PLEASE READ THIS BEFORE COMPLETING A QUESTIONNAIRE

Our purpose for assessment is to determine whether or not a potential disability is severe enough to qualify students to receive legal accommodations while enrolled at a post-secondary school. We will assess in order to qualify individuals for accommodation at college institutions but not for accommodation at places of employment, or for accommodation for national standardized tests. We will describe the disability as it affects learning. Additionally, we will provide recommendations and accommodations that will be necessary for learning.

If you have any questions about our assessment policy, please contact us at 619-750-5628
DISABILITY QUESTIONNAIRE
This questionnaire **MUST** be completed by the **STUDENT**.

Name: ___________________________ Date: __________________

Phone: ___________________ Red ID #: __________________________

Date of Birth: ____________ Place of Birth: __________________________

Class Level: ___________________ Major: __________________________

_____ Undergraduate _____ Transfer _____ Graduate _____ *Non Degree

*enrichment, career advancement, personal interest

Have you previously been tested or diagnosed with a disability?

_____ No

_____ Yes, date(s) of diagnosis/testing __________________________

_____ Diagnosis/testing is enclosed.

_____ I will have the diagnosis/testing forwarded to you.

_____ This information is no longer available.

What are the reasons for your referral for testing? Please state the problems you experience in your own words.

________________________________________________________________________

________________________________________________________________________

List academic areas which are of greatest concern to you:

________________________________________________________________________

________________________________________________________________________

1. If you are enrolled in a college, list your current classes. Describe any difficulties you are experiencing.

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<th>Class</th>
<th>Difficulties</th>
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2. What is your current Grade Point Average (GPA)? ________

3. Are you currently on academic probation? _____ Yes _____ No
4. Have you been disqualified from College?   ____Yes   ____No

5. Check any of the following tests (competency requirements) that you are having difficulty passing:
   ____ ELM   ____ Math Placement/TMA   ____ GSP
   ____ EPT   ____ WPA (writing proficiency assessment)

6. Have you attempted coursework to fulfill the competency requirements?
   ____Yes   ____No
   If yes, how many times:
   General Math Studies (90, 91, 99)   _______
   Rhetoric and Writing Studies (92)   _______
   Other: ____________________________   _______

7. Check any of the following campus resources you have used:
   ____ Psychological Services
   ____ Math Center
   ____ General Math Studies (90, 91, 99) -- How many times?   _______
   ____ Rhetoric and Writing Studies (92) -- How many times?   _______
   ____ Career Services
   ____ Student Disability Services
   ____ Speech and Hearing Clinic
   ____ Educational Opportunity Program (EOP)
   ____ HCOP

8. Check any of the following additional resources you have used:
   ____ Alcohol/Drug Rehabilitation
   ____ In-patient/Out-patient Psychiatric Care
   ____ Private Counseling/Psychological Services
   ____ Optometric/Ophthalmological Treatments
   ____ Relaxation/Meditation/Biofeedback Training
   ____ Other (specify): ________________________________________________
   Of those checked, please describe further: ____________________________
   ____________________________
   ____________________________
   ____________________________

**Family History:**

1. Does anyone in your family have a Learning Disability or any other disability (i.e., physical, emotional, vision or hearing impairment)?
   Father   ____Yes   ____No   ____Don't know
   Mother   ____Yes   ____No   ____Don't know
   Sibling   ____Yes   ____No   ____Don't know
   Children   ____Yes   ____No   ____Don't know
   If yes, describe: ________________________________________________
2. Were you adopted?   Yes   No

3. Describe any family issues which you feel have affected your learning.


Language History

1. What language(s) is/are spoken in your home?  

2. What language(s) were you first exposed to?

3. Describe any problems you had in learning your first language.

4. What language(s) did your parents/relatives speak to you prior to entering school?
   Father  
   Mother  
   Other relatives

5. If English was not your first language, at what age did you begin to learn English?  

6. Are your parents:
   ___ more fluent in English
   ___ more fluent in a language other than English
   ___ about the same in both

