

## 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.

Your young person will be assessed by our psychology team, which consists of Educational Psychologists and Assistant Educational Psychologists, all of whom are managed and supervised by our Senior Educational Psychologist. Our work is guided by the Educational Psychology Dyslexia 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](mailto: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](mailto:info@dyslexia.ie)    **website:** [www.dyslexia.ie](http://www.dyslexia.ie)



# 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](mailto:assessments@dyslexia.ie).

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

<b>Current School:</b>
<b>Address:</b>
<b>Class:</b>

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

<p>Please include any reports that you deem relevant, e.g. from a paediatrician. Reports cannot be returned to you, so please retain originals</p>
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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 dyslexia, or other problems with reading and/or writing:

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

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

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**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](mailto: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)**.

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

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

**READING** – Please detail the student's progress with reading:

**SPELLING** – Please detail the student's progress with spelling:

**HANDWRITING** – Please detail the student's progress with handwriting:

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

<input type="checkbox"/> Easily distracted/daydreams	<input type="checkbox"/> Gets frustrated easily
<input type="checkbox"/> Fidgets	<input type="checkbox"/> Forgets easily
<input type="checkbox"/> Disrupts others	<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 standard scores.)**

Date of Test	Name of Test	Result

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

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**How is the student progressing with Irish / modern languages?**

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**What are the student's strengths?**

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**Any further comments:**

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**Teachers who contributed to the completion of this form:**

Name of Teacher	Position / Role / Subject	Date