

Educational Psychology Assessment - Dyslexia Consent Form (Children and Young People)



An educational psychology assessment for dyslexia at the Dyslexia Association of Ireland (DAI) consists of a series of activities to determine levels of literacy, and other relevant cognitive skills. The assessment covers a range of literacy skills including reading of single words (both real and nonsense-words), phonological awareness, reading fluency/speed, reading accuracy, comprehension and spelling. Related cognitive skills including memory, rapid naming and other language skills are also investigated.

DAI educational psychologists take into account background information from parent(s)/guardian(s) and teachers. This information is analysed alongside results of tests that are administered by the educational psychologist on the day of the assessment. All referral information is reviewed by the educational psychologist before an assessment appointment date is offered. In a small number of cases the educational psychologist may contact parent(s)/guardian(s) in advance to get additional information.

The assessment process takes approximately two to three hours. This includes speaking with the educational psychologist before testing; test administration with the child/young person; and finally verbal feedback given to the parent(s)/guardian(s) and child/young person (as appropriate). A written report is sent within four weeks. Reports are sent by email but a hard copy can be sent by post if preferred. Parents can contact the DAI at any time after they have received the report, if they have a query or are seeking extra information.

The DAI will only conduct an IQ test with a child or young person if the educational psychologist deems it necessary and in the best interest of the child/young person. For example, an IQ test score may be needed to support an application for certain specific resources or accommodations.

DAI educational psychologists all have accredited qualifications in educational psychology at postgraduate level, and are guided by the Educational Psychology Assessment Policy that was approved by the National Executive Committee of the DAI in December 2021. This policy is reviewed annually to ensure it remains in line with current best practice and the most up to date psychological and educational research and evidence.

If you understand and are happy with the above information please sign the overleaf **Declaration of Informed Consent** and return it to us.

Please note that if you are the sole legal guardian with 100% custody, please sign the form clearly stating your circumstances. Alternatively, if one parent is out of contact, please give the last address at which the person was known to live. We will then send a copy of the consent form by registered mail to this parent. If this letter is returned because the other parent cannot be traced then the assessment may go ahead. We do all of this to protect the rights of parents and we thank you for your co-operation.

If you have any queries about the assessment process, please don't hesitate to contact us on (01) 877 6001 or assessments@dyslexia.ie.

Educational Psychology Assessment - Declaration of Informed Consent

I have read and understood the above information about an Educational Psychology Assessment and hereby give permission to the Dyslexia Association of Ireland to undertake an assessment of:

_____ (Name of Child/Young Person)

____ / ____ / ____ (Date of Birth)

Signed: _____ (Parent/Guardian 1)

Date: _____

Contact Telephone Number: _____

Signed: _____ (Parent/Guardian 2)

Date: _____

Contact Telephone Number: _____

OR

If applicable, please sign below to acknowledge that you have sole legal custody of your child and have no contact with, or contact details for the child's other parent/guardian.

Signed: _____ (Parent/Guardian)

Date: _____

OR

Alternatively, please sign to give permission for the Dyslexia Association of Ireland to send a consent form to the last known address of the child's other parent/guardian.

Signed: _____

Date: _____

Name of Parent: _____

Address: _____

I am happy to receive correspondence and my assessment report by email: Yes No

Email address:

Dyslexia Assessment Family Form

To be completed by Parent(s)/Guardian(s)



Please complete and return to **Dyslexia Association of Ireland, Office Suite, Block B, 107-110 The Windmill, Windmill Lane, Dublin 2, D02 E170.** If you have any queries please contact us on 01 877 6001 or assessments@dyslexia.ie.

Name of Child/Young Person:	
Date of Birth:	Age:
Name of Parent(s)/Guardian(s):	
Person Completing this Form:	
Number/Age of Brothers:	Number/Age of Sisters:
Home Address:	
Tel:	Email:
Mobile:	

Current School:	
Address:	
Class:	Name of Principal:

Has your child ever been assessed by a psychologist before? YES NO

If YES please provide details below:

Date	Type of Assessment	Diagnosis/Conclusions (if any)	Who did this assessment? (e.g. DAI, privately?)

Please enclose photocopies of the above reports.

Reports cannot be returned to you, so please retain originals.

Please tell us about any significant medical history for your child or any other concerns in meeting developmental milestones (e.g. delays with speech or walking etc.)

Please enclose photocopies of any relevant reports. Reports cannot be returned to you, so please retain originals

Has your child ever been assessed by, or referred to, a Speech and Language Therapist? YES NO

If YES please provide details below:

Date	Type of assessment	Diagnosis (if any)

Please enclose photocopies of the above reports. Reports cannot be returned to you, so please retain originals.

Has your child ever been assessed by, or referred to, an Occupational Therapist?

YES NO If YES please provide details below:

Date	Type of assessment	Diagnosis (if any)

Please enclose photocopies of the above reports. Reports cannot be returned to you, so please retain originals.

