

LEARNING NEEDS SCREENING TOOL

INTERVIEWER'S NAME _____ INTERVIEW DATE _____

CLIENT NAME _____ DATE OF BIRTH _____

RID # _____ GENDER MALE FEMALE

HOW MANY YEARS OF SCHOOLING HAVE YOU HAD? _____

CHECK ALL EARNED: High School Diploma GED Technical/Vocational Certificate

AA Degree Other (specify): _____

WHAT KIND OF JOB WOULD YOU LIKE TO GET? _____

DO YOU HAVE EXPERIENCE IN THIS AREA? YES NO

WHAT MAKES IT HARD FOR YOU TO GET OR KEEP THIS KIND OF JOB? _____

WHAT WOULD HELP? _____

BEFORE PROCEEDING TO THE QUESTIONS, READ THIS STATEMENT ALOUD TO THE CLIENT:

The following questions are about your school and life experiences.

We're trying to find out how it was for you (or your family members) when you were in school or how some of these issues might affect your life now. Your responses to these questions will help identify resources and service you might need to be successful securing employment.

| | |
|---|--|
| Section A | |
| 1. Did you have any problems learning in middle school or junior high school? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do any family members have learning problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do you have difficulty working with numbers in columns? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you have trouble judging distances? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you have problems working from a test booklet to an answer sheet? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Count the number of "Yes's" for Section A | x 1 = |

| | |
|---|--|
| Section B | |
| 6. Do you have difficulty or experience problems mixing arithmetic signs (+/x)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Did you have any problems learning in elementary school? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Count the number of "Yes's" for Section B | x 2 = |

| | |
|---|--|
| Section C | |
| 8. Do you have difficulty remembering how to spell simple words you know? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Do you have difficulty filling out forms? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Did you (do you) experience difficulty memorizing numbers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Count the number of "Yes's" for Section C | x 3 = |

| | |
|--|--|
| Section D | |
| 11. Do you have trouble adding and subtracting small numbers in your head? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Do you have difficulty or experience problems taking notes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Were you ever in a special program or given extra help in school? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Count the number of "Yes's" for Section D | x 4 = |

TOTAL YES'S MULTIPLIED BY FACTOR INDICATED FOR SECTIONS A, B, C, D

| |
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14. Indicate if the client has self-disclosed that he/she has ever been diagnosed or told he/she has a learning disability. If so:

By whom:

When?

Comments: _____

LEARNING NEEDS SCREENING TOOL DIRECTIONS

1. Ask the client each question in each section A, B, C, D up to and including question #14.
2. Record the client's responses, checking "Yes" or "No".
3. Count the number of "Yes" answers in each section.
4. Multiply the number of "Yes" responses in each section by the number shown in the section subtotal. For example, multiply the number of "Yes's" obtained in Section C by 3.
5. Record the number obtained for each section of the "=" sign in the section subtotal.
6. To obtain a Total, add the subtotals from sections A, B, C, and D.
If the Total from sections A, B, C and D is 12 or more, refer for further assessment.

NOTE: It is recommended interviewers ask an additional set of medical/health-based questions to gather more complete background information.

The Learning Needs Screening was developed for the Washington State Division of Employment and Social Services Learning Disabilities Initiative (November 1994 to June 1997) under contract by Nancie Payne, Senior Consultant, Payne & Associates, Olympia, Washington.

