

LearningRx Pre-Assessment Questionnaire

Assessment is for _____ Date of Birth _____ / _____ / _____
LAST FIRST MI

Sex: Male Female Race: White Black Hispanic Asian Native American Mixed/Other: _____

Address _____ City _____ State _____ Zip _____

Email _____ Primary contact phone _____ Cell _____

Please check all the ways you heard about us:

Direct Mail Magazine Newspaper Radio Referral Television Yellow Pages Web Other: _____

Which prompted your call? _____ Details: _____

List occupation and employer of parent(s) or of adult client: _____

Check the education level obtained by the parent or guardian with the highest education level (or of adult client):

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 assessment: _____

What are your expectations of LearningRx? _____

Indicate any diagnosis/labels/disorders that have been used to describe this person:

ADHD Autism Spectrum Disorder Dyslexia/Reading Problems Gifted/Talented

Learning Disability Intellectual Disability Speech/Language Impairment Traumatic Brain Injury

Other: _____

Learning and Medical History

Indicate any problems in the following areas:

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

List any past or current help, training, or tutoring utilized for the above problems: _____

Birth was premature late normal Birth weight: _____ Any complication during pregnancy or delivery? Yes No

List all major health problems to date: _____

Is the individual being assessed taking any medication for ADD/ADHD? Yes No List current medications: _____

List any other factors that may affect his/her performance: _____

As a complimentary service, we share test results with other professionals you work with. Providing us with contact information will authorize us to share this data with them. Please provide the information you have available here:

Teacher's name, school, email, phone, address: _____

Physician's name, office, email, phone, address: _____

Other professional — name, business, email, phone, address: _____

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) _____

Guardian's relationship to student: _____

List grade, school, and teacher: _____

Is the student achieving at expected levels in school? Yes No Comments: _____

Has the student ever repeated a grade? Yes No Please explain: _____

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

Special classroom for some subjects

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.

Compared to others of the same age and gender, this behavior:

- 0 - Occurs less often OR the question doesn't apply to the age of this person
- 1 - Occurs at about the same frequency
- 2 - Occurs slightly more
- 3 - Occurs considerably more
- 4 - Occurs significantly more

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