

Name: _____

Learning Disability Child/Teen Screening Questionnaire

Please have the child or teen rate themselves on each of the symptoms listed below using the following scale. If there are questions not appropriate to age put NA. Also, please have another person who knows the child/teen well (such as a parent, tutor or teacher) rate the child/teen as well. List other person _____

0	1	2	3	4	NA
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/Not Known

Ch/Tn Parent/Other

Reading

- ____ 1. I am a poor reader.
____ 2. I do not like reading.
____ 3. I make mistakes when reading like skipping words or lines.
____ 4. I read the same line twice.
____ 5. I have problems remembering what I read even though I have read all the words.
____ 6. I reverse letters when I read (such as b/d, p/q).
____ 7. I switch letters in words when reading (such as god and dog).
____ 8. My eyes hurt or water when I read.
____ 9. Words tend to blur when I read.
____ 10. Words tend to move around the page when I read.
____ 11. When reading I have difficulty understanding the main idea or identifying important details from a story.

Writing

- ____ 12. I have "messy" handwriting.
____ 13. My work tends to be messy.
____ 14. I prefer print rather than writing in cursive.
____ 15. My letters run into each other or there is no space between words.
____ 16. I have trouble staying within lines.
____ 17. I have problems with grammar or punctuation.
____ 18. I am a poor speller.
____ 19. I have trouble copying off the board or from a page in a book.
____ 20. I have trouble getting thoughts from my brain to the paper.
____ 21. I can tell a story but cannot write it.

Body Awareness/ Spatial Relationships

- ____ 22. I have trouble with knowing my left from my right.
____ 23. I have trouble keeping things within columns or coloring within lines.
____ 24. I tend to be clumsy, uncoordinated.
____ 25. I have difficulty with eye hand coordination.
____ 26. I have difficulty with concepts such as up, down, over or under.
____ 27. I tend to bump into things when walking.

Oral Expressive language

- ____ 28. I have difficulty expressing myself in words.
____ 29. I have trouble finding the right word to say in conversations.
____ 30. I have trouble talking around a subject or getting to the point in conversations.

Name: _____

Receptive language

- ___ ___ 31. I have trouble keeping up or understanding what is being said in conversations.
- ___ ___ 32. I tend to misunderstand people and give the wrong answers in conversations.
- ___ ___ 33. I have trouble understanding directions people tell me.
- ___ ___ 34. I have trouble telling the direction sound is coming from.
- ___ ___ 35. I have trouble filtering out background noises.

Math

- ___ ___ 36. I am poor at basic math skills for my age (adding, subtracting, multiplying and dividing)
- ___ ___ 37. I makes “careless mistakes” in math.
- ___ ___ 38. I tend to switch numbers around.
- ___ ___ 39. I have difficulty with word problems.

Sequencing

- ___ ___ 40. I have trouble getting everything in the right order when I speak.
- ___ ___ 41. I have trouble telling time.
- ___ ___ 42. I have trouble using the alphabet in order.
- ___ ___ 43. I have trouble saying the months of the year in order.

Abstraction

- ___ ___ 44. I have trouble understanding jokes people tell me.
- ___ ___ 45. I tend to take things too literally.

Organization

- ___ ___ 46. My notebook/paperwork is messy or disorganized.
- ___ ___ 47. My room is messy.
- ___ ___ 48. I tend to shove everything into my backpack, desk or closet.
- ___ ___ 49. I have multiple piles around my room.
- ___ ___ 50. I have trouble planning my time.
- ___ ___ 51. I am frequently late or in a hurry.
- ___ ___ 52. I often do not write down assignments or tasks and end up forgetting what to do.

Memory

- ___ ___ 53. I have trouble with my memory.
- ___ ___ 54. I remember things from long ago but not recent events.
- ___ ___ 55. It is hard for me to memorize things for school or work.
- ___ ___ 56. I know something one day but do not remember it to the next.
- ___ ___ 57. I forget what I am going to say right in the middle of saying it.
- ___ ___ 58. I have trouble following directions that have more than one or two steps.

Social Skills

- ___ ___ 59. I have few or no friends.
- ___ ___ 60. I have trouble reading body language or facial expressions of others.
- ___ ___ 61. My feelings are often or easily hurt.
- ___ ___ 62. I tend to get into trouble with friends, teachers, parents or bosses.
- ___ ___ 63. I feel uncomfortable around people I do not know well.
- ___ ___ 64. I am teased by others.
- ___ ___ 65. Friends do not call and ask me to do things with them.
- ___ ___ 66. I do not get together with others outside of school or work.

Name: _____

Scotopic Sensitivity

- ___ ___ 67. I am light sensitive. Bothered by glare, sunlight, headlights or streetlights.
- ___ ___ 68. I become tired, experience headaches, mood changes, feel restless or an inability to stay focused with bright or fluorescent lights.
- ___ ___ 69. I have trouble reading words that are on white, glossy paper.
- ___ ___ 70. When reading words or letters shift, shake, blur, move, run together, disappear or become difficult to perceive.
- ___ ___ 71. I feel tense, tired, sleepy, or even get headaches with reading
- ___ ___ 72. I have problems judging distance and have difficulty with such things as escalators, stairs, ball sports, or driving..

Sensory Integration Issues

- ___ ___ 73. I seem to be more sensitive to the environment than others.
- ___ ___ 74. I am more sensitive to noise than others.
- ___ ___ 75. I am particularly sensitive to touch or very sensitive to certain clothing or tags on the clothing.
- ___ ___ 76. I have unusual sensitivity to certain smells.
- ___ ___ 77. I have unusual sensitivity to light.
- ___ ___ 78. I am sensitive to movement or craves spinning activities?
- ___ ___ 79. I tend to be clumsy or accident prone.