Health History:

1. Were there any medical complications before, during, or after your birth?
   Yes   No

2. Please check any conditions which apply to you now or in the past:
   Head injury  Ear infections  Asthma
   Diabetes  Vision problems  Allergies
   Seizures/Epilepsy  Hearing Loss  High fevers
   Encephalitis  Concussion  Stroke
   Meningitis  Near drowning  Unconscious
   Other (specify):  

3. Have you ever been hospitalized?   Yes   No
   If yes, when, why and for how long?

4. Has illness or injury ever interrupted your attendance in school?
5. Have you been on any medication in the past?  
   ____Yes  ____No  
   If yes, name of the medication(s):  

6. Are you now on any medication?  
   ____Yes  ____No  
   If yes, name of the medication(s):  

7. Do you use alcohol?  
   ____Yes  ____No  
   If yes, describe how much, and how frequently:  

8. Have you ever used any other substances?  
   ____Yes  ____No  

9. Are you currently using any other substances?  
   ____Yes  ____No  

10. Have you had an eye exam in the last two years?  
    ____Yes  ____No  
    Check all that apply:  
    ____Glasses or contacts  ____Eye surgery  
    ____Near sighted  ____Vision problems worsened  
    ____Astigmatism  ____Other  

11. Have you had a hearing exam in the last two years?  
    ____Yes  ____No  
    ____Do you have a history of ear infections?  
    ____Is it harder to hear people when they turn their back to you?  
    ____Does listening take energy and effort?  
    ____Is it harder to hear with background noise present?  

12. Have you ever had a neurological exam?  
    ____Yes  ____No  

13. Have you ever had difficulties with attention, concentration, or hyperactivity?  
    ____Yes  ____No  
    If yes, please describe:  

14. Have you ever had emotional problems (e.g. anxiety, depression, etc.)?  
    ____Yes  ____No  

15. Have you ever been hospitalized for emotional problems?  
    ____Yes  ____No  

16. Have you ever participated in individual or group counseling?  
    ____Yes  ____No  
    If yes, please indicate what type of counseling:  

____Yes  ____No  If yes, how long and what grade?  

5  4/15/2014
Education History:

1. How many schools did you attend from kindergarten through 12th grade?

2. As far as you can recall, in what grade did you first start having problems in school and what problems were there?

3. Were you ever tested for eligibility for special education and/or services for the disabled prior to enrollment at College?  ____Yes  ____No
   If yes, when were you tested, by whom and what services were used?

4. Have you ever been placed in a special education or remedial class?  ____Yes  ____No
   If yes, what type of class were you in (describe)?

5. Do you read or write another language?  ____Yes  ____No
   If yes, what language(s)?

6. Which courses were the most difficult for you in high school?

7. Check any of the following areas that give or have given you trouble:
   ____Following oral directions
   ____Following written directions
   ____Organizing ideas and information
   ____Drawing conclusions, making inferences
   ____Understanding abstract concepts
   ____Finding the "right word" to describe something orally
   ____Expressing ideas precisely in writing
   ____Writing legibly
   ____Reading comprehension
   ____Reading rate
   ____Sounding out unfamiliar words
   ____Mathematical reasoning and word problems
   ____Mathematical computation
   ____Remembering specific course vocabulary

8. Why do you think you have had problems in school? (check all that apply)
   ____Specific learning disability  ____Tasks too difficult
   ____Physical handicap  ____Home environment
   ____Limited ability  ____Lack of school interest
   ____Emotional problems  ____Bad luck
Economic disadvantage  Poor attendance

