

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?

___ Yes ___ No If yes, how long and what grade? _____

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: _____

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:
_____ Notetaking _____ 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:

<input type="checkbox"/> Noise	<input type="checkbox"/> Music	<input type="checkbox"/> Television
<input type="checkbox"/> Colors	<input type="checkbox"/> Visuals	<input type="checkbox"/> Clutter
<input type="checkbox"/> Movement	<input type="checkbox"/> Many people talking	
6. Are you easily frustrated when:

<input type="checkbox"/> Learning new tasks	<input type="checkbox"/> Studying
<input type="checkbox"/> Taking tests	<input type="checkbox"/> 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:

<input type="checkbox"/> Understanding what you read	<input type="checkbox"/> Locating the main idea
<input type="checkbox"/> Integrating information	<input type="checkbox"/> 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:

<input type="checkbox"/> Reverse letters/numbers	<input type="checkbox"/> Add letters
<input type="checkbox"/> Confuse similar words	<input type="checkbox"/> Skip lines
<input type="checkbox"/> See letters/numbers out of order	<input type="checkbox"/> Omit letters
<input type="checkbox"/> Have difficulty focusing on the page	
<input type="checkbox"/> Reverse words or phrases	

