

Self-Referral Pack

for Students who suspect that they have

a Specific Learning Difference (SpLD)

If you think you may have a specific learning difference (SpLD), for example dyslexia or dyspraxia, and you have not had any previous screening or testing, then this pack is designed for you.

**Do you….**

* spend hours reading and processing complex information before writing?
* experience difficulty formulating and transcribing sentences as quickly as other students?
* make more spelling errors, even in word processed work?
* tend to use familiar words that you can spell, rather than more academic terminology?
* have difficulty with punctuation and grammar?
* misinterpret complex written and spoken information?

This pack aims to guide you through the stages of the screening process at the University of Chester.

**Please be aware that this is a self-referral process and no screening pack is 100% accurate.**

This pack is designed to help you make an informed choice about applying for a full diagnostic assessment.

**Please be advised that if English is not your first language, if your are studying part-time, on a short course, or you are** **a final year student studying in your second or third term,** **this process may not be appropriate for you.**

**Nb:** Depending upon your mode of study, you may follow a slightly different process to the one indicated in this self-referral pack.

**Disclaimer**

This self-referral pack can only indicate the probability of an individual having a specific learning difference (SpLD) or visual sensitivity; it is not a diagnostic tool and in no way a substitute for a full assessment by a suitably qualified practitioner. Please note, responsibility for the accurate administration and scoring of the pack lies with the individual completing it.

There are **4** elements to this pack.

* **Section 1 -** Personal Background information
* **Section 2** - Screening for Visual Difficulties
* **Section 3 -** Adult Dyslexia Checklist
* **Section 4** - The Dyspraxia Checklist

**Please ensure all 4 sections are completed. Missing sections may result in delays**

The information that you provide below will be forwarded to the Educational Psychologist in advance of your diagnostic assessment, in order to support the diagnostic assessment process.

If you would like to discuss your challenges before deciding to proceed with a diagnostic assessment, please email [disability@chester.ac.uk](mailto:disability@chester.ac.uk) or contact Student Services’ Info Point on 01244 511550 to arrange an appointment with one of our Academic Skills Tutors.

**Section 1 : Personal Background Information**

|  |  |
| --- | --- |
| **Student Number:** |  |
| **Full Name:** |  |
| **Date of birth:** |  |
| **Term Time or Home Address:** |  |
| **Post Code:** |  |
| **Telephone Number:** |  |
| **Course:** |  |
| **Apprenticeship course? (Y/N)** |  |
| **Course Start Date:** |  |
| **Full time/Part time:** |  |
| **Campus:** |  |
| **Fee Status:**  **(Overseas/EU/Home)** |  |

**1.1 Medical History**

Have you experienced any of the following?

|  |  |
| --- | --- |
| **Serious illnesses and/or accidents that might affect your thinking skills/memory?** |  |
| **Serious problems with hearing and/or vision?** |  |
| **Have you ever had speech therapy?** |  |
| **Are you currently taking any medication that might affect your thinking skills/memory?** |  |

**1.2 Developmental History**

Have you experienced a delay (or difficulty) in learning any of the following skills? (**Y/N**)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Telling left from right:** |  | | **Telling the time:** |  | **Tying shoelaces:** |  |
| **Riding a bike:** |  | | **Throwing & catching:** |  | **Swimming:** |  |
|  |  | |  |  |  |  |
| **Which of the above skills, if any, do you still find difficult?** | |  | | | | |

**1.3 Family History**

|  |  |
| --- | --- |
| **Does anyone in your family experience a specific learning difficulty (e.g. dyslexia)?** |  |
| **If so, what relationship are they to you?** |  |
| **Have you ever been tested for dyslexia, dyspraxia, ADHD, or any other SpLD?** |  |

**1.4 Educational History**

Did you experience any difficulties in the following areas at the educational levels stated? (**Y/N**)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Literacy** | |  | **Numeracy** |
| **Primary school:** |  | | **Primary school:** |  |
| **High school:** |  | | **High school:** |  |
| **FE/HE:** |  | | **FE/HE:** |  |
| **What difficulties did you have?** | |  | | |
| **Did you have any extra support; if so, what type?** | |  | | |

**1.5 Academic qualifications**

|  |  |
| --- | --- |
| **GCSE Grades:** |  |
| **A Level Grades:** |  |
| **Other academic qualifications:** |  |

**FURTHER INFORMATION OVERLEAF**

**Section 2 : Screening for Visual Difficulties**

Guidance from the SpLD Assessment Standards Committee (SASC) requires that screening for visual difficulties be undertaken to ensure there are no underlying medical causes for the difficulties you are experiencing.

