

SECTION 2: SCREENING CHECKLIST for ADULT LEARNING DISABILITIES

*Adapted from the National Adult Literacy and Learning Disabilities Center (1994),
Behrens-Blake and Bryant (1986), and Bridges to Practice (1999)*

DIRECTIONS: The screening checklist on pages 2-3 lists characteristics that tend to be displayed in varying degrees by persons with learning disabilities. If a learning disability is suspected in an adult learner, the instructor completes the checklist with the learner following at least two months of instruction and observation. Together the instructor and learner discuss and check the characteristics that the adult learner experiences often or most of the time. The instructor then provides important and additional information on page 4.

READING (Decoding and Comprehension)

- difficulty sounding words out
- difficulty remembering sight words after repeated practice
- skips words
- rereads lines
- slow rate of silent reading
- oral reading is slow or choppy
- has a limited reading vocabulary
- reads words backwards (was/saw, net/ten)
- does not understand what is read
- does not remember what was read
- difficulty determining main idea
- answers questions with an over-dependence on guessing
- does not read for pleasure or information

WRITING (Spelling, Writing, Handwriting)

- spells phonetically only: Munday, Toosday, Winsday
- mixes capital and lower case letters: SunDay, MoNey
- leaves out letters
- reverses letters and simple words: was for saw
- avoids writing words that are difficult to spell
- awkward grip or style of writing
- slow rate of writing
- poorly formed letters
- letters are too small or too large
- letters and words are not spaced appropriately or stray outside of the lines
- difficulty with correct grammar and usage
- poor organization of thoughts and ideas
- rarely writes letters or notes
- does not proofread for errors

MATH (Computation and Problem Solving)

- has not memorized math facts
- confuses math symbols
- poor computational skills for adding, subtracting, multiplying, or dividing
- difficulty copying numbers
- difficulty working with numbers in columns
- confuses placement of numbers in computation
- difficulty with telling time, counting money, making change
- difficulty following the sequence of steps to math problems
- avoids employment situations requiring math skills

ORAL EXPRESSION (Speaking)

- mispronounces words
- has difficulty organizing what to say
- makes many grammatical errors
- difficulty retrieving the right words for the situation
- uses the wrong word but with similar sounds
- uses mostly simple sentences

BEHAVIORAL AND SOCIAL

- difficulty with concentration and attention to task
- difficulty sitting still
- acts or speaks without thinking
- easily frustrated
- difficulty establishing relationships or friendships
- difficulty relating to authority figures
- blames others for mistakes or problems
- overly dependent on others
- acts inappropriately in social situations
- withdraws from socializing
- misunderstands humor or sarcasm
- lacks confidence and motivation

PROCESSING (Visual and Auditory and Spatial)

- loses place while reading
- squints close to see print
- reverses letters (b for d)
- transposes numbers (43 for 34)
- difficulty remembering what is seen
- difficulty remembering what is heard
- talks loudly
- turns an ear towards the speaker
- often asks for repetition
- difficulty hearing differences in similar sounding words
- difficulty following along in large groups
- problems with directionality: up/down, left/right, north/south/east/west
- difficulty interpreting maps, tables, charts, graphs
- gets lost easily in familiar and unfamiliar environments

SECTION 3: OTHER CLASSROOM INFORMATION (Completed by ABE instructor)

Reason for assessment referral:

What program is student enrolled in :

- Adult Diploma GED Program Remedial Instruction for Postsecondary/Work Preparation

Date of enrollment in your program: _____

History of attendance:

Please provide relevant test scores and dates:

CASAS:

TABE:

GED Scores & Dates:	Practice Tests:	Formal Exams:
Math		
Reading		
Writing		
Social Studies		
Science		

Please briefly describe what the learner has been working on in your classroom, what interventions have been tried, and what progress he/she has made.

Additional comments or concerns:

SECTION 4: EDUCATIONAL HISTORY

Schools attended (elementary to present)

<u>School Name</u>	<u>City/State</u>	<u>Grade Level</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Was attendance consistent during: Elementary? Y N High School? Y N

Comments

- 1. Graduated from HS Y N _____
- 2. If No, what grade & year did you drop out? _____
- 3. Received GED Y N _____
- 4. Are you taking GED classes? Y N _____
- 5. Have you taken any of the GED tests or pre-tests? Y N _____
If so, scores/dates of each: _____

Have you ever received any of the following services? (If so, please explain)

