

Writing Disability Diagnostic Interview Form

Personal Information

Full Name

Date of Interview

Date of Birth

Gender

Grade / Current Enrollment

Interviewer

Background Information

Relevant Medical History

Family History of Learning Difficulties

Languages Spoken at Home

Educational History

Schools Attended

Previous Evaluations/Diagnoses

Special Services/Supports Received

Writing Difficulties Detail

Areas of Difficulty (Check all that apply)

	Yes	No
Spelling	<input type="radio"/>	<input type="radio"/>
Handwriting	<input type="radio"/>	<input type="radio"/>
Grammar	<input type="radio"/>	<input type="radio"/>
Punctuation	<input type="radio"/>	<input type="radio"/>
Organizing Ideas	<input type="radio"/>	<input type="radio"/>
Sentence Structure	<input type="radio"/>	<input type="radio"/>

Other Concerns

Sample Questions

When did you first notice writing difficulties?

Describe a typical writing task that is challenging.

How do these difficulties affect school/home life?

What strategies have been tried to overcome these difficulties?

Observations & Notes

Observational Notes

Additional Comments