Please note the date of last sight check-up and any concerns about sight or hearing:

Please note any family history of dyslexia, or other problems with reading and/or writing:

Please describe if your child has at any time had grommets fitted, experienced persistent ear infections or had any other significant ear, nose and throat issues:

Is your child's first language English? YES NO If NO please provide details:

Has your child ever had any significant difficulty with coordination or movement?

YES NO If YES please provide details below:

Please describe any concerns or difficulties around sleeping, eating, and/or behaviour:

Please describe the activities your child enjoys:

Please describe your child's strengths:

Please list all schools or nurseries that your child has attended:

Schools Attended	Dates Attended	
	From:	To:
	From:	To:
	From:	To:

Please note if your child repeated a year at any point, or if they deferred starting school:

Please detail any frequent or long periods away from school:

What are your main concerns and when did they first arise?

Please describe you child's school progress in general:

Please describe your child's attitude to school:

Please describe your child's attitude towards homework:

What is the average time spent on homework each evening?

Please describe your child's relationship with their teachers:

Is your child aware of any difficulties they may be having in school?

Please provide details about type and nature of any additional support in school:

Please add below any further information that you feel is relevant or may be helpful.

Thank you for taking the time to complete this form. Please return it to assessments@dyslexia.ie or via post to
**Dyslexia Association of Ireland, Office Suite, Block B,
107-110 The Windmill, Windmill Lane, Dublin 2, D02 E170**

Dyslexia Assessment School Form (Secondary)



This student has applied for an assessment at the Dyslexia Association of Ireland. A report from teacher(s) is an important component of this assessment. Please complete as fully as you can and **return to the student's parent(s)/guardian(s)**. Your co-operation is very much appreciated.

Student's Name:	Date of Birth:	Age:
School:		Year:
Is the school a Gaelscoil? YES <input type="checkbox"/> NO <input type="checkbox"/>		

1) READING *(please tick as appropriate)*

<input type="checkbox"/> Slow reading speed	<input type="checkbox"/> Dislikes reading aloud
<input type="checkbox"/> Skips words	<input type="checkbox"/> Confuses basic words
<input type="checkbox"/> Substitutes words	<input type="checkbox"/> Comprehension
<input type="checkbox"/> Lacks fluency	<input type="checkbox"/> Reads through full stops

Further comments relating to reading:

2) SPELLING *(please tick as appropriate)*

<input type="checkbox"/> Omits vowels	<input type="checkbox"/> Confuses homophones
<input type="checkbox"/> Spells phonetically	<input type="checkbox"/> Inconsistent spellings (e.g.)
<input type="checkbox"/> Deteriorates under pressure	<input type="checkbox"/> Unusual spelling attempts (e.g.)
<input type="checkbox"/> Reverses letter patterns	_____
<input type="checkbox"/> Poor application of rules	_____

Further comments relating to spelling:

3) WRITTEN WORK *(please tick as appropriate)*

<input type="checkbox"/> Poor paragraphing	<input type="checkbox"/> Difficulty getting started
<input type="checkbox"/> Insufficient length	<input type="checkbox"/> Untidy overall appearance
<input type="checkbox"/> Inappropriate use of punctuation	<input type="checkbox"/> Difficulty sequencing and organising ideas
<input type="checkbox"/> Omits full-stops	<input type="checkbox"/> Written work does not reflect ability to speak about a topic.

Further comments relating to written work:

4) HANDWRITING *(please tick as appropriate)*

<input type="checkbox"/> Slow speed of copying	<input type="checkbox"/> Slow speed of writing
<input type="checkbox"/> Inaccurate copying	<input type="checkbox"/> Poor legibility
<input type="checkbox"/> Difficulty writing from dictation	<input type="checkbox"/> Difficulty completing writing tasks on time

Further comments relating to handwriting:

5) CONCENTRATION LEVELS IN CLASS *(please tick as appropriate)*

<input type="checkbox"/> Easily distracted	<input type="checkbox"/> Seems to daydream
<input type="checkbox"/> Fidgets	<input type="checkbox"/> Forgets easily
<input type="checkbox"/> Disrupts others	<input type="checkbox"/> Needs instructions repeated

Further comments relating to concentration:

6) Are the student's difficulties (as outlined above) consistent with their ability as demonstrated in knowledge of course content or knowledge of other areas of the curriculum?

7) Please provide a brief description of overall achievement and progress including results from school-administered tests. (Please include name of test, date and scores.)

8) Has the student received learning support or resource teaching to date? Please give details.

9) Please provide information regarding Reasonable Accommodations (RACE) for Junior or Leaving Certificate if applicable (e.g. previous or pending awards/applications):

10) How is the student progressing with Irish / modern languages?

11) Is the student in receipt of formal Exemption from Irish Certificate? YES NO

12) How would you describe the student's attitude to school?

13) How is the student getting on socially in school?

14) What are the student's strengths?

15) Please comment on the student's attendance

16) Any further comments:

Teachers who contributed to the completion of this form:

Name of Teacher	Position / Role / Subject	Date

Thank you for filling out this form. **Please return it to the student's parent(s)/guardian(s).** If you have any questions regarding filling out this form please contact the Dyslexia Association of Ireland on (01) 877 6001 or at assessments@dyslexia.ie.