

CALIFORNIA STATE UNIVERSITY, SACRAMENTO

SERVICES TO STUDENTS WITH DISABILITIES

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LEARNING DISABILITIES INTAKE FORM

All information on this form is confidential and will only be reviewed by appropriate professionals

I. GENERAL INFORMATION

Name _____ Date _____ Sac State ID# _____

Who referred you to our program? _____

Place of Birth _____ Date of Birth _____ Age _____

Class Year: ___FR. ___SOPH. ___JR. ___SR. ___GRAD.

___CREDENTIAL ___CONT. ED.

Marital Status: ___Single ___Married ___Separated ___Divorced

1. What hand do you write with? ___Right ___Left

2. What are your reasons for requesting assessment? _____

3. What are the classes you are currently enrolled in? _____

4. What is your current G.P.A.? _____

5. Have you ever been on probation or disqualified from a university? ___Yes ___No

If yes, please give the university name and time: _____

6. Are you required to take a certain number of units for Financial Aid purposes? ___Yes ___No

II. EDUCATIONAL HISTORY

1. Did any family members: (Please describe below)

A) Experience difficulty in school? _____

B) Been diagnosed with learning disabilities? _____

C) Been diagnosed with ADD/ADHD? _____

2. Number of schools attended: K through 6th grade _____
7th through 12th grade _____
3. Have you ever been held back in school? _____ Yes _____ No
If yes, which grades? _____
4. Have you ever skipped a grade? _____
If yes, which grades? _____
5. Were you ever enrolled in any special classes or tutoring in elementary, jr. high, or high school?
If yes, please describe: _____
6. How would you rank your feelings toward your high school academic experience?
_____ poor _____ fair _____ good _____ excellent
7. Have you received special services at another college or university? If yes, please describe: _____

8. Please list other colleges attended and when: _____

9. Have you required extra help (tutoring) to keep up with classes? _____ Yes _____ No
If yes, please explain: _____

III. READING

1. What do you remember about learning to read? _____

2. In what reading group were you placed in elementary school? _____
3. Do you have difficulties in any of the following reading areas?
A) Sounding out or pronouncing words _____ Yes _____ No
Describe _____
- B) Understanding the vocabulary _____ Yes _____ No
Describe _____

C) Comprehending what you read _____Yes _____No

Describe _____

D) Remembering what you read _____Yes _____No

Describe _____

E) Reading too slowly _____Yes _____No

Describe _____

F) How long can you read a textbook with out eyestrain/discomfort?

0-15 minutes _____ 15-30 minutes _____ 30-60 minutes _____

4. Do you have any vision problems *related* to reading? _____Yes _____No

Eye Tracking _____ Headaches _____ Redness _____ Watering/Tearing _____

Eye Fatigue _____ Body Fatigue _____ Blurring _____ Other _____

5. Do you currently keep up with your assigned class readings? _____

IV. MATH

1. Do you have any difficulty with math? _____Yes _____No

If yes, please describe: _____

2. Do you have problems with spatial orientation?

A) Reading maps _____Yes _____No

B) Directions North, East, South, West _____Yes _____No

C) Right / Left _____Yes _____No

3. Do you have problems with basic math skills? Circle all that apply:

Addition Subtraction Multiplication Division

4. Do you have problems with:

A) Making correct change? _____ Yes _____ No

B) Estimating measurements? _____ Yes _____ No

C) Calculating word problems? _____ Yes _____ No

D) Calculating percentages? _____ Yes _____ No

E) Ratios? _____ Yes _____ No

F) Fractions? _____ Yes _____ No

G) Times tables? _____ Yes _____ No

5. Have you taken the Entry Level Math (ELM) exam? _____ Yes _____ No

If yes, in what class were you placed? (circle one)

LS 7A

LS 7B

LS 10A

LS10B

Math 1

6. What is the highest level of math you have completed? _____

7. Have you completed: Algebra? _____ Yes _____ No

Geometry? _____ Yes _____ No

8. What math is required for your major? _____

9. What math classes have you:

A) Attempted at Sacramento State or other colleges? _____

B) What math classes have you completed? _____

V. WRITTEN LANGUAGE

1. Do you have writing difficulties in any of the following areas?

A) Writing under timed limits _____ Yes _____ No

Describe _____

B) Leaving-off word endings (example... “ing”, “s”) _____ Yes _____ No

Describe _____

C) Making punctuation errors _____ Yes _____ No

Describe _____

D) Making grammatical errors (verb/noun agreement) _____ Yes _____ No

Describe _____

E) Spelling problems _____ Yes _____ No

Describe _____

F) Difficulties getting your thoughts on paper _____ Yes _____ No

Describe _____

2. What is your Writing Proficiency Exam (WPE) status?

_____ Not Taken _____ Times Taken

_____ Passed _____ Failed _____ Score

_____ English 109W _____ English 109E (ESL)

3. Do you use a computer to complete written assignments? _____

4. Are you proficient on a computer? _____

5. Do you have difficulty listening to lecture and taking notes at the same time? _____ Yes _____ No

VI. STUDY SKILLS

1. Have you ever taken a study skills class:

A) In high school? _____ Yes _____ No

B) In college? _____ Yes _____ No

2. In what setting do you learn best?

A) Having material on the board (visual) _____ Yes _____ No

B) Listening to a lecture _____ Yes _____ No

C) Hands-on experience _____ Yes _____ No

D) In large classrooms _____ Yes _____ No

E) In small classrooms _____ Yes _____ No

F) Self-paced class _____ Yes _____ No

G) In a structured class _____ Yes _____ No

H) I don't know _____ Yes _____ No

3. Is your class attendance regular? _____ Yes _____ No

4. Are you punctual? _____ Yes _____ No

5. How much do you study on a daily basis? _____

6. Please describe your study strategies regarding:

A) Text Reading _____

B) Note Taking _____

C) Memorization _____

D) Test Taking _____

7. Is your home environment conducive to studying? _____

8. Which type of test are you most successful with? Circle one of the following:

Fill in the Blank Multiple Choice Matching

Short Answer Take Home True / False

9. Do you have difficulties with scan-tron forms? _____

10. Do you have any problems with organization?

A) At school _____ Yes _____ No

B) At home _____ Yes _____ No

VII. SPOKEN LANGUAGE

1. Were you late in learning to talk? _____ Yes _____ No
2. Did you ever receive speech therapy? _____ Yes _____ No
3. Is English your second language? _____ Yes _____ No

