

# The Educational Resource Group

## Pre-Assessment Questionnaire

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Person(s) completing this form: \_\_\_\_\_ Relationship to person being evaluated: \_\_\_\_\_

Referred by Whom: \_\_\_\_\_

*Please list all current medications:* \_\_\_\_\_

*Has the person being evaluated taken any medication (prescription or non-prescription) on the day of the initial assessment?* \_\_\_\_\_

*If yes, please list the name and dosage of the medication(s).* \_\_\_\_\_

*Does the person being evaluated have an IEP? \_\_\_\_\_ 504 Plan? \_\_\_\_\_ Other Accommodation Plan? \_\_\_\_\_*

*Please list the accommodations and/or interventions the person has received at school, the workplace, or privately.* \_\_\_\_\_

*What are your goals for you or your child (the person being evaluated)?* \_\_\_\_\_

*Currently, what 3 obstacles stand in the way of achieving these goals?* \_\_\_\_\_

*What behaviors and emotions (both positive and negative) are most common when facing these obstacles?* \_\_\_\_\_

*Please indicate the area(s) that you would most like to see included in your or your child's programming:*

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Basic Reading Skills (decoding) | <input type="checkbox"/> Study Skills                 | <input type="checkbox"/> General Test Preparation         | <input type="checkbox"/> Homework Help                    |
| <input type="checkbox"/> Reading Comprehension           | <input type="checkbox"/> Time Management              | <input type="checkbox"/> Test Anxiety                     | <input type="checkbox"/> Specific Subject Tutoring: _____ |
| <input type="checkbox"/> Reading Fluency                 | <input type="checkbox"/> Note-taking                  | <input type="checkbox"/> SAT Prep                         | _____   |
| <input type="checkbox"/> Written Expression Skills       | <input type="checkbox"/> Organizational Skills        | <input type="checkbox"/> ACT Prep                         | <input type="checkbox"/> Other: _____                     |
| <input type="checkbox"/> Spelling Skills                 | <input type="checkbox"/> Executive Functioning Skills | <input type="checkbox"/> College Application Prep         | <input type="checkbox"/> Other: _____                     |
| <input type="checkbox"/> Punctuation/Grammar             | <input type="checkbox"/> Vocabulary                   | <input type="checkbox"/> College Transition Prep          | <input type="checkbox"/> Other: _____                     |
| <input type="checkbox"/> Math Calculation Skills         | <input type="checkbox"/> Critical Thinking Skills     | <input type="checkbox"/> IEP/504 Advocacy                 |   |
| <input type="checkbox"/> Applied Math Skills             | <input type="checkbox"/> Goal Setting                 | <input type="checkbox"/> Handwriting or Fine Motor Skills |   |

*Please rank the priority as High, Medium or Low for the following areas of personal growth that are most important to improve upon at this time.*

| High | Med | Low |  |
|------|-----|-----|--|
|      |     |     | More attentive   |
|      |     |     | Less Impulsive   |
|      |     |     | Improved efficiency during homework or daily life tasks                |
|      |     |     | Sustained persistence in the face of challenging assignments or duties |
|      |     |     | Deeper Self-Confidence in abilities                                    |
|      |     |     | Quicker reaction time (following directions, sports, etc.)             |
|      |     |     | Greater awareness of social cues                                       |
|      |     |     | Less self-doubt  |
|      |     |     | Eliminating or Reducing Medication                                     |
|      |     |     | Improved Memory Abilities  |