

Preliminary Self Assessment Tool

Parents, teachers or students can fill in the questions below, answering yes for a typical behaviour and no for a rare behaviour to screen for the possibility of a learning difficulty. The questions suggest observations that teachers may make in class.

Parents name

First Last

Parents email

What grade is your child in?

- ☐ Prep ☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 ☐ Year 6
☐ Year 7 ☐ Year 8 ☐ Year 9 ☐ Year 10 ☐ Year 11 ☐ Year 12
☐ Not at school ☐ Other

Does your child have difficulty reading compared to their peers?

- ☐ Yes ☐ No

Does your child have difficulty spelling compared to their peers?

- ☐ Yes ☐ No

Does the child have to think about the concept of left to right post age 8?

- ☐ Yes ☐ No ☐ Don't know

Does your child have difficulty saying long or tricky words correctly?

- ☐ Yes ☐ No

In maths, is subtraction more difficult than other operations?

- ☐ Yes ☐ No

Did your child have difficulty learning their times tables?

- ☐ Yes ☐ No

Does your child still sometimes confuse b and d or 6 and 9 (post age 8)?

- ☐ Yes ☐ No ☐ Don't know

Is your child considered clumsy?

- ☐ Yes ☐ No

Does anyone else in the family have a history of reading and spelling difficulties?

- ☐ Yes ☐ No ☐ Don't know

If yes, please give us some details about this



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Mobile phone number

Postcode

Child's name

First Last

Child's date of birth

 / /

DD MM YYYY

Child's gender

- ☐ Male
- ☐ Female
- ☐ Other

Your child's school

How did you hear about PE?

- ☐ My child's teacher recommended we get an assessment
- ☐ A friend recommended PE
- ☐ Google
- ☐ Facebook
- ☐ Other

Any other comments or questions you'd like us to address when we call you?