

Questionnaire for parents/carers of dyslexics

What age range is your child? Under 5 6-10 11 to 16 17-25 26 or over

Has your child been diagnosed as dyslexic at school? YES

NO



If so are they getting **appropriate** help at school? YES

NO



If not diagnosed at school where did you get them assessed?

Or are you still waiting/trying to get them assessed? YES

NO



What are the main problems now that you think are caused by your child's dyslexia?

In what way are these problems affecting your child?

Low self-esteem Frustration Behavioural issues Bullying

Problems with literacy Problems with maths Not wanting to go school

Something else Please say what.....

The Dyslexia Association needs to show evidence of need for funders and also prioritise the services we offer and we would value your opinion. Please tick the up to **5 boxes** to show us what you think are most important.

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|---|---|
| A drop-in centre to go to for advice | Parent support courses to help you better understand and support your child |
| Help to improve communication with schools | Talks about things related to dyslexia |
| Help improving child's self-esteem and confidence | Parent support groups |

| | |
|----------------------------------|---|
| Help with child's reading | Awareness raising activities for the wider public |
| Help with child's literacy | Free advice sessions in local communities |
| Something else - please say what | Help with child's numeracy |

Could you afford to pay for any of these services? YES



NO



Have you used any of the CDA services in the last 3 years? YES



NO



If so what?

How helpful was this?

If you haven't used any of our services would you like to? YES

NO

If so what?



Thank you so much for taking the time to fill in this form your feedback is very much appreciated!

If you would like to be kept in contact with our activities please give us your e-mail address:

