



Performance Breakthrough Evaluation Form

Note to parents: Please mark each of the 'possible difficulties' with a score of 4, 3, 2, 1 or 0 depending on how difficult your child finds the task.

4 = Your child finds the task very difficult to complete
0 = Your child has no difficulty at all with this task.

Names of parents/guardians: _____

Name of child _____		Date of birth _____	
Possible difficulties:	Initial assessment date	First review date	Second review date
Getting ready for school			
Remembering books/PE gear/lunches			
Doing homework			
Reciting the months of the year in order			
Learning spellings			
Retaining spellings after the Friday test			
Writing a story - Is it as short as possible?			
Studying for tests			
Recognising mistakes when writing			
Has an attitude to homework of 'it will do'			
Copying from board			
Reading – Is it slow and monotone?			
Difficulty reading out loud			
Do words move about on the page?			
Are b's and d's switched when writing?			
Difficulty writing a story that makes sense?			
Remembering capital letters and full stops.			
Handwriting – is it messy?			
Difficulty writing on the straight line			
Squeezes words in to the end of the line			
Lack of spacing/ Letters random sizes			
Speech difficulties			

Difficulty learning times tables			
Difficulty waiting in turn (in a queue)			
Interrupts when you're speaking to others			
Tired just sitting up straight			
Fidgets with hands or feet			
Moves around a lot when seated			
Easily Distracted/Low concentration			
Is 'on the go' or acts as if 'driven by a motor'			
Slow processing speed			
Difficulty following instructions			
Talks excessively			
Runs about or climbs excessively.			
Difficulty throwing and/or catching			
Difficulty riding a bike			
Awkward when running			
Has a tendency to knock glasses over			
Difficulty playing in team sports			
Awkward pen grip			
Struggles to tie shoe laces			
Difficulty getting to sleep			
Fussy eater			
Becomes frustrated easily over little things			
Shows aggressive behaviour (Meltdowns)			
Gets anxious			
Inappropriate speech/No filter			
Difficulty expressing emotions			
Very dependent on specific routines			
Difficulty holding eye contact			
Fixations			
Seems not to listen			
Low confidence			
Prefers to play alone			
Difficulty keeping friendships			
High sensitivity to touch/sound/deep impact			
Knows what to say but can't get words out			
No consequences of actions			
Lack of empathy			

Please bring this completed form to your Evaluation appointment.

If you still need to book you appointment, please contact us to arrange a suitable time.

Tel: 028 9036 4000 / 07790 245 145

Email: susan@performancebreakthrough.co.uk

www.performancebreakthrough.co.uk



Data Privacy Policy

As a company Performance Breakthrough Ltd uphold the laws of GDPR.

The information we will hold will be held on the following mediums:-

- ★ **A record card** detailing the name of the participant in the programme, the parent's name(s), address, contact numbers, email address, the date you started the programme and dates of review appointments. This information will not be shared with anyone or any other organisation unless requested by you.
- ★ **An Evaluation Form** which will detail the symptoms you or your child are experiencing before you start the programme. This evaluation will be updated at 3-month intervals. The quantifiable results of progress will be collated anonymously and used for research and evidence purposes.
- ★ **Testimonials / Quotations** detailing the positive areas of progress. We may use these for marketing purposes, but only with your prior consent.
- ★ **Video clips** showing progress. We will only take a video clip with your prior consent. We may use these for marketing purposes, but only with your prior consent.
- ★ **A Receipt Copy** detailing the name of the payer, address, contact number and email address. This information will not be share with anyone or any other organisation unless requested by you.

Your email address will not be shared with anyone or any other company and will only be used for communication, updates and a review survey between Performance Breakthrough Ltd and you.

If for any reason you no longer wish to receive emails or correspondence from us you can request that we stop via phone call, text, email, in person or by clicking on unsubscribe.

We confirm that we have received and read the above information in relation to how our data is held by Performance Breakthrough Ltd.

Signed: _____

Date: _____