO or think that you might experience difficulties with this then please do contact us to discuss your options and the implications of this prior to booking an assessment.

**CONFIDENTIAL PRE-ASSESSMENT QUESTIONNAIRE**

**For children (Pre 16yrs)**

**To be completed by parent / carer**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Name of Child:** |  | | | **Age:** |  |
| **Date of Birth:** |  | | | **School Year:** |  |
| **Name of parent / carer:** |  | | | | |
| **Home address:** |  | | | | |
| **Contact Tel No: (mobile)** |  | **(work)** |  | | |

**Developmental History**

|  |  |
| --- | --- |
|  | **Yes / No** |
| Was the birth at full term and a normal delivery? |  |
| Were all the normal developmental milestones reached? E.g. Walking, talking, riding a bike? |  |
| Has your child ever had any Speech and Language difficulties? |  |
| Is there a history of ear infections, glue ear or grommets? |  |

**School History**

|  |  |
| --- | --- |
| **Current National Curriculum Levels (if appropriate)** | |
| **English** |  |
| **Maths** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **What are the particular difficulties exhibited in school?** | | | |
| **Reading** | Slight | Moderate | Severe |
| **Spelling** | Slight | Moderate | Severe |
| **Writing** | Slight | Moderate | Severe |
| **Mathematics** | Slight | Moderate | Severe |
| **Sports and Games** | Slight | Moderate | Severe |

|  |  |  |  |
| --- | --- | --- | --- |
| **Is there any specialist help currently given at school?** | | Yes | No |
| Please give details, (e.g. Teaching Assistant, extra time in exams, Statement/EHCP, specialist tuition) | | | |
| **Did your child pass the Phonics Test?** | Yes | No | Unavailable |
| **Has your child’s schooling been disrupted in any way?** | | Yes | No |
| **Has the school tested your child or have they seen any other specialists (e.g. speech specialists)** | | Yes | No |
| **Was there is a written report? Can we have a copy?** | | Yes | No |
| **Does your child wear glasses?** | | Yes | No |

**Background Information**

|  |  |  |
| --- | --- | --- |
| **ls your child’s hearing within normal limits?** | Yes | No |
| lf NO, please give details of problem: | | |
| **Is your child on any regular medication that may be relevant?** | Yes | No |
| If YES, please indicate: | | |
| **Are any other languages spoken at home? Please indicate.** | Yes | No |
| If YES, please indicate: | | |
| **Have any other family members experienced difficulties with spelling / reading / learning?** | Yes | No |
| If YES, please indicate relationship to child | | |

|  |
| --- |
| Please use the space below to summarise your child’s difficulties and your particular concerns, including your concerns about other potential Specific Learning Difficulties (SpLDs).  Please include any information which you feel may be relevant, such as school reports or any information from the SENCo. If you do not have enough room below then please add a separate sheet. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Print name:** |  |
| **Relationship to child:** |  | **Dated:** |  |

**SCHOOL PRE-ASSESSMENT QUESTIONNAIRE**

**For children (Pre 16yrs)**

**To be completed by the School**

An assessment is being carried out to clarify this child’s learning, emotional and/or behavioural needs. Information from the current school will be very useful and help to provide a wider context in which to place these needs. If this assessment is required to potentially be used as part of an application for exam access arrangements, under JCQ regulations, then we would strongly advise that you discuss this with the individual's school or college prior to the assessment. This is so that the school/college can supply information about the individual's normal way of working within this environment which will ensure that any recommendations for support in exams reflect this. Your support is therefore appreciated.