- 1. Speech/Language Y N _____
- 2. Remedial reading Y N _____
- 3. Remedial math Y N _____
- 4. Tutoring Y N _____
- 5. Special education Y N _____
- 6. When did you first start having learning problems? _____

SECTION 5: ASSESSMENT / DIAGNOSIS HISTORY

Have you ever been tested or identified with the following? (If so, please explain)

- 1. Learning disability Y N _____
- 2. AD/HD Y N _____
- 3. Mental health problems Y N _____
- 4. Other Y N _____

Please forward any pertinent school records with your application

SECTION 7: FAMILY HISTORY

			Comments
1. Mother HS grad/GED	Y	N	_____
2. Mother college grad	Y	N	_____
3. Father HS grad/GED	Y	N	_____
4. Father college grad	Y	N	_____
5. Parent(s) with diagnosed learning disability (LD)	Y	N	_____
6. Adopted	Y	N	_____
7. Sibling(s) with diagnosed LD	Y	N	_____
8. Significant family issues	Y	N	_____

Is there any other family history LDA should know about? Please explain.

SECTION 8: TRAINING/WORK HISTORY:

Have you ever pursued support from Rehabilitation Services? Yes No

What year? _____ Counselor's name _____

Office location _____

Are you currently employed? Part-time Full-time (circle one)

If yes, what do you do? _____

Where? _____

Have you held the job for at least six months? Yes No

Do you currently have plans for job training? Yes No

List the jobs and places you have worked.

Circle the ones that you liked the most.



Notice of Privacy Practices, to Protect the Privacy of Mental Health Information

THIS NOTICE DESCRIBES HOW ASSESSMENT INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Under the law, it is permitted to use or disclose information about your assessment and results **with your consent** for the following purposes:

- 1) You might find it useful to have assessment results shared with a school, an employer, a family member, a government agency, or another provider such as a physician or psychologist. For this purpose, you must sign a written **authorization request**.
- 2) Information about you may be used to coordinate services provided by this agency. All agency providers who have access to your information have a direct need to know and are trained to follow HIPAA rules and procedures. Records are kept in locked storage.
- 3) If you seek insurance reimbursement for a diagnostic assessment, LDA will furnish sufficient information for them to decide if your coverage applies to the service. The law states insurers and other third-party payers have a right to know only limited information such as your diagnosis and how much time was devoted to testing. They may obtain a list of tests administered. **They do not have a right to know detailed information about results or concerns.**
- 4) Use of some information that identifies you as a client may be shared with insurance or regulatory agencies for audit purposes and to ensure we comply with relevant laws.
- 5) **With your permission**, test results may be shared for research purposes when the research design has been approved by a review board and procedures are followed to protect the privacy of individual participants.
- 6) Any authorization you give to release your personal information may be revoked by you in writing, at any time.
- 7) There are a few circumstances where the law allows and may even require that information about you be disclosed without your consent. They include the following:
 - a) A regulatory agency such as the State Department of Education (Special Education) or the Minnesota Board of Psychology may subpoena records from this agency in the course of conducting an investigation.
 - b) Judicial Proceedings: Ordinarily you can decide whether your records will be released to a court. However, in some limited cases they can be subpoenaed.
 - c) If during the assessment interview or testing you provide information describing abuse of a child or vulnerable adult, or threaten serious immediate harm to yourself or a specific person, this information must be reported for the purpose of protection to law enforcement and/or county welfare personnel.

Rights and Documents

You have the right to inspect and/or obtain a copy of your records. You have the right to request an amendment to the assessment report if you believe it is inaccurate or misleading. The author may deny such a request due to information reporting requirements (for example, certain kinds of information must be included to justify a diagnosis). If this occurs, you can appeal the denial. You have a right to have an accounting of all the instances in which your personal information has been disclosed by this agency—who received the information and what they received.

LDA has a duty under the law to maintain the privacy of your records and to give you written notice of our legal duties and privacy policies. If the policies change, you must be informed in writing.

Complaints and Appeals

If you feel anyone at LDA has violated your privacy rights, or you disagree with a decision we have made concerning them, you may contact the Executive Director of the agency to discuss your concerns. If you feel that after this meeting that your concerns have not been addressed, you may send a written complaint to the U.S. Department of Health and Human Services or, in the case of a psychologist's assessment, the Minnesota Board of Psychology.

If you have any concerns or questions about anything in the above statement, you are urged to discuss them with your provider before you sign below.

I have read and understand this privacy notice.

Signed: _____ Date: _____

Relationship to client: _____