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.

See final page for directions and scoring 1 The Learning Needs Screening is not a diagnostic tool and should not be used to determine the existence of a disability.
<table>
<thead>
<tr>
<th>Section A</th>
<th>1. Did you have any problems learning in middle school or junior high school?</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Do any family members have learning problems?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td></td>
<td>3. Do you have difficulty working with numbers in columns?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td></td>
<td>4. Do you have trouble judging distances?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td></td>
<td>5. Do you have problems working from a test booklet to an answer sheet?</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

**Count the number of “Yes’s” for Section A** $x 1 =$

<table>
<thead>
<tr>
<th>Section B</th>
<th>6. Do you have difficulty or experience problems mixing arithmetic signs (+/x)?</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7. Did you have any problems learning in elementary school?</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

**Count the number of “Yes’s” for Section B** $x 2 =$

<table>
<thead>
<tr>
<th>Section C</th>
<th>8. Do you have difficulty remembering how to spell simple words you know?</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9. Do you have difficulty filling out forms?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td></td>
<td>10. Did you (do you) experience difficulty memorizing numbers?</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

**Count the number of “Yes’s” for Section C** $x 3 =$

<table>
<thead>
<tr>
<th>Section D</th>
<th>11. Do you have trouble adding and subtracting small numbers in your head?</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12. Do you have difficulty or experience problems taking notes?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td></td>
<td>13. Were you ever in a special program or given extra help in school?</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

**Count the number of “Yes’s” for Section D** $x 4 =$

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

See final page for directions and scoring. The Learning Needs Screening is not a diagnostic tool and should not be used to determine the existence of a disability.
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:**

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

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**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.


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