

## 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 of parent(s) or of adult client \_\_\_\_\_

Check the education level obtained by the parent or guardian with the highest education level:

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

### General Information

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

Indicate any diagnosis/labels/disorders that have been used to describe this person:  ADHD/ADD  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 _____             |

### [Information for school-aged students]

Mother's (Last, First, MI) \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Father's (Last, First, MI) \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Guardian's (Last, First, MI) \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Birth was  premature  late  normal Birth weight \_\_\_\_\_ Any complications during pregnancy or delivery?  Yes  No

List all major health problems to date \_\_\_\_\_

Is your child on any medication for ADHD  Yes  No List any current medications \_\_\_\_\_

Indicate problem areas  headaches  vision  speech  hearing

List grade, school, and teacher \_\_\_\_\_

Teacher's Name, phone, e-mail address \_\_\_\_\_

Type of classroom  Mainstream for all subjects  Special classroom for some subjects  Special classroom for all subjects

Is student achieving expected levels in school?  Yes  No (Comments) \_\_\_\_\_

Has the student ever repeated a grade  Yes  No Please explain \_\_\_\_\_

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. Poor work or study habits	<input type="text"/>	33. Cannot see pictures in their mind	<input type="text"/>
2. Written assignments take a long time	<input type="text"/>	34. Has poor planning skills	<input type="text"/>
3. Has a hard time with reading or spelling	<input type="text"/>	35. Misses words or skips lines when reading	<input type="text"/>
4. Has a hard time remembering names	<input type="text"/>	36. Is revengeful	<input type="text"/>
5. Acts impulsively	<input type="text"/>	37. Writing is not creative or imaginative	<input type="text"/>
6. Finds video games frustrating	<input type="text"/>	38. Dislikes card or board games	<input type="text"/>
7. Has trouble expressing themselves	<input type="text"/>	39. Is sensitive to loud noises	<input type="text"/>
8. Often has to reread materials	<input type="text"/>	40. Appears angry frequently	<input type="text"/>
9. Has trouble remembering directions	<input type="text"/>	41. Has trouble with problem solving	<input type="text"/>
10. Is usually one of the last to finish tasks	<input type="text"/>	42. Does not catch on to new things quickly	<input type="text"/>
11. Doesn't like to read	<input type="text"/>	43. Experiences eye strain or fatigue	<input type="text"/>
12. Gets low test scores on factual material	<input type="text"/>	44. Denies responsibility for mistakes	<input type="text"/>
13. Avoids extensive mental effort	<input type="text"/>	45. Finds math word problems challenging	<input type="text"/>
14. Does many things at a slow pace	<input type="text"/>	46. Has difficulties "getting the gist" of things	<input type="text"/>
15. Often needs words repeated when spelling	<input type="text"/>	47. Has speech problems	<input type="text"/>
16. Has trouble remembering jokes and stories	<input type="text"/>	48. Others find them annoying	<input type="text"/>
17. Cannot focus for long periods of time	<input type="text"/>	49. Has poor drawing skills	<input type="text"/>
18. Completes tasks slowly	<input type="text"/>	50. Avoids games that require strategic thinking	<input type="text"/>
19. Slow and choppy when reading aloud	<input type="text"/>	51. Is not coordinated	<input type="text"/>
20. Following verbal directions is hard	<input type="text"/>	52. Breaks the rules	<input type="text"/>
21. Has difficulty multi-tasking	<input type="text"/>	53. Frequently misreads words	<input type="text"/>
22. Math assignments take a long time	<input type="text"/>	54. Is unorganized	<input type="text"/>
23. Has trouble reading unknown words	<input type="text"/>	55. Has trouble hearing	<input type="text"/>
24. Needs to look several times when copying	<input type="text"/>	56. Challenges authority figures	<input type="text"/>
25. Has difficulty planning activities	<input type="text"/>	57. Does not like LEGGOs	<input type="text"/>
26. Speech is slow and deliberate	<input type="text"/>	58. Doesn't seem to get jokes or stories	<input type="text"/>
27. Written assignments contain spelling errors	<input type="text"/>	59. Eyes seem to bother them when reading	<input type="text"/>
28. Cannot remember telephone numbers	<input type="text"/>	60. Has a bad temper	<input type="text"/>
29. Easily distracted from tasks	<input type="text"/>	61. Poor map reading abilities	<input type="text"/>
30. Slow reader	<input type="text"/>	62. Poor grades in math	<input type="text"/>
31. Reading comprehension is poor	<input type="text"/>	63. Handwriting is sloppy	<input type="text"/>
32. Often needs to have information repeated	<input type="text"/>	64. Uses inappropriate language (i.e. swearing or cursing)	<input type="text"/>