Dear Parent(s)/Guardian(s),

Thank you for your enquiry about an Educational Psychology Assessment at the Dyslexia Association of Ireland.

Please find enclosed/attached a Children and Young People Consent Form and a Family Information Form.

We would ask you as parents/guardians to kindly complete and return these two forms, along with copies of any recent school reports or previous educational psychology reports. Please also send in a sample of your child’s writing. This should ideally be a piece of writing done unaided or in a recent class or school test. Please only send photocopies as we are unable to return these.

We also attach/enclose a School Information Form. This should be given to the most relevant teacher(s) in your child’s school to complete. Please ask the teacher(s) to return the form directly to the Dyslexia Association of Ireland as soon as possible.

Once we have received all of these forms we will place your child on our waiting list and write to you to confirm this. We are unable to add your child to our waiting list until all forms are returned. Our waiting list is currently approximately 2-3 months.

Forms should be returned to the Dyslexia Association of Ireland, Fifth Floor, Block B, Joyce’s Court, Talbot Street, Dublin 1, or scanned/e-mailed to info@dyslexia.ie. Please note that the consent form should include original parental signatures.

The fee for the assessment is €490. In very exceptional circumstances, a reduced rate may be available for people on social welfare or a very low income. Please contact the office if you feel that you may need such assistance. We do not require any payment to be sent with the forms. We will ask for a 50% deposit when we have an assessment date for you.

Thank you for your cooperation. If you have any queries then please do not hesitate to contact me.

Kind regards,

Harriet Doig
Information Officer.
Thank you for your enquiry regarding an assessment at the Dyslexia Association of Ireland.

An Educational Psychology Assessment consists of a series of activities to determine levels of literacy, and other relevant cognitive skills. The assessment takes about 3 hours in total. The aim of the assessment is to examine learning strengths and difficulties and to find out if a Specific Learning Difficulty (Dyslexia) exists. Following the assessment the educational psychologist will briefly explain initial findings and a written report is sent within 4 weeks. Reports are sent by email but a hard copy can be sent if requested. The cost of the assessment is €490.00 (which includes one year’s complimentary membership of the Dyslexia Association of Ireland).

In order to assess a person under the age of 18 years it is necessary to have the written consent of both parents and/or guardians. Please ensure that you sign the attached Declaration of Informed Consent and return it to us.

Once an appointment date is available you will be sent a letter informing you of this. At this time we will require you to confirm this appointment and pay a 50% deposit of €245.00. We ask you to pay the balance of the assessment fee (€245.00) on the day of the assessment.

In very exceptional circumstances, a reduced rate may be available for people on social welfare or very low income - please ask if you feel that you may need assistance. Applications for a reduced rate assessment must be submitted to DAI at least two weeks in advance of the assessment date. Late applications cannot be accepted.

If you are the sole legal guardian with 100% custody, please sign the form clearly stating your own circumstances. If one parent is out of contact with the child, 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 absent parent cannot be traced then the assessment may go ahead. We ask you to sign this form to protect the rights of parents and we thank you for your co-operation.

The Dyslexia Association of Ireland will keep all records and information about clients confidential and secure as per Data Protection legislation and guidance. We retain records for six years before they are confidentially destroyed. It is therefore important that you retain copies of papers and reports for your own records.

All staff working in the Dyslexia Association are Garda Vetted for Child Protection purposes and work within the guidance as laid out in the forthcoming Dyslexia Association of Ireland’s Child Protection Policy.

If you have any queries about the assessment process, please don’t hesitate to contact us on (01) 877 6001 or info@dyslexia.ie.
Educational Psychology Assessment - Declaration of Informed Consent

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

_________________________________________  ___ / ___ / ____
(Name of Child/Young Person)  (Date of Birth)

Signed: ________________________________  Date: ______________
(Parent/Guardian)

Contact Telephone Number: ______________________

Signed: ________________________________  Date: ______________
(Parent/Guardian)

Contact Telephone Number: ______________________

If one parent is not available to sign this form please complete the section below:
The last known address of the above child’s mother/father (delete as applicable) is as follows and I give permission for the Dyslexia Association of Ireland to send a consent form to this address:

Name of Parent:

________________________________________

Address:

________________________________________

________________________________________

Signed: ________________________________  Date: ______________

In order to reduce our administration costs, we aim to send as much correspondence as possible by email. Please indicate below if you would be happy to receive future correspondence by email:

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

E-mail Address: ____________________________

Please return this form to:

Dyslexia Association of Ireland, Fifth Floor, Block B, Joyce’s Court, Talbot Street, Dublin 1 or email info@dyslexia.ie.
Family Information Form
To be completed by Parent(s)/Guardian(s)

Please complete the following information and return it to the Dyslexia Association,
Fifth Floor, Block B, Joyce’s Court, Talbot Street, Dublin 1. If you have any queries
please contact us on 01 877 6001, or for more information see www.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: Mobile:

Email:

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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Type of Assessment</th>
<th>Diagnosis/Conclusions (if any)</th>
<th>Who did this assessment? (e.g. DAI, privately?)</th>
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Unless assessments were carried out by DAI in the last 6 years, 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.)

