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## Minnesota Adult Basic Education (ABE) - Application for Learning Assessment

### Part 1 - To be completed by ABE site personnel

At time of referral for testing( or sooner if you are considering referring this student for a learning assessment), please review the attached Student Health Screening Checklist with the student and consider adding goals to their education plan (i.e. student will have eyes checked and update eyeglass prescription within 30 days).

Application Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_  Female  Male

Current Address \_\_\_\_\_ Marital Status: S M D

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

ABE enrollment date: \_\_\_\_\_ Student Attendance history (frequency, hours/week, etc.) \_\_\_\_\_

**Please Note: If the student has been enrolled in ABE classes for less than 90 consecutive days (except summer break), please contact LDA Assessment Manager prior to submitting this application.**

ABE Site Contact, or best person to contact at ABE site. (include phone no. & email address if different from site contact:

Site Name, Address, City, Zip Code \_\_\_\_\_

Site Phone \_\_\_\_\_

Teacher Phone \_\_\_\_\_

Site Email \_\_\_\_\_

Teacher Email \_\_\_\_\_

Please explain why you are referring this student for an assessment and what information you hope to obtain (attach separate sheet of paper if needed) from the results.

What type of assessment are you requesting (check only one)?

**Please note: If the student isn't a native English speaker, please contact Assessment Manager at LDA prior to submitting this application.**

\_\_\_\_ Learning Assessment only (includes ability & achievement testing to determine eligibility for GED exam or accommodations with an academic setting-college, vocational or technical school)

\_\_\_\_ ADHD Assessment (includes Learning Assessment)

\_\_\_\_ Adult Reading Profile - Achievement testing only-(used to determine the student's decoding speed, comprehension, sight reading and phonics skills). The ARP will not determine eligibility for GED exam accommodations.

Why is the student attending ABE classes?

Adult Diploma  GED Program  Postsecondary/Work Preparation  Other \_\_\_\_\_

Please provide relevant test scores and dates:

CASAS:

TABE:

<b>GED Scores &amp; Dates:</b>	<b>Practice Tests:</b>	<b>Formal Exams:</b>
Math		
Reading		
Writing		
Social Studies		
Science		

Please describe what the student has been working on in your classroom.

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What classroom interventions have been tried to improve the student's earning rate or outcome?  
What were the results of those interventions?

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Additional comments or concerns:

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## Learning Problem Symptom Checklist

**DIRECTIONS:** The screening checklist lists characteristics that tend to be displayed in varying degrees by persons with learning problems. If a significant learning issue 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.

### **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

**Part 2-To be completed by the student in their handwriting.**

*Note: If the student is unable to complete this form in their own handwriting, the teacher may write the answers. In such cases, please have the student submit a separate two paragraph writing sample that answers the question: *What I hope to gain from the assessment?**

**Guided Interview Form**

Thank you for taking the time to answer the following questions. Your responses will assist our evaluation team in better understanding your learning needs and will allow us to further customize our recommendations.

Please explain why you want this assessment and what information you hope to obtain from the results. (Please attach separate sheet of paper if needed for any of the following questions.)

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Please list past and/or recent interventions that have been attempted to resolve the learning problems. If possible, include dates and names of service providers. Please include the results of the efforts (i.e. did it work, how long was it attempted, etc.)

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Birth/Neonatal History: Please describe any issues/complications associated with your mother's pregnancy and/or your early childhood years? Also include any information regarding drug/alcohol use and/or mental health issues/problems during the pregnancy. If you were adopted, please include any information about the biological mother and father.

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Developmental History: Age Walking? \_\_\_\_\_ Age Talking? \_\_\_\_\_ Age toilet trained? \_\_\_\_\_  
Other milestones met on time? \_\_\_\_\_

Please describe your elementary school years. Include anything that may be relevant, including learning problems, significant losses, family illnesses, separation, behavioral/conduct problems, traumatic events, etc.

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Please describe your middle school years. Include anything that may be relevant, including learning problems, significant losses, family illnesses, separation, behavioral/conduct problems, traumatic events, etc.

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Please describe your high school years. Include anything that may be relevant, including learning problems, significant losses, family illnesses, separation, behavioral/conduct problems, traumatic events, etc.

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How do those closest to you describe your personality?

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How do you get along with peers? Any changes from past experiences (i.e. use to be really outgoing but now more introverted, etc.)

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List your personal strengths, achievements, accomplishments and what factors may have contributed to such achievements or accomplishments?

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Recreation: List your current hobbies, recreation or leisure activities, (i.e. socializing with friends, sports, outdoors, cultural, artistic, etc).

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Past/Present Medical History: Date of last exam: Physical \_\_\_\_\_ Dental \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_  
Please include any concerns/issues identified at last exam as well as past surgeries, significant or chronic illnesses.

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Please list past/current prescription, over the counter or alternative medications used in attempt to resolve behavioral or inattentive issues. Please include dosage, length of treatment and observed response. Note such changes in mood, sleep/eating, behavior changes, etc.

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Family Composition/Environment: Please list names, ages, relationships and other relevant information regarding all immediate family members whether living in or outside the home. In blended families, please include child/parent and child/sibling relationships.