9. What were your highest SAT scores?  Verbal  Math

**General Information:**

1. Are you right handed?  left handed?

2. Are you employed?  Yes  No
   If yes, where?  
   How many hours per week?  What is your position?

3. Describe your current social relationships:

4. Check all areas that give you trouble:
   - Going to class on time
   - Going to class prepared (e.g., taking pens, paper, etc.)
   - Becoming motivated to start work
   - Budgeting time
   - Sticking with an assignment until completion
   - Test-taking anxiety
   - Lack of self-confidence
   - Making new friends
   - Understanding humor and sarcasm
   - Find yourself fidgeting or feeling restless
   - Have difficulty awaiting your turn
   - Blurt out answers to questions before they are completed
   - Following through on instructions from others
   - Have difficulty sustaining attention in tasks
   - Excessively shift from one activity to another
   - Talk excessively
   - Have difficulty being quiet or relaxed
   - Interrupt or intrude on others
   - Have difficulty listening to others
   - Often lose or misplace things
   - Often act without considering the consequences

**Work and Study Habits:**

1. Check any areas in which you have problems:
   - Note taking  Outlining
Highlighting: ___ Library resources
Essay tests: ___ Multiple choice tests
Other: __________________________________________

2. Do you have problems following multiple directions given in class?
   ___ Yes    ___ No

3. Where do you usually study? ________________________________

4. Do you have trouble recalling facts and details?
   ___ Yes    ___ No

5. Are you easily distracted by:
   ___ Noise    ___ Music    ___ Television
   ___ Colors    ___ Visuals    ___ Clutter
   ___ Movement    ___ Many people talking

6. Are you easily frustrated when:
   ___ Learning new tasks    ___ Studying
   ___ Taking tests    ___ Meeting new people

7. Do you often respond without thinking?
   ___ Yes    ___ No
   If yes, give an example: ________________________________________

Reading:

1. Do you experience frustration when reading?
   ___ Yes    ___ No
   If yes, explain: ________________________________________________

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
   ___ Integrating information    ___ Reading/using maps

7. Do you have difficulty understanding the meaning of new words from the context?
   ___ Yes    ___ No

8. When reading, do you often:
Reverse letters/numbers   Add letters
Confuse similar words     Skip lines
See letters/numbers out of order   Omit letters
Have difficulty focusing on the page   Reverse words or phrases

Math:

1. Do/did you have problems with basic math skills, such as:
   ___ Addition    ___ Subtraction
   ___ Multiplication   ___ Division
   ___ Time   ___ Money
   ___ Managing personal accounts   ___ Measurement

2. Do you have difficulty sequencing steps of a task in math?
   ___Yes          ___No

3. Do you have difficulty with mathematical concepts?
   ___Yes          ___No

Expressive Language:

1. Do you have difficulty organizing and expressing:
   ___Your thoughts and ideas?
   ___Yes    ___No
   ___Your emotions?
   ___Yes    ___No

2. Do you have difficulty retelling information you've read, seen or heard?
   ___Yes   ___No
   If yes, explain:

3. Do you use a limited vocabulary when writing?
   ___Yes    ___No

4. Do you mispronounce words?
   ___Yes    ___No

5. Do you use words inappropriately?
   ___Yes    ___No

6. Do you express yourself more effectively when:
   ___Writing    ___Speaking

7. Do you experience problems retrieving words?
   ___Yes          ___No

Learning Style:

1. Do you have problems understanding verbal information, such as:
   ___ Following verbal directions
   ___ Following a lecture
2. Do you experience difficulty memorizing material (numbers, dates, names, factual information)?
   _____ Yes  _____ No

3. Do you have problems retrieving information?
   _____ Yes  _____ No

4. Do you have problems with directions, such as:
   _____ Left and right  _____ North, south, east, west
   _____ Verbal instructions

5. Check any of the following which present difficulties in your test taking experience:
   _____ anxiety  _____ insufficient time  _____ multiple choice
   _____ true/false  _____ matching  _____ fill-in
   _____ short essay  _____ long essay  _____ calculations
   _____ spelling  _____ grammar  _____ organizing
   _____ memory  _____ background noises  _____ distraction
   _____ filling out scantron (bubbling)

In order to learn more about you, please describe as completely as possible the learning difficulties that you have experienced throughout your lifetime (three to four paragraphs in your own words and handwriting).