

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



An educational psychology assessment for dyscalculia at the Dyslexia Association of Ireland (DAI) consists of a series of activities to determine levels of numeracy, and other relevant cognitive skills. The assessment covers a range of numeracy skills including arithmetic, mathematical reasoning and estimation of numerosity. Related cognitive skills including memory, processing speed and relevant language and literacy skills may also be investigated.

DAI educational psychologists take account of 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. Parent(s)/guardian(s) 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 Dyscalculia Assessment Policy. 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.

Dyslexia Association of Ireland, Office Suite, Block B,
107-110 The Windmill, Windmill Lane, Dublin 2, D02 E170
telephone: (01) 877 6001 **email:** info@dyslexia.ie **website:** www.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:

Dyscalculia 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:
Is English your child's first language? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO please provide details:	
Name of Parent(s)/Guardian(s):	
Person Completing this Form:	
Number/Age of siblings:	
Home Address:	
Tel:	Email:

Current School:
Address:
Class:

Please tell us about any significant medical history for your child or any other concerns in meeting developmental milestones.

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Please include any reports that you deem relevant, e.g. from a paediatrician. Reports cannot be returned to you, so please retain originals

Has your child ever had any involvement with a psychologist, speech and language or occupational therapist before? If so, please provide details below and include copies of any reports.

Date	Diagnosis/Conclusions (if any)	Who did this assessment?

Please note any family history of dyscalculia, or problems with maths or arithmetic:

Please note if your child had any significant changes to their schooling arrangements, attendance issues, repeated or deferred a year:

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

Please describe your child's school progress in general:

What is the average time spent on homework each evening? Does your child need a lot of support?

Is your child aware of the difficulties they are having in school?

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

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.**

Dyscalculia Assessment School Form (Primary)



This student has applied for a dyscalculia assessment at the Dyslexia Association of Ireland. A report from teacher(s) is an important component of this assessment. Please complete in full and **return to the student's parent(s)/guardian(s)**.

Student's Name:	Age:	Class:
School Name & Address:		
School phone number:		
Main language of instruction: English <input type="checkbox"/> Irish <input type="checkbox"/> Other <input type="checkbox"/>		

Has the student received any learning support for maths to date? Please give details:

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MATHS - Has difficulty with:

<input type="checkbox"/> Intuitive grasp of number	<input type="checkbox"/> Tables / retaining number facts
<input type="checkbox"/> Grasping concepts	<input type="checkbox"/> Mental calculations
<input type="checkbox"/> Retaining concepts	<input type="checkbox"/> Understanding problems with verbal instructions
	<input type="checkbox"/> Understanding problems with written instructions

Further comments relating to maths:

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LITERACY SKILLS *(please comment as appropriate)*

Reading:
Spelling :
Writing:

Engagement with learning in class *(Please tick as appropriate)*

<input type="checkbox"/> Easily distracted/daydreams <input type="checkbox"/> Fidgets <input type="checkbox"/> Disrupts others	<input type="checkbox"/> Gets frustrated easily <input type="checkbox"/> Forgets easily <input type="checkbox"/> Needs instructions repeated
Further comments:	

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

Date of Test	Test Name	Result

Any further comments:

Name of teacher(s) who contributed to the completion of this form:

Name of Teacher	Position / Role / Subject	Date