Name: __________________________________________________________________________  Date: _____________________________
Phone: ________________________________ Student ID: ________________________________ Date of Birth: ______________________
Class Level: ________________________________________________________ Major: __________________________________________

CURRENT EDUCATION & DIFFICULTIES

1. When do you plan to graduate? ____________________________________________
2. What are the reasons for your referral to Disability Services? Please state the problems you experience in your own words.
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
3. Describe any difficulties you are experiencing in your classes.
   __________________________________________________________________________
   __________________________________________________________________________

4. What is your best academic area? __________________________________________________________________________
5. What is your weakest academic area? __________________________________________________________________________
6. How much time per week do you devote to studying outside of class? ____________
7. What is your current Grade Point Average (GPA)? _____________________________
8. Are you currently on academic probation or disqualification?  _____ YES  _____ NO

PAST EDUCATION

1. How many schools did you attend from Kindergarten through 12th grade? ____________
2. In what grade did you start having problems in school, and what problems were there?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
3. Have you ever been tested for a learning disability? _____YES  _____ NO
   If yes, what was the outcome of this assessment? __________________________________________________________________________
4. Have you ever been placed in a special education or remedial class?  _____ YES  _____ NO
5. Did you receive instruction in another language other than English at the:
   Elementary Level  _____ YES  _____ NO  If YES, how many years?  _____
   Secondary Level  _____ YES  _____ NO  If YES, how many years?  _____
6. Do you read or write another language?  _____ YES  _____ NO  If YES, what language(s)?  ______________________________________

STUDY HABITS & LEARNING

1. Check any areas in which you have problems with organization:
   _____Integrating information from many sources  _____Readying materials (e.g. term papers, class assignments, etc.)
   _____Identifying steps of a task  _____Being prepared for class (taking papers, pens, having completed readings)
   _____Outlining information  _____NONE OF THE ABOVE
2. Check all the areas in which you experience time management problems:
   _____Starting a task  _____Staying on task  _____Completing a task/assignment  _____Getting to class on time
   _____Keeping appointments  _____NONE OF THE ABOVE
3. Are you easily distracted by:  _____Noise  _____Music  _____Television  _____Colors  _____Movement
   _____Visuals  _____Clutter  _____Lighting  _____People talking  _____NONE OF THE ABOVE
4. Do you have problems following multiple directions given in class?  _____ YES  _____ NO
5. Do you have trouble recalling facts and details? _____ YES _____ NO
6. Are you easily frustrated when you are: _____ Learning new tasks _____ Studying _____ Taking tests _____ Meeting new people ______NONE OF THE ABOVE
7. Are you overly restless: _____ When studying _____ Before exams _____ In class _____ NONE OF THE ABOVE
8. Do you often respond without thinking? _____ YES _____ NO
9. Do you experience difficulty with memorization? _____ YES _____ NO

**READING**

1. Do you experience frustration when reading? _____ YES _____ NO
2. Do you like to read? _____ YES _____ NO
3. Are you a slow reader? _____ YES _____ NO
4. Are you comfortable reading aloud? _____ YES _____ NO
5. Do your eyes tire easily when reading? _____ YES _____ NO
6. Do you have problems with: _____ Understanding what you read _____ Locating the main idea _____ Reading or skimming quickly _____ Sounding out unfamiliar words ______NONE OF THE ABOVE
7. Do you have difficulty understanding the meaning of new words from the context? _____ YES _____ NO
8. Do you use visual cues when reading, such as italics, bold face print, punctuation, graphs, maps and/or diagrams? _____ YES _____ NO
9. When reading, do you often: _____ Reverse letters ______ Add letters _____ Confuse similar words _____ Skip lines _____ See letters/numbers out of order _____ Omit letters _____ NONE OF THE ABOVE

**MATHEMATICS**

1. Do you have problems with basic math skills, such as: _____ Addition _____ Subtraction _____ Division _____ Time _____ Money _____ Managing personal accounts _____ Measurement ______NONE OF THE ABOVE
2. Do you have difficulty sequencing steps of a task in math? _____ YES _____ NO
3. Do you have difficulty with mathematical concepts, such as: _____ Word problems _____ Place value _____ Decimals _____ Algebra _____ Fractions _____ Percentages _____ Estimations _____ Reasoning _____ Formulas _____ 3D Figures _____ Geometry _____ Calculus ______NONE OF THE ABOVE

