

## Pre-Assessment Questionnaire

Name of person assessed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First MI

Gender:  Male  Female Race:  White  Black  Hispanic  Asian  Native American  Other

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's (Last, First): \_\_\_\_\_ Phone: H: \_\_\_\_\_ C: \_\_\_\_\_ W: \_\_\_\_\_

Father's (Last, First): \_\_\_\_\_ Phone: H: \_\_\_\_\_ C: \_\_\_\_\_ W: \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Primary Contact in case of emergency or if a session needs to be cancelled: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Whom (or source) may we thank for referring you to us? \_\_\_\_\_

### General Information

Give a brief statement of the primary reason for today's assessment: \_\_\_\_\_

Indicate any diagnosis/labels/disorders that have been used to describe this person:  ADD  ADHD  Dyslexia/Reading problem  Learning Disability  Autistic/Asperger's/PDD  Speech/Language Disability  Physical Disability

Other: \_\_\_\_\_ Who did diagnosis: \_\_\_\_\_

### Academic History

Indicate any problems in the following areas:

- |                                   |  |  |  |
|-----------------------------------|--|--|--|
| <input type="checkbox"/> Reading  | <input type="checkbox"/> Comprehension                 | <input type="checkbox"/> Reversals of letters or words | <input type="checkbox"/> Motivation/behavior |
| <input type="checkbox"/> Writing  | <input type="checkbox"/> Avoidance of school work      | <input type="checkbox"/> Loses place/skips lines       | <input type="checkbox"/> Low self-esteem     |
| <input type="checkbox"/> Math     | <input type="checkbox"/> Works too hard on school work | <input type="checkbox"/> Poor memory                   | <input type="checkbox"/> Overly active       |
| <input type="checkbox"/> Spelling | <input type="checkbox"/> Slow work                     | <input type="checkbox"/> Attention/concentration       | <input type="checkbox"/> Other: _____        |

Is the student achieving at expected levels in school?  Yes  No (Comments): \_\_\_\_\_

Type of classroom:  mainstream for all subjects  special classroom for all subjects  special classroom for some subjects

List any past or current help, training, or tutoring utilized for the above problems: \_\_\_\_\_

Has the student ever repeated a grade:  Yes  No Please explain: \_\_\_\_\_

### Medical History

Birth was:  premature  late  normal Birth weight: \_\_\_\_\_ Any complications during pregnancy or delivery?  Yes  No

List all major health problems to date: \_\_\_\_\_

Indicate problem areas:  headaches  vision  speech or hearing

List current medications: \_\_\_\_\_ Last vision test: \_\_\_\_\_ Last hearing test: \_\_\_\_\_

Would you like to have a copy of the assessment results sent to the student's teacher? \_\_\_\_\_ Physician? \_\_\_\_\_

Teacher's name and address: \_\_\_\_\_

Physician's name and address: \_\_\_\_\_

## Academic History

Please check all that apply.

### *Reading*

- Difficulty encoding (hearing and reproducing sounds or sound patterns/sequences)
- Difficulty decoding (sounding out)
- Poor reading fluency, accuracy, and phrasing
- Poor reading comprehension (inference, generalizations, compare/contrast, sequencing, main ideas and supporting details, plot/elements)
- Difficulty tracking (loses place while reading/skips words and/or lines)

### *Writing*

- Handwriting
  - Poor pencil grip
  - Reverses, inserts or skips letters/numbers
  - Hard to read/sloppy
  - Writes too lightly or too hard
- Composition
  - Grammar errors (capitalization, punctuation, subject/verb agreement, tense agreement, and word function)
  - Difficulty with elaboration of ideas (coming up with what to write)
  - Uses immature/inappropriate vocabulary
- Spelling
  - Difficulty learning words for spelling tests
  - Doesn't apply correct spelling in written composition

### *Math*

- Number sense ( $<$ ,  $>$ ,  $=$ , place value, reading and writing numbers)
- Difficulty learning/memorizing math facts (+, -,  $\times$ ,  $\div$ )
- Confused by which operation (+, -,  $\times$ ,  $\div$ ) to use in a word problem.
- Difficulty with multiple-step problems
- Difficulty applying strategies (e.g., using diagrams, charts, tables, etc. to solve problems)

### *Behavioral*

- Poor concentration/attention
- Avoidance of schoolwork
- Easily frustrated
- Low self-esteem
- Overly active
- Anxiety on timed activities

### *Study Habits*

- Poor study skills
- Difficulty initiating or getting started on work
- Difficult time remembering what was learned
- Difficulty understanding oral directions
- Difficulty understanding written directions

# LEARNING SMART

an educational therapy practice

Child's Name: \_\_\_\_\_ Date \_\_\_\_\_

Please list three of your child's main **strengths**. Be as specific as possible. Examples are helpful.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list three of your child's main **weaknesses**. Be as specific as possible. Examples are helpful.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_