Learning Disability Assessment Questionnaire

Date: ___________

Student Name: ______________________  ID #: ______________________
E-mail: ____________________________  Phone Number: __________________

Are you registered with the SDRC? Y or N

Have you been assessed for a disability before? Y or N
If so, when and by whom? ____________________________________________

Do you have documentation of a disability? Y or N
If yes, please provide a copy.

Have you met the math course requirement? Y or N  If no, number of attempts? _____
Current GPA and Academic standing: ____________________________

Primary Concern/Need:
_________________________________________________________________________

How can the SDRC office best support you?
_________________________________________________________________________

Briefly share how you learn.
Learning Strengths:
_________________________________________________________________________

Learning Weaknesses:
_________________________________________________________________________

What strategies help you learn best?
_________________________________________________________________________

What makes learning most challenging for you?
_________________________________________________________________________