<u>Parent/Siblings names</u>	<u>Gender</u>	<u>Age</u>	<u>Marital Status</u>	<u>Relationship to student</u>	<u>Where living</u>	<u>Education</u>	<u>Do you maintain contact?</u>
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Please describe your parents/guardians in terms of personality and any similarities to you in regards to learning issues, attention, concentration, focus, mood, personality.

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Please describe your caffeine, tobacco, alcohol or other chemical usage: Include what chemicals, frequency, for how long, etc. (This information is helpful when interpreting memory and processing test performance.)

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Please describe your sleep patterns:

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Have you experienced any legal problems or been incarcerated? If so, please describe.

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Please describe any other information that you think would be helpful in getting to know you.

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**NOTICE OF PRIVACY & CLIENT PRACTICES**

**Please read the attached “Notice of Privacy Practices” and “Client Testing Rights & Responsibilities” as well as the information below, and sign on the line provided.**

I have read and understand the “Notice of Privacy Practices” and “Client Testing Rights & Responsibilities”. I am aware that current diagnostic standards will be used and there is no guarantee of 1) a particular diagnosis, 2) confirmation of prior diagnosis, or 3) provision for special testing accommodations, and I will not hold LDA liable for my testing outcomes.

I am applying for testing services at LDA of Minnesota. I have been informed about the proposed assessment, which consists of teacher/tutor/self reporting, interview, observation, and standardized testing designed to investigate learning disabilities, reading difficulties, or ADHD.

I give my consent for a learning assessment at LDAMinnesota. I also give my consent to allow LDA Minnesota to release the full assessment report to my ABE teacher.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

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***The following data is used anonymously for reporting and program planning. The more information you can provide, the better LDA is able to meet your programming needs.***

**Do you identify yourself as:**

- African American
- Asian American
- European American (White)
- Latino/Hispanic American
- Native American
- Multi-racial
- Other \_\_\_\_\_

\_\_\_\_\_ # of people in household

- Household receives
- MFIP (AFDC)
  - SSI

**Household gross annual income**

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|--|--|
| <input type="checkbox"/> under \$16,999      | <input type="checkbox"/> \$33,000 - \$36,999 |
| <input type="checkbox"/> \$17,000 - \$20,999 | <input type="checkbox"/> \$37,000 - \$40,999 |
| <input type="checkbox"/> \$21,000 - \$24,999 | <input type="checkbox"/> \$41,000 - \$44,999 |
| <input type="checkbox"/> \$25,000 - \$28,999 | <input type="checkbox"/> \$45,000 - \$48,999 |
| <input type="checkbox"/> \$29,000 - \$32,999 | <input type="checkbox"/> \$49,000+           |

## **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.

## Client Testing Rights & Responsibilities

### **As a test taker, you have the right to:**

Be informed of your rights and responsibilities as a test taker.

Be treated with courtesy, respect, and impartiality, regardless of your age, disability, ethnicity, gender, national origin, religion, sexual orientation or other personal characteristics.

Be tested with measures that meet professional standards and that are appropriate, given the manner in which the test results will be used.

Receive a brief oral or written explanation prior to testing about the purpose(s) for testing, the kinds of tests to be used, if the results will be reported to you or to others, and the planned use(s) of the results. If you have a disability, you have the right to inquire and receive information about testing accommodations. If you have difficulty in comprehending the language of the test, you have a right to know in advance of testing whether any accommodations may be available to you.

Know in advance of testing when the test will be administered, if and when test results will be available to you, and if there is a fee for testing services that you are expected to pay.

Have your test administered and your test results interpreted by appropriately trained individuals who follow professional codes of ethics.

Know if a test is optional and learn of the consequences of taking or not taking the test, fully completing the test, or canceling the scores. You may need to ask questions to learn these consequences.

Receive a written or oral explanation of your test results within a reasonable amount of time after testing and in commonly understood terms.

Have your test results kept confidential to the extent allowed by law.

Present concerns about the testing process or your results and receive information about procedures that will be used to address such concerns.

### **As a test taker, you have the responsibility to:**

Read and/or listen to your rights and responsibilities as a test taker.

Treat others with courtesy and respect during the testing process.

Ask questions prior to testing if you are uncertain about why the test is being given, how it will be given, what you will be asked to do, and what will be done with the results.

Read or listen to descriptive information in advance of testing and listen carefully to all test instructions. You should inform an examiner in advance of testing if you wish to receive a testing accommodation or if you have a physical condition or illness that may interfere with your performance on the test. If you have difficulty comprehending the language of the test, it is your responsibility to inform an examiner.

Know when and where the test will be given, pay for the test if required, appear on time with any required materials, and be ready to be tested.

Follow the test instructions you are given and represent yourself honestly during the testing.

Be familiar with and accept the consequences of not taking the test, should you choose not to take the test.

Inform appropriate person(s), as specified to you by the organization responsible for testing, if you believe that testing conditions affected your results.

Ask about the confidentiality of your test results, if this aspect concerns you.

Present concerns about the testing process or results in a timely, respectful way, if you have any