
Please put a ✓ beside all "yes" answers. Leave "no" answers blank or mark "x".

Section 1

Factors that would suggest that the learner does not have learning challenges.

Did you enjoy school? _____

It was okay.

Do you feel that you did well in school? _____

Average.

Were you able to learn new material easily? _____

Yes.

Do you feel comfortable learning new skills? _____

Sure.

Do you like to read (magazines, newspapers, novels, etc.)? _____

I love to read.

Do you like to write (notes, letters, poems, etc.)? _____

Writing for daily purposes is fine.

Do you like doing math (budgeting, shopping, measuring, etc.)? _____

I don't like it but I can do it.

If you feel that you did not do well in school or have difficulties in reading, writing, or math,

Did you miss a lot of school? (moved frequently, were ill, etc.)_____

Not really.

If yes, do you believe that the lack of schooling is the reason for your difficulties?

If the learner answered “yes” to several of these questions (4+), it is likely that the learner does not have learning challenges. However, it is recommended that you continue with the screen for more information.

Section 2

Factors that may need to be examined before the assessment is completed or while in the program (complete this entire section, even if an action needs to be taken in one area).

Do you have a history of vision problems? _____

I wear glasses.

If yes, do you wear corrective lenses? _____

Yes.

If no, does your vision affect you when you are learning? _____

If vision problems affect learning, the learner may need to look into corrective lenses before continuing.	Action Needed	Y	N
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Do you have a history of hearing problems? _____

I have some hearing loss in my right ear.

If yes, do you wear a hearing aid? _____

No.

If no, does your hearing affect you when you are learning? _____

It may, but I don't usually have a problem. I just turn my good ear toward the speaker.

If hearing problems affect learning, the learner may need to look into corrective or assistive devices before continuing.	Action Needed	Y	N
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Do you have other serious health problems that may affect learning?

(e.g., diabetes) _____

No.

If health issues affect learning, the learner may need to look into solutions before continuing. **Action Needed** **Y** **N**

Are you on any medications that would affect your learning? _____

No.

If medication affects learning, the learner may need to look into solutions before continuing. **Action Needed** **Y** **N**

Have you ever had drug and/or alcohol problems that may affect learning? _____

No.

If drug and/or alcohol problems affect learning, the learner may need to look into treatment before continuing. **Action Needed** **Y** **N**

Do you live with anxiety or depression that may affect learning? _____

I get very anxious in large crowds. So it will depend on the class size and how noisy it is.

If anxiety or depression affects learning, the learner may need to look into treatment before continuing. **Action Needed** **Y** **N**

Do you have a high level of stress in your life right now? _____

(Think of your most happy experiences as a 0 and think of your most stressful experiences as a 10 - a high level of stress would be 8-10.)

Yes - like an 8.

If yes, does it affect you when you are learning? _____

It may affect my concentration.

If stress affects learning, the learner may need to look into treatment or solutions before continuing. **Action Needed** **Y** **N**

Have you ever been diagnosed with a disability (physical/psychological)? _____

No.

If yes, do you use any disability services (e.g., rehabilitation, Association for Community Living, etc.)? _____

If you suspect or know that the learner has a developmental disability, this assessment is likely **not appropriate** for this learner (it is possible to have a developmental disability as well as specific learning challenges, but this assessment is likely not the appropriate tool to discern those issues).

Discontinue? Y N

Actions to be Taken? Y N

If yes, list the actions to be taken here.

Continue completing the Pre-Screen. However, if the Pre-Screen suggests that the entire assessment should be completed, the actions may need to be taken before completing the activities and the action plan.

Section 3

Factors that would suggest the learner has learning challenges

Specific - Do you have difficulty

- ___ shopping (estimating cost, counting change, etc.) **No**
- ___ handling money and/or banking **No**
- ___ using public transportation **No**
- ___ keeping track of time **No**
- ___ housekeeping **No**

___ Did you work hard in school but still found you had difficulties understanding the material or doing well?

I worked about the same as my friends I think.

___ Do other members in your family have difficulties with reading, writing, or math or have been diagnosed with a learning disability?

Not that I know of.

___ Have you ever been formally assessed for a learning disability? Explain.

No.

___ If English is not your first language, did you have difficulty learning to read and write in your native language?

N/A

___ Have you had many jobs for short periods of time?

I've only had 2 jobs and the first one was for 18 years.

___ Did you leave any jobs due to your learning difficulties in reading, writing, and/or math?

No.

___ Have you ever avoided a job because of the literacy requirements?

No.

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If the learner answered 'yes' to more than 3-4 in the specific list and more than 5-6 in the general list of the above, you should continue with the assessment.