Learning Disability Assessment Questionnaire

Name: _____ ID: _____

Number _____

Email _____

Referral Information

1. Who referred you to our program? _____
(Name) (Agency)

2. Why do you want to be evaluated for learning disabilities eligibility? _____

_____

_____

_____

_____

3. In what academic area have you experienced difficulty? (Check all that apply.)

_____ Reading	_____ Comprehending concepts
_____ Spelling	_____ Retaining information
_____ Math	_____ Compleing assignments on time
_____ Taking tests	_____ Organizing written work
_____ Study Skills	_____ Self-Confidence in school
_____ Reading Rate	_____ Motivation

4. Describe your difficulties: _____

_____

_____

_____

_____

_____

5. Are or were you a client of the Department Rehabilitaion? ____ Yes ____ No

If yes, please identify:

What is your disability according to Dept. of Rehab?

_____

Revised: September 2016