



**Research Project:
Investigating Response to Reading Intervention in Children with Reading
Difficulties**

Parent/Guardian Questionnaire

Thank you for taking the time to complete the parent/guardian questionnaire!

Please remember that any information you provide in this questionnaire will be kept completely confidential, and will only be seen by researchers from the University of Birmingham. All data will be recorded in an anonymized form.

This questionnaire has 2 parts. Part 1 pertains to your child's participation in the research project (i.e. whether they may have any conditions which may preclude them from taking part, whether they speak any other languages etc.). Part 2 pertains to your child's handedness; namely, which hand they may use to complete simple computer tasks. Questions in these sections should be completed by parents/guardians on behalf of your child.

Please complete all questions fully and to the best of your knowledge.

If you have any further questions about the project, please feel free contact Kate Jobson (researcher) at KXJ241@student.bham.ac.uk.

Please return this questionnaire, along with the completed informed consent form, to your child's school by 30th September 2019.

Part 1

Please circle which applies to your child:

1. Gender:

Female Male

2. Date of Birth (dd/mm/year):

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Age _____

3. Does your child have normal or corrected-to-normal vision? Yes/No

4. Does your child have a history of any of the following?

(a) Neurological abnormality or trauma (e.g. epilepsy, brain tumour, cerebral palsy etc.) Yes/No

(b) Hearing loss Yes/No

(c) Psychiatric or emotional problems (e.g. conduct disorder or anxiety disorder) Yes/No

(d) Attention Deficit Hyperactivity Disorder (ADHD)/ Attention Deficit Disorder (ADD) Yes/No

5. Does your child speak any other language than English? Yes/No

If yes, please give details: _____

6. If your child's first language is not English, please indicate how long they have attended English-speaking school/s.

_____ Years _____ Months

Part 2

Edinburgh Handedness Inventory

Please indicate **your child's** handedness preferences (i.e. left or right-handed) in the following activities by putting a + in the appropriate column.

Where the preference is so strong that the other hand would never be used (unless absolutely forced to) please put a ++.

If in any case your child is really indifferent (i.e. shows no left/right preference) please put + in both columns.

As you are filling this information in on behalf of your child, you might want to ask them to perform the action.

		LEFT	RIGHT
1	Writing		
2	Drawing		
3	Throwing		
4	Scissors		
5	Toothbrush		
6	Knife (without fork)		
7	Spoon		
8	Broom (upper hand)		
9	Opening box (lid)		
i	Which foot do you prefer to kick with?		
ii	Which eye do you use when using only one?		