

## LEARNING NEEDS SCREENING

### CLIENT COPY

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I am going to ask you questions about your school experiences and your health. Your answers will help me figure out what, if anything, is getting in your way of training and working. Your answers will also help me develop your Welfare-to-Work plan and help me figure out what services you may need to be successfully employed. It is very important that you answer these questions so that I can determine the right kind of Welfare-to-Work activities for you, and to get you the help and services you may need to succeed. These questions are not intended to determine the existence of a learning disability. They are only the first step in the evaluation process.

Please keep in mind that most people with learning disabilities are intelligent and many are gifted. Individuals with a learning disability may have difficulty with the following:

- Reading
- Listening
- Understanding directions
- Writing
- Spelling
- Math
- Organizing things
- Getting along with others
- Expressing ideas out loud
- Paying attention

Individuals with a learning disability can be taught to use their strengths and find ways to make it easier to learn and be more successful at school and on the job. I can help individuals get the appropriate Welfare-to-Work activities, including accommodations once a learning disability is identified.

Please keep in mind this screening is a very simple and short test. It will help you decide if you would like a referral to a learning disability specialist for an evaluation to find out if a learning disability exists. The areas that will be tested at evaluation are the following:

- Natural talents and abilities
- Ability to follow verbal and written information
- Achievement
- Job and Career interests

The specialist can help identify strengths and weaknesses so that we can make referrals to the appropriate services and accommodations for you. Please remember that you have the right to file for a fair hearing if you disagree with a county action including actions related to learning disabilities.

If you are Limited-English proficient and a Learning Needs Screening is not available in your primary language, you have the right to request a referral directly for a learning disabilities evaluation.

## LEARNING NEEDS SCREENING

### CLIENT COPY (Continued)

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1. Have you had any problems learning in middle school or junior high?
2. Do you have difficulty working from a test booklet to an answer sheet?
3. Do you have difficulty or experience problems working with numbers in a column?
4. Do you have trouble judging distances?
5. Do any family members have learning problems?
6. Have you had any problems learning in elementary school?
7. Do you have difficulty or experience problems mixing mathematical signs (+/x)?
8. Do you have difficulty or experience problems filling out forms?
9. Do you experience difficulty memorizing numbers?
10. Do you have difficulty remembering how to spell simple words you know?
11. Do you have difficulty or experience problems taking notes?
12. Do you have trouble adding or subtracting small numbers in your head?
13. Were you ever in a special program or given extra help in school?
14. Were you ever in special education classes in school?
15. Have you ever been diagnosed or told you have Learning Disabilities?

If YES, by whom?

When?

Type(s) of Learning Disabilities (if known):

**LEARNING NEEDS SCREENING****CLIENT COPY (Continued)**

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16. Have you ever been diagnosed or told that you have Attention Deficit Disorder with or without hyperactivity?

If YES, by whom?

When?

17. Do you need or wear glasses or contact lenses?

18. Was your last vision test within the last two years?

19. Do you need or wear a hearing aid?

20. Have you had your hearing tested in the last 12 months?

21. Have you ever seen a speech or language therapist?

22. Have you ever had any of the following:

a lot of ear infections

a lot of headaches or migraines

a lot of sinus problems

a head injury

high fevers that lasted a long time

convulsions or seizures

diabetes (high blood sugar)

serious health problems

severe allergies

23. Are you taking any medications that affect the way you think, act, or feel?

If YES, what are you taking?

How often?

24. Do you need medical or follow-up services?