

Student Name _____ SSN/ID# _____

College _____ Date _____
 Month/Day/Year

Term/Year _____

Learning Disabilities Program
 California Community Colleges

INTAKE SCREENING AND ELIGIBILITY RECORD

Certification Summary			
Component	Date Completed	Professional Certification Used	Criterion Met (Complete for each component evaluated)
1.0 Intake Screening		Not Applicable	Not Applicable
2.0 Measured Achievement		Yes No	Yes No
3.0 Ability Level		Yes No	Yes No
4.0 Processing Deficit		Yes No	Yes No
5.0 Aptitude-Achievement Discrepancy		Yes No	Yes No
6.0 Eligibility Recommendation		Not Applicable	Yes No

**California Community Colleges
Learning Disabilities Services**

CONSENT FORM

The Chancellor's Office of the California Community Colleges is committed to protecting the rights of persons who are assessed for learning disabilities (LD) eligibility. The information below is provided so that you can decide whether to participate in the LD eligibility assessment.

You are being asked to complete several assessment instruments that will help in determining your eligibility for learning disabilities services through Disabled Student Services Learning Disabilities Programs. The assessments might include tests of ability, achievement, learning skills, and surveys.

The results of these tests are strictly confidential. The scores are used in the determination of LD eligibility and in the development of appropriate educational programs. The scores may be maintained in computer files in addition to the test booklet. Descriptive information and test scores may be used in research projects approved by the Chancellor's Office. To ensure your privacy, this information will not be personally identifiable.

If you have any questions, ask for clarification. In addition, if you believe that the assessment or eligibility determination is invalid, you may challenge the results through a petition process.

The Information Practices Act of 1977 (Civil Code Sections 1798, et seq.) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. The Community College District and the State of California use information requested on this form for the sole purpose of identifying the student authorized to receive special services. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be transferred to other state and public agencies; however, disclosure to these parties is done in strict accordance with current statutes regarding confidentiality. Providing personal information is strictly voluntary.

By signing this consent form you agree to participate in the assessment activities described above and acknowledge the use of the information as described.

I understand this information and agree to complete the assessment to determine eligibility for learning disabilities services.

DYES

D NO

Print Name _____ SS# _____

Signature _____ Date _____

Parent's signature (for students under 18) _____

INTAKE INTERVIEW

LEARNING DISABILITIES SERVICES

STUDENTS: The Chancellor's Office of the community college system is required to gather and maintain certain student information. This information is the ethnicity, gender, age, and disability status of students requesting services through the disabled student services program.

Providing this information is strictly voluntary for you. However, the college is required to complete each item since this form is the only means which the college has for gathering the required information. For this reason, we ask your assistance in completing the form.

DESCRIPTIVE INFORMATION

Name (Print) _____ Date _____

Address _____ Home Phone _____

City _____ Zip _____

Can you be contacted at work? • Yes • No Work Phone _____

Gender _____ Date of Birth _____ Age _____ Place of Birth _____

List name of person to notify in case of emergency:

Name _____ Relationship _____ Phone _____

Address _____ City _____ Zip _____

1. How do you describe yourself and your mother/guardian? (Please check one for each category.)

	Self	Mother/ Guardian		Self	Mother/ Guardian
Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>	African-American	<input type="checkbox"/>	<input type="checkbox"/>
American Indian	<input type="checkbox"/>	<input type="checkbox"/>	non-Hispanic		
			Hispanic		
Asian			Central American	<input type="checkbox"/>	<input type="checkbox"/>
Asian Indian	<input type="checkbox"/>	<input type="checkbox"/>	Chicano	<input type="checkbox"/>	<input type="checkbox"/>
Cambodian	<input type="checkbox"/>	<input type="checkbox"/>	Mexican	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	Mexican-American	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>	South American	<input type="checkbox"/>	<input type="checkbox"/>
Korean	<input type="checkbox"/>	<input type="checkbox"/>	Other Hispanic	<input type="checkbox"/>	<input type="checkbox"/>
Laotian	<input type="checkbox"/>	<input type="checkbox"/>			
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	White non-Hispanic	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian	<input type="checkbox"/>	<input type="checkbox"/>	Other non-white	<input type="checkbox"/>	<input type="checkbox"/>
Filipino	<input type="checkbox"/>	<input type="checkbox"/>	Decline to state	<input type="checkbox"/>	<input type="checkbox"/>
Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	<input type="checkbox"/>

REFERRAL INFORMATION

2. Who referred you to our program? _____

(Name)

(Agency)