Has your child ever been assessed by, or referred to, a Speech and Language Therapist or an Occupational Therapist? YES □ NO □ If YES please provide details below:

<table>
<thead>
<tr>
<th>Date</th>
<th>Type of assessment</th>
<th>Diagnosis (if any)</th>
</tr>
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</table>

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:

<table>
<thead>
<tr>
<th>Schools Attended</th>
<th>Dates Attended</th>
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<td>From:</td>
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<td>From:</td>
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</tbody>
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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 your child’s school progress in general:

Which of the following are areas of difficulty or concern?

- Reading  □  Expressive Writing  □
- Maths     □  Speaking or Talking □
- Spelling  □  Concentration  □
- Handwriting □  Confidence  □

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 Dyslexia Association of Ireland, Fifth Floor, Block B, Joyce’s Court, Talbot Street, Dublin 1
School Assessment Form (Primary)

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 the following form as fully as you can. Your co-operation is very much appreciated. Thank you.

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Date of Birth:</th>
<th>Age:</th>
</tr>
</thead>
</table>

School:  
Is the school a Gaelscoil?  YES □  NO □  
Class:  

Does the student get any learning support or resource teaching?  YES □  NO □  
If YES please give details as to the amount and nature of any support: 

1) READING  (Please tick as appropriate)  
- □ Cannot sound-out/decode new words  
- □ Mixes up similar letters (e.g.: d/b/p)  
- □ Phonological awareness difficulty  
- □ Cannot identify rhyming words  
- □ Limited sight vocabulary  
- □ Skips words  
- □ Substitutes words  
- □ Lacks fluency / slow reading speed  
- □ Dislikes reading aloud  
- □ Confuses basic words  
- □ Comprehension  
- □ Reads through full stops

Further comments relating to reading:

2) SPELLING  
- □ Does not retain learned spellings  
- □ Cannot tell if a word ‘looks right’  
- □ Omits vowels  
- □ Spells phonetically  
- □ Deteriorates under pressure  
- □ Reverses letter patterns  
- □ Poor application of rules  
- □ Confuses homophones  
- □ Unusual spelling attempts (e.g.)  
- □ Inconsistent or unusual spellings (e.g.)  
- □ Ability to apply learned spellings in tests
Further comments relating to spelling:

3) WRITTEN WORK

- Difficulty generating sentences
- Insufficient length
- Inappropriate use of punctuation
- Omits full-stops
- Difficulty getting started
- Untidy overall appearance
- Difficulty sequencing and organising ideas
- Written work does not reflect ability to speak about a topic

Further comments relating to written work:

4) HANDWRITING

- Irregular letter formation
- Irregular pencil grip
- Slow speed of copying
- Inaccurate copying
- Difficulty writing from dictation
- Slow speed of writing
- Poor legibility
- Difficulty completing writing tasks on time

Further comments relating to handwriting:
5) **MATHS - Has difficulty with:**

- Intuitive grasp of number
- Grasping concepts
- Retaining concepts
- Tables / retaining number facts
- Mental calculations
- Understanding problems with verbal instructions

**Further comments relating to maths:**

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6) **CONCENTRATION LEVELS IN CLASS**

- Easily distracted/daydreams
- Fidgets
- Disrupts others
- Gets frustrated easily
- Forgets easily
- Needs instructions repeated

**Further comments relating to concentration:**

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7) **Please describe the student’s progress with Irish and/other languages**

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8) **Is the student in receipt of DES Exemption from Irish Certificate?**

   - YES □
   - NO □

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

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10) Do the results achieved by this student reflect the effort he/she puts into tasks?


11) How would you describe the student’s attitude to school?


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


13) What are the student’s strengths?


14) Any further comments:


Name of teachers who contributed to the completion of this form:

<table>
<thead>
<tr>
<th>Names of Teacher</th>
<th>Position / Role / Subject</th>
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</table>

Thank you for filling out this form. Please return it to the Dyslexia Association of Ireland, Fifth Floor, Block B, Joyce’s Court, Talbot Street, Dublin 1 (01) 877 6001 info@dyslexia.ie