**All information will be treated confidentially.**

|  |  |
| --- | --- |
| **Child’s full name** |  |
| **School** |  |
| **Year group** |  |
| **Person completing this form** |  |
| **Role in School** |  |
| **Date form completed** |  |
| **School SENCO contact details** |  |

**Parents’/guardians’ details for correspondence**

|  |  |
| --- | --- |
| **Full Name(s)** |  |
| **Title** |  |
| **Relationship to child** |  |
| **Address** |  |
| **Postcode** |  |
| **Mobile number(s)** |  |
| **Email Address** |  |

**School Performance**

**Please provide details about the child’s National Curriculum attainments:**

|  |  |  |  |
| --- | --- | --- | --- |
| **SATs / end of Key Stage results** | **English** | **Maths** | **Science** |
| Key Stage 1 |  |  |  |
| Key Stage 2 |  |  |  |
| Key Stage 3 |  |  |  |

|  |  |
| --- | --- |
| Did the child pass the Phonics Test? | Y / N |

|  |
| --- |
| **Current subject performance in relation to peer group:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Below Average** | **Average** | **Above Average** |  | **Below Average** | **Average** | **Above average** |
| **Speaking and listening** |  |  |  | **Reading accuracy** |  |  |  |
| **Humanities** |  |  |  | **Reading comprehension** |  |  |  |
| **PE** |  |  |  | **Writing** |  |  |  |
| **Art** |  |  |  | **Spelling** |  |  |  |
| **DT** |  |  |  | **Maths** |  |  |  |
| **ICT** |  |  |  | **Science** |  |  |  |
| **Other:** |  |  |  |  |  |  |  |

|  |
| --- |
| **Please details any recent assessments including test names, dates and results:** |

**Does the child have any difficulty with:**

|  |  |  |  |
| --- | --- | --- | --- |
| Planning and organising written work? | Y / N | Continually losing things? | Y / N |
| Gross motor co-ordination? | Y / N | Fine motor co-ordination? | Y / N |
| Remembering instructions? | Y / N | Self-organisation? | Y / N |
| Copying from the board? | Y / N | Getting started with written work? | Y / N |

|  |  |
| --- | --- |
| Is there a discrepancy between the child’s verbal ability and written work? | Y / N |

|  |  |  |  |
| --- | --- | --- | --- |
| **Attitude to work – please tick/highlight all that apply:** | | | |
| Keen |  | Distracts others |  |
| Independent |  | Competent |  |
| Works well with help |  | Slow |  |
| Distractible |  | Lacks interest |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Peer relationships – please tick/highlight all that apply:** | | | |
| Popular |  | Withdrawn |  |
| Accepted |  | Better with younger children |  |
| Friendly |  | Avoids others |  |
| Dominant |  | Has one special friend |  |

|  |  |  |
| --- | --- | --- |
| Is this child being monitored for Special Educational Needs? | | Y / N |
| Is there an individual Education Plan (IEP)/Personalised Learning Plan (PLP)? | | Y / N |
| Please detail any current support/provision this child is receiving: | | |
| Who gives this support (role in school)? |  | |
| What type of support? |  | |
| Length of session(s)? |  | |
| Frequency of support (times per week)? |  | |

|  |  |
| --- | --- |
| Please provide evidence/information of the child’s normal way of working and relevant background information if this assessment may be used as evidence for exam access arrangements. | |
| Has this child been discussed/assessed/monitored by any external agencies, e.g. Educational Psychologist, Behaviour support, Learning support etc. | Y / N |
| If YES, please give details: | |
| **If the child has an Educational Health and Care Plan, please attach a copy of the most recent Annual Review or other relevant information** | |

Please outline your concerns, if any, regarding this child and your objectives for the assessment in the box below:

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Print name:** |  |
| **Position in school:** |  | **Dated:** |  |

**Your questionnaire will remain the confidential property of the parents, so please return your response to them.**

Thank you for your support and co-operation

**Checklist of Information Required for Booking:**

1. **Completed booking form**
2. **Assessment locations – identified the preferred type and location of assessment**
3. **Completed questionnaire – Parent/Carer and School**
4. **Payment information/payment**

**Please note we cannot process bookings without having received all of the completed documentation and payment details.**

**Delays in returning documents/sending payment details will result in a delay in booking the assessment.**

**Email this completed booking pack to** [**assessments@bdadyslexia.org.uk**](mailto:assessments@bdadyslexia.org.uk)