



CALIFORNIA STATE UNIVERSITY,
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**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

Health History (Perinatal Factors, continued)

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 YES NO If YES answer the following:
a. When did they occur? _____ months to _____ months
b. How often did they occur? _____ per month (or) _____ per year
c. Were tubes placed? YES NO When? _____
d. Was there hearing loss? YES NO If YES describe

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

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: _____

Family History

13. Parent with dyslexia (circle)? YES NO
14. Parent with learning disability(ies; circle)? YES NO
15. Family members with dyslexia (circle)? YES NO If YES answer the following:
 a. Relationship to child (list): _____
 b. An identical twin? YES NO
16. Family members with learning disability (ies; circle)? YES NO If YES answer the following:
 a. Relationship to child (list): _____
 b. An identical twin? YES NO
17. Health/developmental problems among family members? Describe: _____

18. Maternal educational attainment (circle)?
 No High School Some High School
 High School Grad. Some College
 College Grad. Some Graduate School
 Degree(s, List): _____
19. Paternal educational attainment (circle)?
 No High School Some High School
 High School Grad. Some College
 College Grad. Some Graduate School
 Degree(s, List): _____

Developmental History

20. Age major milestones were obtained (list)?
 First word _____ months
 Sentences _____ months
 Stands alone _____ months
 First steps _____ months
 Walks alone _____ months

Diagnostic History

21. Speech/Articulation disorders YES NO
 a. Type(s) of disorder (list): _____
 b. Type(s) of treatment (list): _____
 c. Duration of treatment (list): _____

Diagnostic History (continued)

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|--|-------|----|
| 22. Language disorders | YES | NO |
| a. Type(s) of disorder (list): | _____ | |
| b. Type(s) of treatment (list): | _____ | |
| c. Duration of treatment (list): | _____ | |
| 23. Central Auditory Processing difficulties | YES | NO |
| a. Type(s) of treatment (list): | _____ | |
| b. Duration of treatment (list): | _____ | |
| 24. AD/HD | YES | NO |
| a. Type(s) of disorder (list): | _____ | |
| b. Type(s) of treatment (list): | _____ | |
| c. Duration of treatment (list): | _____ | |
| 25. Other diagnoses (list) | _____ | |
| | _____ | |
| | _____ | |
| | _____ | |

School History

- | | | |
|--|-------|----|
| 26. Number of schools attended (list) | _____ | |
| 27. School attendance history (describe) | _____ | |
| | _____ | |
| 28. Prior special education services? | YES | NO |
| 29. Educational interventions (describe) | _____ | |
| | _____ | |
| | _____ | |
| | _____ | |

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 |

Reading Related Behavioral History¹ (continued)

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" "aaa" "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

Reading Related Behavioral History¹ (continued)

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.).