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

4. In what academic areas have you experienced difficulty? (Check all that apply.)

- | | |
|--------------------|--------------------------------------|
| _____ Reading | _____ Comprehending concepts |
| _____ Spelling | _____ Retaining information |
| _____ Math | _____ Completing assignments on time |
| _____ Taking tests | _____ Organizing written work |
| _____ Study skills | _____ Self-confidence in school |
| _____ Reading rate | _____ Motivation |

Describe your difficulties _____

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

• If yes, please identify:

- a. What is your disability according to Dept. of Rehab.? _____
- b. Rehabilitation counselor's name _____ Phone _____
- c. What is your rehabilitation plan? _____

6. Are or were you receiving services from any of the following? (Check all that apply.)

- | | | | |
|-------------|------------|----------------------------|---------------------|
| _____ DSP&S | _____ EOPS | _____ CalWorks | _____ Financial Aid |
| _____ SSDI | _____ None | _____ Other Services _____ | |

DEVELOPMENTAL HISTORY

7. Were there any medical or developmental problems before or after your birth or during the birth process?

Yes No

• If yes, explain _____

8. To your knowledge, was there anything unusual about your early development, e.g., delayed speech; late crawling or walking; problems using scissors, printing, or writing? Yes No

• If yes, explain _____

9. Did your family provide a stimulating environment in terms of each of the following:

a. frequent exposure to spoken language Yes No

b. availability of books, magazines, or other print materials Yes No

c. enrichment experiences (e.g., museums, libraries, etc.) Yes No

• Please explain _____

FAMILY HISTORY

10. Does anyone in your family have a learning problem? Yes No

• If yes, describe _____

11. Does anyone in your family have any other type of disability (e.g., physical, emotional, vision or hearing impairment)? Yes No

• If yes, describe _____

12. Describe any family or personal issues which you feel have affected your learning in the past.

13. Describe any current family or personal issues which are impacting your education at this time.

WORK HISTORY

14. Are you currently employed? Yes No

• If yes, please describe current employment:

a. Where? _____

b. Job Duties? _____

c. Number of hours per week? _____

d. What is your weekly work schedule? _____

e. How long have you had this job? _____ Years _____ Months _____ Weeks

15. Describe any previous jobs, length of employment, and job duties. _____

HEALTH INFORMATION

16. Do you have vision problems? Yes No

• If yes, describe: _____

17. Do you wear glasses or contact lenses? Yes No

18. Have you had an eye exam within the last two years? Yes No

• If yes, when? _____

19. Do you have problems with hearing? Yes No

• If yes, describe: _____

20. Did you have frequent ear infections or tubes in your ears? Yes No

21. Do you wear a hearing aid? Yes No

22. Have you had a hearing exam within the last five years? Yes No

• If yes, when? _____

23. Do you have allergies or asthma? Yes No

• If yes, please answer the following questions:

a. Describe: _____

b. How do the allergies, asthma, and/or medications influence your classwork? _____

24. Are you on any medication at the present time? Yes No

• If yes, please identify:

a. Name(s) of medication(s) _____

b. Dosage _____

c. For what condition(s) _____

d. Side effects _____

25. Have you ever been on a long-term program of medication? Yes No

• If yes, describe _____

26. Have you ever had difficulties with any of the following:

a. attention? Yes No

b. concentration? Yes No

c. hyperactivity? Yes No

• If yes, describe difficulties during each of the following:

a. study time _____

b. lecture _____

c. tests _____

27. Have you ever been evaluated for Attention Deficit (Hyperactivity) Disorder? Yes No

• If yes, when and by whom? _____

What were the results? _____

28. Have you ever had a head injury? Yes No

• If yes, at what age? _____ Were you hospitalized? Yes No

Please explain _____

29. Have you ever been unconscious due to illness or injury? Yes No

• If yes, for how long? _____

Please explain _____

30. Have you ever had seizures? Yes No
• If yes, specify when and describe: _____

31. Have you ever had a neurological exam (e.g., CAT scan, MRI)? Yes No
• If yes, please answer the following questions:
a. at what age? _____
b. for what reason? _____

32. Have you ever had any serious injuries or illness? Yes No
• If yes, specify when and please describe their impact on your education: _____

33. Do you have a history of mental health problems? Yes No
• If yes, please answer the following questions:
a. Were you ever hospitalized for mental health problems? Yes No
b. Have you been treated as an outpatient? Yes No
c. Have you participated in mental health counseling? Yes No

34. Do you have a history of substance abuse? Yes No
• If yes, please answer the following questions:
a. Were you ever hospitalized for substance abuse? Yes No
b. Have you been treated as an outpatient? Yes No
c. Have you participated in counseling for substance abuse? Yes No
d. For how long have you maintained sobriety? _____

