



Student Name:	D.O.B.	Grade:
School:	Date:	
Parent(s):	Phone #:	

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Dyslexia Parent Questionnaire

To aid in assessing the problem your child is having in school and to detect the possibility of dyslexia, please answer each of the following questions.

YES NO FAMILY HISTORY

Have any other members of the family had learning problems?
 Father?
 Mother?
 Sibling(s)?
 Explain: _____

PHYSICAL HISTORY

1. Has your child ever been critically or chronically ill?
 Explain: _____

 2. Has your child ever had an extremely high fever?
 3. Does your child have any physical problems which you feel may cause difficulty in learning?
 Explain: _____

 4. Is your child currently taking medication(s)?
 List medication(s) : _____

 5. Does your child seem to have trouble hearing?
 6. Does your child seem to have trouble seeing?
 7. Does your child have trouble sleeping or eating?

Please circle the term that indicates the degree of concern regarding each skill area.

Phonological Awareness Skills

My child has / had:

Difficulty recognizing or reproducing rhyming words	Rarely	Often
Difficulty naming the first or last sound in a word	Rarely	Often
Difficulty blending sounds together to make a word	Rarely	Often

Alphabet

My child has / had:

Difficulty learning or recalling names of letters	Rarely	Often
Difficulty learning or recalling sounds of letters	Rarely	Often



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Decoding and Word Recognition

My child has / had:

Difficulty sounding out unfamiliar words	Rarely	Often
Difficulty reading words accurately	Rarely	Often

Fluency

My child:

Makes frequent reading errors	Rarely	Often
Reads with hesitations	Rarely	Often
Reads slowly	Rarely	Often

Spelling

My child has:

Difficulty memorizing words for spelling tests	Rarely	Often
Difficulty spelling words correctly	Rarely	Often

Comprehension

My child has:

Difficulty understanding what he/she reads	Rarely	Often
Difficulty answering textbook questions	Rarely	Often

Written Expression

My child has:

Difficulty writing sentences correctly	Rarely	Often
Difficulty writing stories and reports	Rarely	Often

Cognitive / Learning Ability

My child:

Needs many repetitions to learn something new	No	Yes
Has difficulty learning math facts	No	Yes
Has trouble with math word problems even when they are read to him/her	No	Yes
Has reading difficulties that seem unexpected compared to his/her other abilities	No	Yes

Oral Language

When *listening*, my child has:

Difficulty understanding verbal directions	Rarely	Often
Difficulty understanding stories read to him/her	Rarely	Often

When *speaking*, my child has:

Weak or limited oral vocabulary	Rarely	Often
Difficulty finding the right word	Rarely	Often



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	Difficulty explaining i	
	Phone #:	

Attention

My child:

Has trouble organizing time and materials	Rarely	Often
Is easily distracted by sights and sounds	Rarely	Often
Does many things too quickly	Rarely	Often
Is over-active or fidgety	Rarely	Often
Is inconsistent in class and homework assignments	Rarely	Often
Needs direct supervision to complete homework	Rarely	Often

Handwriting

My child:

Is slow with handwriting and copying tasks	Rarely	Often
Displays overall poor quality/illegible handwriting on written work	Rarely	Often

Academic Development

English is a second language for my child	No	Yes
My child was retained in _____ grade		
My child has been in special programs (Special Education, Speech, 504, Reading Recovery, etc.)	No	Yes
Please list: _____		

Adapted from the Parent Interview for Dyslexia, Texas Scottish Rite Hospital for Children

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