Visual difficulties should be addressed prior to SpLD assessment.

In making referrals based on the outcome of this screening questionnaire, assessors are advised that if any symptoms occur often or always, an optometrist referral is always recommended.

Where symptoms occur only sometimes or less frequently, a referral could still be made but it should be made clear to the person being screened that the referral may not confirm any visual difficulty, and SpLD referral is not contra-indicated. Responses mainly rarely or never, do not warrant onward referral.

Answering the questions will allow the assessor to determine which information or guidance to provide to you, in order for your difficulties to be reviewed appropriately. Therefore, please answer all questions as accurately as possible.

**2.1 Questions on eye and vision history**

1. When did you last have an eye test? (Please provide the most accurate dates you can)

2. Was any prescription made (**Yes/No**)?

If **Yes**, were you advised to wear your prescription for distance (e.g. television or driving), near (e.g. reading) or both?

3. Do you wear your prescribed glasses/contact lenses (**Yes/No**)?

If **No**, why not?

4. Do you have your glasses/contact lenses with you (**Yes/No**)?

5. Have you ever used coloured overlays/tinted glasses (**Yes/No**)?

If **Yes**,

1. Who advised and provided them?

b) Why were they recommended?

1. Did they help?

If **Yes**, then in what way?

c) Do you still use them?

**2.2 Questions on reading / short distance activity**

1. How many hours of reading per day do you undertake, in a typical week?

2. How many hours per day do you access on screen reading material (phone, tablet or computer), in a typical week?

3. By how much has your reading / near work time increased since you came to university?

**Any other comments/observations?**

**FURTHER QUESTIONS OVERLEAF**

**2.3 Visual symptoms questionnaire**

There are 20 questions that require you will need to answer. These questions address different aspects of visual difficulty as described previously.

**Please note;** high contrast pattern and fluorescent lamps may cause visual disturbance and/or unpleasant responses in people with no particular visual problem or susceptibility. Therefore, questions regarding these areas are not considered to provide an accurate review.

Please **tick** the section that applies to you.

For the purpose of the below questions:

* Always = Every day
* Often = Several times a week but not necessarily every day
* Sometimes = 2-3 times a month
* Rarely = Only once every few months / a year
* Never = This does not occur.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| 1 | Do you get headaches when you read? |  |  |  |  |  |
| 2 | Does reading make your eyes feel sore, gritty or watery? |  |  |  |  |  |
| 3 | Does reading make you feel tired or sleepy? |  |  |  |  |  |
| 4 | Do you become restless or fidgety or distracted when reading? |  |  |  |  |  |
| 5 | Do you become less comfortable the longer you read? |  |  |  |  |  |
| 6 | Do you prefer dim light to bright light for reading? |  |  |  |  |  |
| 7 | Does reading from white paper seem too bright or glaring? |  |  |  |  |  |
| 8 | Do parts of the white page between the words form patterns when you read? |  |  |  |  |  |
| 9 | Does the print or background shimmer or appear coloured as you read? |  |  |  |  |  |
| 10 | Does print appear to jitter or move on the page as you read? |  |  |  |  |  |
| 11 | Do you screw your eyes up when reading? |  |  |  |  |  |
| 12 | Do you rub your eyes to relieve the strain when you are reading? |  |  |  |  |  |
| 13 | Does text appear blurred, or go in and out of focus, when you read? |  |  |  |  |  |
| 14 | Do you move your eyes around or blink to keep text clear when you are reading? |  |  |  |  |  |
| 15 | Do objects in the distance appear more blurred after you have been reading? |  |  |  |  |  |
| 16 | Do you lose your place when reading? |  |  |  |  |  |
| 17 | Do you re-read or skip words or lines when reading? |  |  |  |  |  |
| 18 | Do you use a marker or your finger to stop you losing the place when you read? |  |  |  |  |  |
| 19 | Do you cover or close one eye when reading? |  |  |  |  |  |
| 20 | Do the words, page or book appear double when you are reading? |  |  |  |  |  |