**WRITING**

1. Do you have difficulty expressing your ideas in writing? _____ YES _____ NO
2. Do you experience problems with handwriting? _____ YES _____ NO _____ Illegible writing _____ Mixing printing and cursive or capitals with lower case
3. Do you have spelling problems, such as: _____ Omitting letters _____ Adding letters _____ Substituting letters _____ Reversing letters _____ Dividing words into syllable _____ Spelling phonetically ______NONE OF THE ABOVE
4. Do you experience problems with the mechanics of writing, such as: _____ Using correct grammar _____ Using capitals _____ Writing complete sentences _____ Using correct punctuation ______NONE OF THE ABOVE
5. Do you use limited vocabulary when writing: _____ YES _____ NO
6. Do you have problems with writing tasks, such as: _____ Forms _____ Personal letters _____ Notes _____ Memos _____ Term papers _____ Résumés _____ Job Applications ______NONE OF THE ABOVE

**RECEPTIVE AND EXPRESSIVE LANGUAGE**

1. Do you have difficulty expressing thoughts and ideas verbally? _____ YES _____ NO
2. Do you often mispronounce words? _____ YES _____ No
3. Do you use the wrong words by mistake or have trouble finding the “right word” to describe something? _____ YES _____ NO
4. Do you have difficulty retelling information you’ve read, seen, or heard? _____ YES _____ NO
5. Do you limit your vocabulary when speaking? _____ YES _____ NO
6. Do you have difficulty understanding or keeping up with lectures? _____ YES _____ NO
7. Do you have difficulty following verbal directions? _____ YES _____ NO
8. Do you often feel like you haven’t heard someone well or didn’t “get” what the person said? _____ YES _____ NO

**FAMILY HISTORY**

1. Does anyone in your family have a Learning Disability? _____ YES _____ NO
   If yes, describe: _____________________________________________________________
2. Were you adopted? _____YES _____ NO
3. Describe any family issues which you feel have affected your learning: ____________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________

4. What languages are spoken in your home: ______________________________________________________________________
   a. What languages were you first exposed to? ______________________________________________________________________
   b. Are your parents more fluent in English or in another language? _______________________________________________________
   c. Do you frequently speak another language socially with friends? ______ YES ______ NO
   d. Which language will demonstrate your best performance? __________________________________________________________

MEDICAL HISTORY
1. Were there any medical complications before, during, or after your birth? ______ YES ______ NO
   If so, please explain: ______________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

2. Please check any conditions which apply to you now or in the past: ______ Head injury ______ Diabetes ______ Ear infections
   ______ Vision problems ______ Seizures ______ High Fever ______ Allergies ______ Asthma ______ Hearing Loss
   ______ Other: ____________________________________________________ ______ NONE OF THE ABOVE

3. Have you ever been hospitalized? ______ YES ______ NO
4. If so, why and for how long? _________________________________________________________________________________

5. Has illness/injury ever interrupted your attendance in school? ______ YES ______ NO
   If yes, name the medications: ___________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

6. Have you been, or are you now, on any medication? ______ YES ______ NO
   If yes, name of the medications: _________________________________________________________________________________

7. Do you use alcohol? ______ YES ______ NO

8. Are you currently using any other substances? ______ YES ______ NO

9. Do you have any difficulty with your vision or hearing? ______ YES ______ NO

10. Have you ever been diagnosed with a speech problem or auditory processing disorder? ______ YES ______ NO

11. Have you experienced frequent anxiety about ______ Test taking ______ A subject or class

12. Have you ever had emotional problems? ______ YES ______ NO

13. Have you ever participated in individual or group counseling? ______ YES ______ NO

14. Check any of the following additional resources you have used: ______ Alcohol/Drug Rehabilitation ______ Inpatient/Outpatient
   Psych.Care
   ______ Private counseling/Psychological Services ______ Optometric/Ophthalmological Treatments
   ______ Relaxation/Mediation/Biofeedback Training ______ Other (please specify) __________________________ ______ NONE OF THE ABOVE

SOCIAL LIFE & ACTIVITIES
1. Are you currently employed? ______ YES ______ NO
2. What activities are you involved in (clubs, student government, etc.)? _________________________________________________
3. Do you have difficulty with ______ Making new friends ______ Understanding humor and sarcasm ______ Feeling confident
   ______ Talking to or interacting with others ______ NONE OF THE ABOVE

4. Do you misinterpret: ______ Facial expressions ______ Intonations ______ Gestures ______ NONE OF THE ABOVE

5. Please describe your current social relationships: _________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

IN YOUR OWN WORDS
Use the remainder of the page to write a brief summary of your academic and career goals.
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

Student Signature and Date: ___________________________________________________________________________________