Note: If **no**, skip to the *Work Experience* section

- A) If yes, what is your first language? _____
- B) If yes, at what age did you learn to speak English? _____
- C) What language is spoken at home? _____
- D) Do you experience the same academic problems in both languages? _____

VIII. WORK EXPERIENCE

1. Are you currently employed? _____ Yes _____ No

Where and for how long? _____

A) How many hours a week do you work? _____

B) Have you experienced problems at your job? _____ Yes _____ No

C) Have you ever been fired? _____ Yes _____ No

If yes to "A" or "B", please explain: _____

2. Do you have a problem keeping a job? _____ Yes _____ No

If yes, please explain: _____

3. What is the longest job you ever had? _____ Months _____ Years

4. What are your career goals? _____

IX. MEDICAL HISTORY

1. Were you a full term baby? _____ Yes _____ No

A) If **NO**, how many months premature? _____

B) Were there any complications at birth? _____ Yes _____ No

If yes, please describe: _____

2. Are you currently under the care of a physician? _____ Yes _____ No

If yes, please explain: _____

3. Do you wear glasses or contact lens? _____ Yes _____ No

If yes, Please explain: _____

4. Have you had any hearing problems, chronic ear infections, or ear tubes?

If yes, please describe: _____

5. Do you have any allergies, or sinus infections? _____ Yes _____ No

If yes, please list them: _____

6. Have you ever had trouble with:

A) Substance abuse? _____ Yes _____ No

B) Overeating? _____ Yes _____ No

C) Under-eating? _____ Yes _____ No

D) Bulimia? _____ Yes _____ No

If yes, please describe: _____

7. Have you ever been hospitalized for any of the following?

A) Head injuries _____ Yes _____ No

If yes, when? _____

What was the nature of the injury? _____

Were you ever knocked unconscious? _____ Yes _____ No

If yes, please explain: _____

Have you ever been dazed? _____ Yes _____ No

If yes, please explain: _____

B) High temperatures _____ Yes _____ No

Describe: _____

C) Serious illness _____ Yes _____ No

Describe: _____

D) Major accidents _____ Yes _____ No

Describe: _____

8. Have you ever or are you now participating in:

A) Individual counseling? _____ Yes _____ No

B) Group counseling? _____ Yes _____ No

If yes, please explain: _____

9. Do you have problems with:

A) Attention? _____ Yes _____ No

B) Concentration? _____ Yes _____ No

C) Distractibility? _____ Yes _____ No

10. Have you ever been diagnosed with ADHD? _____ Yes _____ No

A) Hyperactivity _____ Yes _____ No

B) Without hyperactivity _____ Yes _____ No

C) Combined _____ Yes _____ No

When were you diagnosed? _____

Who diagnosed you? _____

11. Have any of your family members been diagnosed with ADHD? Yes No

If yes, what was this person(s) relationship to you? _____

Were they diagnosed with:

A) Hyperactivity? Yes No

B) Without hyperactivity? Yes No

C) Combined? Yes No

12. Are you taking any prescription medication at the present time? Yes No

If yes, please list the name and dosage below:

Name: _____ Dosage: _____

Name: _____ Dosage: _____

13. Do you have any other medical problems? Yes No

If yes, please describe: _____

14. Have you been diagnosed with a psychological or emotional problem? Yes No

Explain: _____

15. Have you ever attended AA? Yes No

16. Have you ever attended NA? Yes No

17. Have you ever participated in a substance abuse program (including rehabilitation) of any kind?
 Yes No

If yes, please describe: _____

18. Do you have a family history of substance abuse? Yes No

If yes, please describe: _____

Substance Use/Abuse History:

Type of Drug Used	How Often Used	Amount Used	Duration of Use	Never Used
Marijuana				
Hallucinogenics				
Methamphetamines				
Narcotics				
Opioids				
MDA (Ecstasy)				
Alcohol				
Other _____				
Other _____				

X. PERSONAL CHARACTERISTICS

1. How would you describe your personality? _____

2. How do you feel you get along with other people? _____

3. Briefly describe your interests and hobbies. _____

4. Please indicate if you have used any of the following services at Sacramento State:

_____ Counseling _____ Tutoring _____ Psychological Services

_____ Health Services _____ E.O.P. _____ Career Planning and Placement

DIAGNOSTIC WRITING SAMPLE

Choose one of the following topics below and write an essay on it. Be sure to read the topic carefully and write on all aspects of it. You have 20 minutes to complete this task. Please time yourself, or have a friend time you. Once your time has been completed, do not go back and change or edit anything you have written. Please do not use a computer or dictionary to write this essay.

Topic 1:

- ◆ Describe a simple pleasure that makes your life worth living.
- ◆ Explain how this pleasure influences your attitude, physical well-being, or relationships.
- ◆ If you do not have this pleasure available to you, how would you feel, or what would you do.

Topic 2:

- ◆ Describe a class that you feel was the best class you have taken, and describe a class that you thought was the worst.
- ◆ Tell how you have benefited from these classes.
- ◆ Finally, tell how you would improve these classes.