**Section 3 : Adult Dyslexia Checklist**

A checklist for adults who may suspect that they have dyslexia will not provide enough information for a formal diagnostic assessment, but it can be very useful in promoting a better self-understanding and a pointer towards future assessment needs. If you would like further information on dyslexia, please go to <http://www.bdadyslexia.org.uk/>

Below are the questions that were found to be more predictive of dyslexia (as measured by prior diagnosis). In order to provide the most informative checklist, scores for each answer indicate the relative importance of that question. Each answer has a score attached so you can total up your score at the end.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Rarely** | **Occasionally** | | **Often** | **Most of the time** | | **Total** |
| 1 | Do you confuse visually similar words such as cat and cot? | **3** | **6** | | **9** | **12** | |  |
| 2 | Do you lose your place or miss out lines when reading? | **2** | **4** | | **6** | **8** | |  |
| 3 | Do you confuse the names of objects, for example table for chair? | **1** | **2** | | **3** | **4** | |  |
| 4 | Do you have trouble telling left from right? | **1** | **2** | | **3** | **4** | |  |
| 5 | Is map reading or finding your way to a strange place confusing? | **1** | **2** | | **3** | **4** | |  |
| 6 | Do you re-read paragraphs to understand them? | **1** | **2** | | **3** | **4** | |  |
| 7 | Do you get confused when given several instructions at once? | **1** | **2** | | **3** | **4** | |  |
| 8 | Do you make mistakes when taking down telephone messages? | **1** | **2** | | **3** | **4** | |  |
| 9 | Do you find it difficult to find the right word to say? | **1** | **2** | | **3** | **4** | |  |
| 10 | How often do you think of creative solutions to problems? | **1** | **2** | | **3** | **4** | |  |
|  |  | **Easy** | **Challenging** | | **Difficult** | **Very Difficult** | | **Total** |
| 11 | How easy do you find it to sound out words such as e-le-phant? | **3** | | **6** | **9** | | **12** |  |
| 12 | When writing, do you find it difficult to organise thoughts on paper? | **2** | | **4** | **6** | | **8** |  |
| 13 | Did you learn your multiplication tables easily? | **2** | | **4** | **6** | | **8** |  |
| 14 | How easy do you find it to recite the alphabet? | **1** | | **2** | **3** | | **4** |  |
| 15 | How hard do you find it to read aloud? | **1** | | **2** | **3** | | **4** |  |
| **Total** | | | | | | | |  |

**Adult Dyslexia Checklist Scoring**

**Score less than 45** - probably non-dyslexic.

Research results: no individual who was diagnosed as dyslexic through a full assessment was found to have scored less than 45 and therefore it is unlikely that if you score under 45 you will be dyslexic.

**Score 45 to 60** - showing signs consistent with mild dyslexia.

Research results: most of those who were in this category showed signs of being at least moderately dyslexic. However, a number of persons not previously diagnosed as dyslexic (though they could just be unrecognised and undiagnosed) fell into this category.

**Score Greater than 60** - signs consistent with moderate or severe dyslexia.

Research results: all those who recorded scores of more than 60 were diagnosed as moderately or severely dyslexic. Therefore we would suggest that a score greater than 60 suggests moderate or severe dyslexia. Please note that this should not be regarded as an assessment of one’s difficulties. But if you feel that a dyslexia-type problem may exist, further advice should be sought.

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**FURTHER INFORMATION OVERLEAF**

**Section 4 : The Dyspraxia Checklist**

**The Adult Developmental Coordination Disorder/ Dyspraxia**

**Checklist (ADC) for Further and Higher Education**

**(Kirby and Rosenblum, 2008)**

If you would like further information on dyspraxia, please go to <http://www.dyspraxiafoundation.org.uk/>

**Please complete the following questionnaire giving as much information as you can.**

Please tick boxes as appropriate. It will take you about 10-15 minutes to complete this.

