



Scottish Rite Learning Center

of South Texas

PARENT QUESTIONNAIRE

Date: _____

Student: _____ Birthdate: _____ Age: _____

School: _____ District: _____ Grade: _____

Parents
Names: _____

Address: _____

City/State/ _____ Zip: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Email Address: _____

To aid in assessing the problems your child is experiencing in school and to detect the possibility of dyslexia, please answer each of the following questions. All information is confidential.

Yes No

FAMILY LEARNING HISTORY

- | | | |
|-------|-------|--|
| | | 1. Have any other members of the family had learning problems?
What kind? (Reading, Spelling, Writing, Comprehension) |
| _____ | _____ | Father _____ |
| _____ | _____ | Mother _____ |
| _____ | _____ | Sibling _____ |
| _____ | _____ | 2. Has your child received any type of remedial instruction in school? Explain: _____ |
| _____ | _____ | 3. Has your child repeated a grade? |

Yes No

PHYSICAL HISTORY

- | | | |
|-----|-----|---|
| ___ | ___ | 1. Has your child ever been critically or chronically ill?
Explain_____ |
| ___ | ___ | 2. Has your child ever had an extremely high fever? |
| ___ | ___ | 3. Has your child ever had a severe blow to the head? |
| ___ | ___ | 4. Does your child have any physical problems which you feel
may cause difficulty in learning? |
| ___ | ___ | 5. Does your child have allergies? |
| ___ | ___ | 6. Does your child seem to have trouble hearing? |
| ___ | ___ | 7. Does your child seem to have trouble seeing? |
| ___ | ___ | 8. Does your child have any speech problems? |
| ___ | ___ | 9. Does your child have difficulty with coordination? |

Yes No

ACADEMIC OBSERVATIONS

- | | | |
|-----|-----|---|
| ___ | ___ | 1. Does your child have good oral expression? |
| ___ | ___ | 2. Does your child have a large vocabulary? |
| ___ | ___ | 3. Does your child have difficulty naming the alphabet correctly
and in sequence (not in song or rhyme)? |
| ___ | ___ | 4. Does your child have difficulty writing the alphabet correctly in
sequence? |
| ___ | ___ | 5. Does your child have difficulty learning and remembering
words? |
| ___ | ___ | 6. Does your child understand what he/she reads? |
| ___ | ___ | 7. Does your child hesitate to read to you? |
| ___ | ___ | 8. Is your child's handwriting extremely slow? |

Yes No

ACADEMIC OBSERVATIONS (CONTINUED)

- ___ ___ 9. Is your child's handwriting illegible?
- ___ ___ 10. Does your child have difficulty with spelling?
- ___ ___ 11. Are your child's math grades higher than reading grades?
- ___ ___ 12. Does your child seem to have more difficulty in reading, writing, and spelling than most other subjects?
- ___ ___ 13. Do your child's grades in reading, writing, and spelling seem low compared to his ability to think and understand?
- ___ ___ 14. Does your child seem to spend more time than is appropriate on homework?
- ___ ___ 15. Does your child seem to need an extraordinary amount of help with homework?

Yes No

BEHAVIOR OBSERVATIONS

- ___ ___ 1. Does your child talk favorably about school?
- ___ ___ 2. Does your child feel good about himself/herself?
- ___ ___ 3. Does your child have difficulty remembering and following directions?
- ___ ___ 4. Does your child often need directions repeated?
- ___ ___ 5. Is your child easily frustrated?
- ___ ___ 6. Does your child have a short attention span?
- ___ ___ 7. Does your child have trouble focusing and sustaining attention?
- ___ ___ 8. Is your child overactive?
- ___ ___ 9. Has your child been diagnosed as ADD or ADHD (Attention Deficit Disorder or Attention Deficit Hyperactive Disorder)? If so, what medication is your child on? _____