

**DYSLEXIA DIAGNOSTIC EVALUATION HEALTH, FAMILY, DEVELOPMENTAL, & BEHAVIORAL
HISTORY INTERVIEW FORM**

Child's Name: _____ Birth date: _____
 School: _____ Grade: _____
 Parent(s): _____ E-mail: _____
 Home phone: _____ Alt. Phone: _____

Languages spoken in the home: _____

Siblings and their ages: _____

Other adults living in the home: _____

Number of books in the home (circle): None Several (< 20) Many (20+) Hundreds

Times per week the child is read to (circle): Never 1-2 days 3-5 days 6-7 days

Referring concern: _____

At what age and/or grade did the referring concerns first emerge? _____

Health History (Perinatal Factors)

1. General obstetric status (circle one): Optimal Adequate Poor
 Describe: _____

2. Alcohol exposure during pregnancy (circle): YES NO If YES answer the following:
 a. How often did mother drink? Every day Once a week Rarely
 b. How much did mother drink? Just a little One drink Several drinks
 c. When during pregnancy did mother drink? 1st trimester 2nd Trimester 3rd trimester

3. Drug exposure during pregnancy (circle): YES NO If YES answer the following:
 a. What drugs were taken? List: _____

b. When during pregnancy were drugs taken? 1st trimester 2nd Trimester 3rd trimester

4. Complications during delivery (circle)? YES NO If YES describe:
 Describe: _____

5. Birth weight (list): _____ lbs. _____ oz.

Health History (Infancy and childhood)

6. Illnesses

(Describe/List when illness occurred)?

7. Chronic ear infections

- a. When did they occur?
- b. How often did they occur?
- c. Were tubes placed?
- d. Was there hearing loss?

YES	NO	If YES answer the following:
_____ months	to _____ months	
_____ per month (or)	_____ per year	
YES	NO	When? _____
YES	NO	If YES describe

8. Other Medical Diagnoses/Issues (circle):

- High fevers
 - Fetal alcohol syndrome
 - Lead poisoning
 - Immune dysfunction
 - Arthritis
 - Allergy history
 - Hydrocephalus
 - Other (list): _____
- Head trauma
 - Epilepsy
 - Mental retardation
 - Thyroid problems
 - Cerebral palsy
 - Gastrointestinal symptoms
 - Prolong hospitalizations

9. Suspected vision loss

YES NO If YES describe reasons for concern: _____

10. Suspected hearing loss

YES NO If YES describe reasons for concern: _____

11. Vision Screening (list):

Date: _____ Near 20/____ Far 20/____

12. Hearing Screening (list):

Date: _____ Result: _____

Reading Related Behavioral History¹

30. Infant (birth to 18 months)		
Focused eyes on an object	YES	NO
Reached for and held books	YES	NO
Held head steady and sat without support	YES	NO
Pointed with one finger at an object	YES	NO
Turned board pages, several at a time	YES	NO
Looked at pictures	YES	NO
Vocalized at, patted, and pointed to pages/pictures	YES	NO
Turned books right side up	YES	NO
Gave books to an adult to read	YES	NO
31. Toddler (18 months to 3 years)		
Turned board pages, one at a time	YES	NO
Carried books	YES	NO
Named familiar pictures	YES	NO
Filled in words in familiar stories	YES	NO
Pretended to read to others	YES	NO
Recited parts of well-known stories	YES	NO
Learned to handle paper pages	YES	NO
Found favorite pictures in books	YES	NO
Related text to pictures	YES	NO
Protested when words in a familiar story were read wrong	YES	NO
Read familiar books to self	YES	NO
Named family member pictures	YES	NO
Recognized familiar signs (e.g., fast food restaurants)	YES	NO
32. Preschool (3 to 5 years)		
Was able to handle/manipulate books	YES	NO
Turned paper pages, one at a time	YES	NO
Listened to longer stories	YES	NO
Was able to retell a familiar story	YES	NO
Understood what text is	YES	NO
Moved finger along text	YES	NO
"Wrote" name	YES	NO
Was able to pronounce words without problem (i.e., no baby talk)	YES	NO
Had no difficulty finding the right word in speech	YES	NO
Was able to rhyme words	YES	NO
Learned common nursery rhymes (e.g., "Jack and Jill")	YES	NO
Learned letters in own name	YES	NO
Was learning numbers/letters	YES	NO
Noticed if parents skipped a word while reading	YES	NO
Was able to name shapes and colors	YES	NO
Was able to recognize own name in print	YES	NO
Was able to repeat the alphabet without the "ABC" song	YES	NO
33. Kindergarten and First Grade (6 to 7 years)		
Learned letter sound associations	YES	NO
Did not confuse basic words (e.g., run and eat)	YES	NO
Learned that words come apart (e.g., "batboy" = "bat" and "boy")	YES	NO
Learned that words come apart (e.g., "bat" = "b" "aa" "t")	YES	NO

Reading errors were phonetic (e.g., “bat”=“bait,” not “bat”=“goat”)	YES	NO
Read common one-syllable words (e.g., mat, cat, sat)	YES	NO
Enjoyed reading (i.e., no complaints about it being hard)	YES	NO
34. Second Grade and Beyond (8 years and older)		
Was able to pronounce long, unfamiliar, complicated words	YES	NO
Speech was fluent (e.g., no pauses, hesitations, or a lot of “um’s”)	YES	NO
Language was precise (e.g., avoids “stuff” instead of object names)	YES	NO
Was able to “find” words easily when speaking	YES	NO
Needed little time to summon an oral response	YES	NO
Was able to quickly remember dates, names, phone numbers, etc.	YES	NO
Was able to read/sound out new and unfamiliar words	YES	NO
Could describe how to read new and unfamiliar words	YES	NO
Was able to read “function” words (e.g., “that” “an” “in”)	YES	NO
Was able to read/sound out multi-syllable words	YES	NO
Enjoyed reading and has no fear of reading out loud	YES	NO
Oral reading became fluent (not slow and tiring)	YES	NO
Oral reading included inflections and sounds	YES	NO
Did well on multiple choice tests	YES	NO
Ability to read single words was as strong as passage comprehension	YES	NO
Finished tests on time	YES	NO
Spelling errors were close to true spelling	YES	NO
Was able to read math word problems	YES	NO
Was able to finish homework in a timely fashion	YES	NO
Read for pleasure	YES	NO
Was able to learn a foreign language	YES	NO
Did not substitute words unable to pronounce with words that had the same meaning (e.g., “car” for “automobile”)	YES	NO

¹Adapted from Coordinated Campaign for Learning Disabilities (1997), Reach Out and Read (n.d.), Shaywitz (2004a, 2004b), and The Help Group (n.d.)