All information given is dealt with in the strictest confidence.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 1: As a child, did you:** | | | | |
|  | **Never**  **(0)** | **Sometimes**  **(1)** | **Frequently**  **(2)** | **Always**  **(3)** |
| **1.** Have difficulties with self-care tasks, such as tying shoelaces, fastening buttons and zips? |  |  |  |  |
| **2.** Have difficulty eating without getting dirty? |  |  |  |  |
| **3.** Have difficulty learning to ride a bike compared to your peers? |  |  |  |  |
| **4.** Have difficulties with playing team games, such as football, volleyball, catching or throwing balls accurately? |  |  |  |  |
| **5.** Have difficulty writing neatly (so others could read it)? |  |  |  |  |
| **6.** Have difficulty writing as fast as your peers? |  |  |  |  |
| **7.** Bump into objects or people, trip over things more than others? |  |  |  |  |
| **8.** Have difficulty playing a musical instrument (e.g. violin, recorder)? |  |  |  |  |
| **9.** Have difficulties with organising/finding things in your room? |  |  |  |  |
| **10.** Have others comment about your lack of coordination or call you clumsy? |  |  |  |  |
| **Column Totals** |  |  |  |  |
|  | | | **Section 1 Total** |  |
| If you score 17 or over, you must complete the next section | | |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 2: Do you currently have difficulties with the following items:** | | | | |
|  | **Never**  **(0)** | **Sometimes**  **(1)** | **Frequently**  **(2)** | **Always**  **(3)** |
| **1.** Self-care tasks such as shaving or make up? |  |  |  |  |
| **2.** Eating with a knife and fork/spoon? |  |  |  |  |
| **3.** Hobbies that require good coordination? |  |  |  |  |
| **4.** Writing neatly when having to write fast? |  |  |  |  |
| 5. Writing as fast as your peers? |  |  |  |  |
| 6. Reading your own writing? |  |  |  |  |
| 7. Copying things down without making mistakes? |  |  |  |  |
| **8.** Organising/finding things in your room? |  |  |  |  |
| **9.** Finding your way around new buildings or places? |  |  |  |  |
| **10.** Have others called you disorganised? |  |  |  |  |
| **11.** Do you have difficulties sitting still or appearing fidgety? |  |  |  |  |
| **12.** Do you lose or leave behind possessions? |  |  |  |  |
| **13.** Would you say that you bump into things, spill or break things? |  |  |  |  |
| **14.** Are you slower than others getting up on the morning and getting to work or college? |  |  |  |  |
| **15.** Did it take you longer than others to learn to drive? (if you do not drive, please indicate on the paper and describe why you chose not to drive) |  |  |  |  |
| **16.** Do others find it difficult to read your writing? |  |  |  |  |
| **17.** Do you avoid hobbies that require good coordination? |  |  |  |  |
| **18.** Do you choose to spend your leisure time more on your own than with others? |  |  |  |  |
| **19.** Do you avoid team games/sports? |  |  |  |  |
|  | **Never**  **(0)** | **Sometimes**  **(1)** | **Frequently**  **(2)** | **Always**  **(3)** |
| **20.** If you do a sport, is it more likely to be on your own, e.g. going to the gym, than with others? |  |  |  |  |
| **21.** Do you/did you in your teens/twenties avoid going to clubs/dancing? |  |  |  |  |
| **22.** If you are a driver, do you have difficulty parking a car? |  |  |  |  |
| **23.** Do you have difficulty preparing a meal from scratch? |  |  |  |  |
| **24.** Do you have difficulty packing a suitcase to go away? |  |  |  |  |
| **25.** Do you have difficulty folding clothes to put them away neatly? |  |  |  |  |
| **26.** Do you have difficulty managing money? |  |  |  |  |
| **27.** Do you have difficulties with performing two things at the same time (e.g. driving and listening or taking a telephone message)? |  |  |  |  |
| **28.** Do you have difficulties with distance estimation (e.g. with regard to parking, passing through objects)? |  |  |  |  |
| **29.** Do you have difficulty planning ahead? |  |  |  |  |
| **30.** Do you feel you are losing attention in certain situations? |  |  |  |  |
| **Column Totals** |  |  |  |  |
|  |  |  | **Section 2 Total** |  |
|  |  |  | **Section 1 Total** |  |
|  |  | **Questionnaire Total**  **[Section 1 + Section 2]** | |  |

**Scoring and interpretation of the ADC**

In order to get a joint score the adult needs to complete Section 1 (as a child) and Section 2 (current functioning).

Each question is allocated a score as follows:

**Never = 0**

**A score of:**

**56 + = Dyspraxia at risk 65+ = Probable Dyspraxia**

**Sometimes = 1**

**Frequently = 2**

**Always = 3**

**Add Section 1& 2 to give an overall total**

**The individual requires a score of at least 17 in Section 1 in order to meet the criteria of having past difficulties in childhood.** If this is the case then the combined score can be calculated.

If you would like further information on dyspraxia, please go to <http://www.dyspraxiafoundation.org.uk/>