EDUCATIONAL INFORMATION

35. As far as you can recall, when did you first start having problems in school?

36. Why do you think you have had problems in school? (Check all that apply.)
___ Specific learning disability ___ Tasks too difficult ___ Bad luck
___ Home environment ___ Lack of interest in school ___ Limited ability
___ Emotional problems ___ Lack of opportunity ___ Poor attendance
___ Economic disadvantage ___ Other (specify): _____

37. Did you frequently change schools in elementary or secondary school? Yes No

• If yes, explain: _____

38. Were you retained in school (i.e., held back to repeat a grade)? Yes No

• If yes, what grade(s) and why? _____

39. Were you ever tested for eligibility in special education prior to college? Yes No

• If yes, when and why? _____

40. Have you ever been in special education, remedial, or gifted classes? Yes No

• If yes, what type of classes? (Check all that apply.)

_____ Special Day Class _____ Resource Program _____ Remedial Class

_____ Speech and Language services _____ Gifted _____ Other

• If you were in special education or remedial classes, in what high school classes were you mainstreamed? _____

41. What other school-related activities or issues influenced your achievement (e.g., sports, clubs, etc.)?

42. Did you drop out of school between kindergarten and 12th grade? Yes No

• If yes, please answer the following questions:

a. in what grade(s)? _____

b. for what reasons? _____

43. Are you a high school graduate? Yes No

• If yes, a. list name and location of high school: _____

b. date of graduation: _____

• If no, did you complete a GED? Yes No

If yes, when? _____

44. Have you attended any other college or university? Yes No

• If yes, where? _____

45. For how many semesters/quarters have you attended college? _____

46. How many units have you earned? _____

47. In how many units (hours) are you currently enrolled? _____ Units (hours)

48. Are you required to take a certain number of units? Yes No

• If yes, how many units and why? _____

49. Are you on academic probation? Yes No

• If yes, why? _____

50. List all of your current classes. Describe any difficulties you are experiencing in each. How much time do you spend each week (including Saturday and Sunday) studying and preparing for each of these classes?

Weekly Class	Describe Difficulties	Study Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

51. Have you discussed your difficulties with the instructor or with a counselor? Yes No

52. What college support services have you used? _____

53. In what type(s) of classes have you done well? _____

54. What are your goals for attending college? _____

College Major _____ College Counselor _____

55. List the highest level English, math, reading, and study skills courses you have completed (including high school if appropriate.)

Class	Level (e.g., remedial, AA/AS, transfer)	Grade Received	Date Completed
English: _____	_____	_____	_____
Math: _____	_____	_____	_____
Reading: _____	_____	_____	_____
Study Skills: _____	_____	_____	_____

CULTURAL AND LINGUISTIC INFORMATION

(In completing this section it may be appropriate to consult with family members who may have more in-depth information.)

56. Where were you born? _____

57. How long have you lived in the United States? _____

58. Do you periodically move back and forth to the United States? Yes No

• If yes, describe: _____

59. Were you raised in the culture of the United States? (includes exposure to schools, television, libraries, etc.)

Yes No

60. Is English your first and only language? Yes No

• If no, please answer the following questions:

a. What other language(s) do you know? _____

b. What language did you learn first? _____

• If you answered YES to questions 59 and 60, **STOP!**

• If you answered NO to question 60, complete the following Cultural and Language supplemental information.

• If your first language is English, but you did not grow up with exposure to U.S. culture, please complete questions 61- 65 and then stop.

**CULTURALLY/LINGUISTICALLY DIVERSE (CLD)
SUPPLEMENTAL INTERVIEW**

CULTURAL INFORMATION

61. In what culture did you grow up? _____

62. How many years did you spend in this culture? _____

63. How many years were you schooled in this culture? _____

64. Check any cultural experiences that you believe were different from those in the U.S. in terms of exposure to:

- | | | |
|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> English Language | <input type="checkbox"/> Newsprint | <input type="checkbox"/> Music |
| <input type="checkbox"/> School | <input type="checkbox"/> Art | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Television | <input type="checkbox"/> Theater | <input type="checkbox"/> Other _____ |

65. Check any differences in educational course content from the content that was taught in U.S. schools.

- | | | |
|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> English Language | <input type="checkbox"/> History | <input type="checkbox"/> Geography |
| <input type="checkbox"/> Science | <input type="checkbox"/> Other _____ | |

PRIMARY LANGUAGE INFORMATION

66. What was your first or primary language? _____

67. Check any problems you had in learning your first language.

- | | | |
|---|------------------------------|-----------------------------|
| a. Were you slow to understand what was said to you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Were you slow to learn new vocabulary and use it? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Were you slow to answer when you were spoken to? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Did you have difficulty finding words you wanted to use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Did you have difficulty saying what you wanted to say? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Did you have difficulty putting your ideas into order? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Did others have trouble understanding you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Did you have difficulty following the topic of conversation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

