

**TITLE OF STUDY: Educational Development in Individuals with Extra X Chromosomes**

**INVESTIGATOR(S): Dr. Donald R. Bear 775-784-4951, Mina Avery 775-425-2367**

**PROTOCOL #: SA07/08-152**

## Parent Survey

Please complete this form to the best of your ability. If you have questions or need clarification; please contact Dr. Donald R. Bear at 775-784-4951 or Mina Avery at 775-425-2367 or [mavery@anextrakiss.com](mailto:mavery@anextrakiss.com) . Please return this form, your child's spelling test and copies of your child's academic tests to: E.L. Cord Foundation Center for Learning and Literacy; Attn: Dr. Donald R. Bear and Mina Avery; College of Education; Mail Stop 288; University of Nevada, Reno; Reno, Nevada 89557-0217.

Date of Birth: \_\_\_\_\_ Prenatal Diagnosis: Yes / No Condition: 47,XXX / 47XXY

Current Grade in School: K 1 2 3 4 5 6 7 8 9 10 11 12 Other: \_\_\_\_\_

1. Does your child have difficulty with reading? What do you feel is the nature of your child's difficulty?

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2. Does your child have difficulty with writing? What do you feel is the nature of your child's difficulty?

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3. Does your child receive special services at school? \_\_\_\_\_ If so, please describe

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4. Please provide any other information that may be helpful in researchers understanding your child's reading and writing development.

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