

# **LEARNING NEEDS SCREENING**

## **STUDENT/CLIENT COPY**

**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 any experience in this area?**

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

**What would help?**

**The following questions are about your school and life experiences.**

**It's important to find out how it was for you (or your family members) when you were in school/training and if there is anything that would get in the way now as you pursue education or training. Your responses to these questions are confidential and will help identify resources and services you might need to be successful in education, training and securing employment.**

- 1. Did you have any problems learning in middle school or junior high school?**
- 2. Do any family members have learning problems?**
- 3. Do you have difficulty working with numbers in columns?**
- 4. Do you have trouble judging distances?**
- 5. Do you have problems working from a test booklet to an answer sheet?**
- 6. Do you have difficulty or experience problems mixing arithmetic signs (+/x)?**
- 7. Did you have any problems learning in elementary school?**
- 8. Do you have any difficulty remembering how to spell simple words you know?**
- 9. Do you have difficulty filling out forms?**
- 10. Did you (do you) experience difficulty memorizing numbers?**
- 11. Do you have trouble adding and subtracting small numbers in your head?**
- 12. Do you have difficulty or experience problems taking notes?**
- 13. Were you ever in a special program or given extra help in school?**