

# LEARNING NEEDS SCREENING TOOL

## Background & Development

The Learning Need Screening Tool is a brief, oral interview developed through an intensive authentic research project for the State of Washington Division of Employment and Social Services Learning Disabilities Initiative (November 1994-June 1997) under contract with Nancie Payne, MS, Senior Consultant, Payne & Associates, Inc., Olympia, Washington.

Funded by federal and state resources, the research as well as the Learning Needs Screening Tool are in the public domain and can be accessed by anyone who wishes. However, prior to implementation or use in a program or system, several facts must be noted:

- ♦ The research was conducted with a welfare clientele; thus the tool may not be valid with other populations. Use with other populations not having the same or similar characteristics as the research study could lead to misinterpretation of information and put the client screened by the Tool at risk as well as the entity using the Tool.
- The Learning Needs Screening Tool has not been validated and is not an appropriate tool to use in its present form with populations who have limited English proficiency (LEP).
- Criteria for implementation and use must be explored and clearly established in order to minimize discrimination or perceived bias when providing services. A set of standards for services should be established to ensure protection of the client and the entity using the Tool.
- All individuals should be screened for health-related needs (physical, vision, hearing, etc.) as well as other impacts (mental and emotional health) that may manifest as learning disabilities. This may mean adopting a more intensive interview protocol as a next step after initial screening. Simply screening for a condition does not allow the user to make the assumption that the individual has the condition for which he/she is being screened.
- Appropriate referrals and resources must be put into place prior to implementation. An organization or program cannot simply screen individuals without having the next steps in place. The Tool has been validated through the research and in using the Tool; the user accepts the responsibility associated with using a valid screening tool.
- Protocols for confidentiality and disclosure of information must be established.
- The organization or system's capacity to serve individuals with learning disabilities and other cognitive disorders must be evaluated.
- The Tool is most effective when proper training, implementation, and evaluation protocols are put into place.
- **The Learning Needs Screening Tool is not a diagnostic tool and should not be used to determine the existence of a disability.**

# LEARNING NEEDS SCREENING

Interviewer Name:

Interview Date:

Client Name:

Date of Birth:

Social Security #:

Gender:  Male  Female

How many years of schooling have you had?

Check ALL earned:  High School Diploma  GED  Technical/Vocational Certificate

AA Degree  Other (specify): \_\_\_\_\_

What kind of job would you like to get?

Do you have experience in this area?  Yes  No

What makes it hard for you to get or keep this kind of job?

What would help?

**BEFORE PROCEEDING TO THE QUESTIONS, READ THIS STATEMENT ALOUD TO THE CLIENT:**

The following questions are about your school and life experiences. We're trying to find out how it was for you (or your family members) when you were in school or how some of these issues might affect your life now. Your responses to these questions will help identify resources and services you might need to be successful securing employment.

See final page for directions and scoring.

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<b>Section A</b>	
1. Did you have any problems learning in middle school or junior high school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do any family members have learning problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have difficulty working with numbers in columns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have trouble judging distances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have problems working from a test booklet to an answer sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Count the number of "Yeses" for Section A X 1 =</b>	
<b>Section B</b>	
6. Do you have difficulty or experience problems mixing arithmetic signs (+/x)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Did you have any problems learning in elementary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Count the number of "Yeses" for Section B X 2 =</b>	
<b>Section C</b>	
8. Do you have difficulty remembering how to spell simple words you know?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you have difficulty filling out forms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Did you (or do you) experience difficulty memorizing numbers?	
<b>Count the number of "Yeses" for Section C X 3 =</b>	
<b>Section D</b>	
11. Do you have trouble adding and subtracting small numbers in your head?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you have difficulty or experience problems taking notes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Were you ever in a special program or given extra help in school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Count the number of "Yeses" for Section D X 4 =</b>	
<b>Total "Yeses" multiplied by factor indicated for A, B, C, D</b>	
See next page for directions and scoring.	
14. Check to see if the client has ever been diagnosed or told he/she has a learning disability. If so, by whom and when?	
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## **LEARNING NEEDS SCREENING DIRECTIONS**

1. Ask the client each question in each section (A, B, C, D) and question #14.
2. Record the client's responses, checking "Yes" or "No."
3. Count the number of "Yes" answers in each section.
4. Multiply the number of "Yes" responses in each section by the number shown in the section subtotal. For example, multiply the number of "Yes's" obtained in Section C by 3.
5. Record the number obtained for each section after the "=" sign in the section subtotal.
6. To obtain a Total, add the subtotals from Sections A, B, C, and D.

**If the Total from Sections A, B, C, and D is 12 or more, refer for further assessment.**

It is recommended interviewers ask an additional set of medical/health-based questions to gather more complete background information.

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## ADDITIONAL QUESTIONS WHICH MAY BE ASKED:

### GLASSES:

Does the client need or wear glasses? Yes \_\_\_ No \_\_\_

Last examination was within two years? Yes \_\_\_ No \_\_\_

### HEARING:

Does the client need or wear a hearing aid? Yes \_\_\_ No \_\_\_

### MEDICAL/PHYSICAL:

Has the client experienced any of the following?:

- Multiple, chronic ear infections Yes \_\_\_ No \_\_\_
- Multiple, chronic sinus problems Yes \_\_\_ No \_\_\_
- Serious accidents resulting in head trauma Yes \_\_\_ No \_\_\_
- Prolonged, high fevers Yes \_\_\_ No \_\_\_
- Diabetes Yes \_\_\_ No \_\_\_
- Severe allergies Yes \_\_\_ No \_\_\_
- Frequent headaches Yes \_\_\_ No \_\_\_
- Concussion or head injury Yes \_\_\_ No \_\_\_
- Convulsions or seizures Yes \_\_\_ No \_\_\_
- Long-term substance abuse problems Yes \_\_\_ No \_\_\_
- Serious health problems Yes \_\_\_ No \_\_\_

Is the client taking any medications that would affect the way he/she is functioning?

Yes \_\_\_ No \_\_\_

If yes, what is the client taking? \_\_\_\_\_

How often? \_\_\_\_\_

Does the client need medical or follow-up services? Yes \_\_\_ No \_\_\_

Referrals needed/made:

\_\_\_\_\_