

Dyslexia Checklist

Name: _____

Date: _____

Group: _____

Tutor: _____

	<i>Please complete this checklist - with the support of your tutor, if necessary</i>	Yes	No
1	Do you have difficulty in telling left from right?		
2	Is map reading or finding your way to a strange place confusing?		
3	Do you dislike reading aloud?		
4	Do you take longer than you think you should to read a page of a book?		
5	Do you find it difficult to understand something you have read?		
6	Do you dislike reading long books?		
7	Do you find spelling difficult?		
8	Do you think your writing is difficult to read?		
9	Do you get confused if you have to speak in front of other people?		
10	Do you find it difficult to take messages on the telephone and pass them on correctly?		
11	When you have to say a very long word do you find it difficult to get all the sounds in the right order?		
12	Do you find it difficult to do sums in your head without using your fingers or paper?		
13	When using the telephone do you get the numbers mixed up?		
14	Do you find it difficult to say the months of the year in order?		
15	Do you find it difficult to say the months of the year in order (backwards)?		
16	Do you mix up dates and times and miss appointments?		
17	Do you have difficulty writing numbers both in words and figures?		
18	Do you find forms difficult and confusing?		
19	Do you mix up bus numbers like 95 and 59?		
20	When you were at school did you find it difficult to learn your times tables?		