

Adult Client Pre-Assessment Questionnaire

Assessment is for: Last _____ First _____ MI _____ Date of Birth _____

Gender: Male Female Race: White Black Hispanic Asian Native American Other _____

Address _____ City _____ State _____ Zip _____

E-Mail _____ Primary contact phone _____ Cell _____

How did you hear about us? (Please detail below) Direct Mail Magazine Newspaper Radio Television Web
 Referral (by whom) _____ Other _____ Details _____

List occupation or employer _____

Check the highest education level obtained:

Did Not Complete High School Completed High School 2-year College Degree 4-year College Degree Post-Graduate Degree

Give a brief statement of the primary reason for today's appointment _____

Indicate any diagnosis/labels/disorders that have been used to describe you: ADHD ADHD Autistic/Asperger's/PDD
 Dyslexia/Reading Problem Emotional Disability Gifted Learning Disability Mental Retardation Physical Disability
 Speech/Language Disability Traumatic Brain Injury Other _____

Learning Performance History

Indicate if any problems exist in the following areas:

<input type="checkbox"/> Reading	<input type="checkbox"/> Writing	<input type="checkbox"/> Math	<input type="checkbox"/> Spelling
<input type="checkbox"/> Comprehension	<input type="checkbox"/> Avoidance of school or work	<input type="checkbox"/> Works too hard	<input type="checkbox"/> Slow Work
<input type="checkbox"/> Reversals of letters or words	<input type="checkbox"/> Loses place/skips lines	<input type="checkbox"/> Poor memory	<input type="checkbox"/> Attention/concentration
<input type="checkbox"/> Motivation behavior	<input type="checkbox"/> Low self-esteem	<input type="checkbox"/> Overly active	<input type="checkbox"/> Other _____

[General Information]

List all major health problems to date _____

Are you on any medication for ADHD Yes No List any current medications _____

Indicate problem areas headaches vision speech hearing

Have you ever repeated a grade Yes No Please explain _____

Do/Did you achieve expected levels in school? Yes No (Comments) _____

If currently enrolled in classes, list school and grade level _____

Please provide physician's name, phone number, and address so that test results and updates may be communicated.

Learning Skills Rating Scale- Read each of the following statements and rate the individual according to the following scale. Place your rating number in the box provided to the right of each statement. Please be sure to rate every item.

This Behavior:

- 0- Does not occur or does not apply to this individual
- 1- Occurs occasionally
- 2- Occurs somewhat often
- 3- Occurs a considerable amount
- 4- Occurs a significant amount

1. Distracted from the task at hand	<input type="checkbox"/>	33. Poor sense of direction/map reading skills	<input type="checkbox"/>
2. Reading is slow	<input type="checkbox"/>	34. Poor math calculation skills	<input type="checkbox"/>
3. Poor reading comprehension	<input type="checkbox"/>	35. Has poor handwriting	<input type="checkbox"/>
4. Often asks to have things repeated	<input type="checkbox"/>	36. Swears or uses obscene language	<input type="checkbox"/>
5. Has difficulty maintain attention	<input type="checkbox"/>	37. Jigsaw puzzles are difficult or avoided	<input type="checkbox"/>
6. Slow, deliberate speech	<input type="checkbox"/>	38. Has difficulty understanding stories or jokes	<input type="checkbox"/>
7. Makes spelling errors	<input type="checkbox"/>	39. Squints, blinks, or rubs eyes when reading	<input type="checkbox"/>
8. Has difficulty remembering telephone numbers	<input type="checkbox"/>	40. Loses temper	<input type="checkbox"/>
9. Has difficulty organizing activities	<input type="checkbox"/>	41. Misreads similar words	<input type="checkbox"/>
10. Completes basic math calculations slowly	<input type="checkbox"/>	42. Thoughts and materials are poorly organized	<input type="checkbox"/>
11. Frequently needs to (or has difficulty) sound(ing) out words when reading	<input type="checkbox"/>	43. Has difficulty hearing	<input type="checkbox"/>
12. Needs to look multiple times when copying	<input type="checkbox"/>	44. Argues with others	<input type="checkbox"/>
13. Has difficulty doing two things at once	<input type="checkbox"/>	45. Poor at or dislike drawing	<input type="checkbox"/>
14. Takes a long time to complete tasks	<input type="checkbox"/>	46. Poor at or avoids games like chess and checkers	<input type="checkbox"/>
15. Oral reading is slow or choppy	<input type="checkbox"/>	47. Has poor coordination	<input type="checkbox"/>
16. Has difficulty following verbal directions	<input type="checkbox"/>	48. Refuses requests or disobeys rules	<input type="checkbox"/>
17. Avoids prolonged mental effort	<input type="checkbox"/>	49. Has difficulty with word math problems	<input type="checkbox"/>
18. Generally does things slowly	<input type="checkbox"/>	50. Has problems seeing the "big picture"	<input type="checkbox"/>
19. Needs directions repeated	<input type="checkbox"/>	51. Has speech difficulties	<input type="checkbox"/>
20. Has difficulty recalling stories and jokes	<input type="checkbox"/>	52. Deliberately does things to annoy others	<input type="checkbox"/>
21. Has difficulty remembered things just heard	<input type="checkbox"/>	53. Has difficulty creating pictures in the mind	<input type="checkbox"/>
22. Is often one of the last to complete tasks	<input type="checkbox"/>	54. Takes a while to catch on to new things	<input type="checkbox"/>
23. Avoids reading	<input type="checkbox"/>	55. Complains about eye strain or fatigue	<input type="checkbox"/>
24. Has difficulty remembering names	<input type="checkbox"/>	56. Blames others for mistakes	<input type="checkbox"/>
25. Is impulsive	<input type="checkbox"/>	57. Lacks creativity or imagination in writing	<input type="checkbox"/>
26. Completes activities slowly	<input type="checkbox"/>	58. Doesn't like card games	<input type="checkbox"/>
27. Has difficulty finding words for verbal expression	<input type="checkbox"/>	59. Is bothered by loud sounds	<input type="checkbox"/>
28. Needs to reread materials or forgets what was read	<input type="checkbox"/>	60. Is angry and resentful	<input type="checkbox"/>
29. Easily interrupted and has difficulty seeing project through to completion	<input type="checkbox"/>	61. Poor at problem solving	<input type="checkbox"/>
30. Writing takes too long	<input type="checkbox"/>	62. Has difficulty planning steps to solve problems	<input type="checkbox"/>
31. Has difficulty reading or spelling phonetically	<input type="checkbox"/>	63. Skips words or lines when reading	<input type="checkbox"/>
32. Has problems remembering information	<input type="checkbox"/>	64. Holds grudges or seeks revenge	<input type="checkbox"/>