68. In which of the areas listed above do you still experience difficulty? _____

PREVIOUS EDUCATION - PRESCHOOL

69. Did you attend preschool? Yes No

• If yes, was it Public or Private

70. Did you participate in bilingual preschool classes? Yes No

• If yes, in which languages _____

71. Did you take English as a Second Language in preschool? Yes No

• If yes, a. for how many years? ____ Years

b. for how many hours per day? _____ Hours per day

72. Did you attend preschool regularly? Yes No

73. What strengths and weaknesses did your teachers report in preschool?

PREVIOUS EDUCATION – ELEMENTARY SCHOOL

74. Did you attend elementary school? Yes No

• If yes, was it Public or Private

75. Did you participate in bilingual classes in elementary school? Yes No

• If yes, in which languages _____

76. Did you take English as a Second Language in elementary school? Yes No

• If yes, a. for how many years? ____ Years

b. for how many periods per day? _____ Periods

77. Did you attend elementary school regularly? Yes No

• If no, describe attendance _____

78. How did your learning in elementary school compare with that of your classmates?

79. What strengths and weaknesses did your teachers report in elementary school?

PREVIOUS EDUCATION – MIDDLE SCHOOL

80. Did you attend middle school? Yes No

• If yes, was it Public or Private

81. Did you participate in bilingual classes in middle school? Yes No

• If yes, in which languages _____

82. Did you take English as a Second Language in middle school? Yes No

• If yes, a. for how many years? ____ Years

b. for how many periods per day? _____ Periods

83. Did you attend middle school regularly? Yes No

• If no, describe attendance _____

84. How did your learning in middle school compare with that of your classmates?

85. What strengths and weaknesses did your teachers report in middle school?

PREVIOUS EDUCATION – HIGH SCHOOL

86. Did you attend high school? Yes No

• If yes, was it Public or Private

87. Did you participate in bilingual classes in high school? Yes No

• If yes, in which languages _____

88. Did you take English as a Second Language in high school? Yes No

• If yes, a. for how many years? ____ Years

b. for how many periods per day? ____ Periods

89. Did you attend high school regularly? Yes No

• If no, describe attendance _____

90. How did your learning in high school compare with your classmates?

91. What strengths and weaknesses did your teachers report in high school?

92. Describe the language of instruction, quality of instruction, and any strengths and weaknesses in learning when you were in

a. 1st - 5th grades _____

b. 6th - 8th grades _____

c. 9th - 12th grades _____

93. Check any school-related difficulties you experienced in learning your first language:

- | | | |
|--|--|---|
| <input type="checkbox"/> Understanding language | <input type="checkbox"/> Remembering | <input type="checkbox"/> Finding errors in work |
| <input type="checkbox"/> Expressing yourself | <input type="checkbox"/> Reading words | <input type="checkbox"/> Learning math facts |
| <input type="checkbox"/> Learning new vocabulary | <input type="checkbox"/> Comprehending reading | <input type="checkbox"/> Math calculation |
| <input type="checkbox"/> Learning new ideas and concepts | <input type="checkbox"/> Organizing writing | <input type="checkbox"/> Math word problems |

ENGLISH AS A SECOND LANGUAGE (ESL) EXPERIENCE

94. At what age did you begin learning ESL? _____

95. How many years of ESL did you have in a formal classroom setting? _____

96. Was your ESL instruction interrupted? Yes No

• If yes, describe _____

97. Describe the kind of ESL instruction you received:

a. _____ ESL teacher _____ minutes of ESL instruction per day/week

b. _____ ESL aide _____ minutes of ESL instruction per day/week

c. _____ Pull-out program or _____ In-class instruction

98. Check any problems you experienced in learning English:

_____ Trouble with pronunciation

_____ Understanding English

_____ Speaking English

_____ Writing English

_____ Learning vocabulary

_____ Learning vocabulary

_____ Grammar

_____ Learning grammar

_____ Using sentences

_____ Using sentences

_____ Putting sentences together
to express myself

_____ Putting sentences together
to express myself

_____ Finding mistakes in my writing

99. Describe your progress in ESL classes compared to that of classmates with backgrounds similar to yours.

CURRENT EDUCATION

100. What is the highest grade you completed in school? _____

101. How many years have passed since you were last in school? _____

102. Has your college education been uninterrupted? Yes No

• If yes, describe _____

103. Have you continued to read/write in your first language? Yes No

• If yes, a. How frequently and how much do you read? _____

b. What kinds of materials do you read? _____