Learning Disabilities Program  
California Community Colleges  

INTAKE SCREENING  
AND  
ELIGIBILITY RECORD  

<table>
<thead>
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<th>Date Completed</th>
<th>Professional Certification Used</th>
<th>Criterion Met (Complete for each component evaluated)</th>
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<td>Not Applicable</td>
</tr>
<tr>
<td>2.0 Measured Achievement</td>
<td></td>
<td>____ Yes ____ No</td>
<td>____ Yes ____ No</td>
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<tr>
<td>3.0 Ability Level</td>
<td></td>
<td>____ Yes ____ No</td>
<td>____ Yes ____ No</td>
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<tr>
<td>4.0 Processing Deficit</td>
<td></td>
<td>____ Yes ____ No</td>
<td>____ Yes ____ No</td>
</tr>
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<td>5.0 Aptitude-Achievement Discrepancy</td>
<td></td>
<td>____ Yes ____ No</td>
<td>____ Yes ____ No</td>
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<td>6.0 Eligibility Recommendation</td>
<td></td>
<td>Not Applicable</td>
<td>____ Yes ____ No</td>
</tr>
</tbody>
</table>
INTAKE INTERVIEW
LEARNING DISABILITIES SERVICES

STUDENTS: The Chancellor’s Office of the community college system is required to gather and maintain certain student information. This information is the ethnicity, gender, age, and disability status of students requesting services through the disabled student services program.

Providing this information is strictly voluntary for you. However, the college is required to complete each item since this form is the only means which the college has for gathering the required information. For this reason, we ask your assistance in completing the form.

DESCRIPTIVE INFORMATION

Name (Print) ________________________________  Date ________________________

Address ________________________________  Home Phone ________________________

City ________________________________  Zip ________________________________

Can you be contacted at work?  ☐ Yes  ☐ No  Work Phone ________________________

Gender __________  Date of Birth __________  Age _______  Place of Birth ____________________________

List name of person to notify in case of emergency:

Name ________________________________  Relationship ________________________________  Phone _______

Address ________________________________  City ________________________________  Zip ________________________________

1. How do you describe yourself and your mother/guardian? (Please check one for each category.)

<table>
<thead>
<tr>
<th>Self</th>
<th>Mother/Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaskan Native</td>
<td>☐  ☐</td>
</tr>
<tr>
<td>American Indian</td>
<td>☐  ☐</td>
</tr>
<tr>
<td>African-American non-Hispanic</td>
<td>☐  ☐</td>
</tr>
<tr>
<td>Hispanic</td>
<td>☐  ☐</td>
</tr>
<tr>
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<td>☐  ☐</td>
</tr>
<tr>
<td>Asian Indian</td>
<td>☐  ☐</td>
</tr>
<tr>
<td>Cambodian</td>
<td>☐  ☐</td>
</tr>
<tr>
<td>Chinese</td>
<td>☐  ☐</td>
</tr>
<tr>
<td>Japanese</td>
<td>☐  ☐</td>
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<tr>
<td>Korean</td>
<td>☐  ☐</td>
</tr>
<tr>
<td>Laotian</td>
<td>☐  ☐</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>☐  ☐</td>
</tr>
<tr>
<td>Other Asian</td>
<td>☐  ☐</td>
</tr>
<tr>
<td>Filipino</td>
<td>☐  ☐</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>☐  ☐</td>
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<tr>
<td>Central American</td>
<td>☐  ☐</td>
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<tr>
<td>Chicano</td>
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</tr>
<tr>
<td>Mexican</td>
<td>☐  ☐</td>
</tr>
<tr>
<td>Mexican-American</td>
<td>☐  ☐</td>
</tr>
<tr>
<td>South American</td>
<td>☐  ☐</td>
</tr>
<tr>
<td>Other Hispanic</td>
<td>☐  ☐</td>
</tr>
<tr>
<td>White non-Hispanic</td>
<td>☐  ☐</td>
</tr>
<tr>
<td>Other non-white</td>
<td>☐  ☐</td>
</tr>
<tr>
<td>Decline to state</td>
<td>☐  ☐</td>
</tr>
<tr>
<td>Unknown</td>
<td>☐  ☐</td>
</tr>
</tbody>
</table>

REFERRAL INFORMATION

2. Who referred you to our program? ________________________________  (Name)  (Agency)
3. Why do you want to be evaluated for learning disabilities eligibility?

________________________________________________________________________
________________________________________________________________________

4. In what academic areas have you experienced difficulty? (Check all that apply.)

[ ] Reading

[ ] Comprehending concepts

[ ] Spelling

[ ] Retaining information

[ ] Math

[ ] Completing assignments on time

[ ] Taking tests

[ ] Organizing written work

[ ] Study skills

[ ] Self-confidence in school

[ ] Reading rate

[ ] Motivation

Describe your difficulties
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. Are or were you a client of the Department of Rehabilitation?

[ ] Yes    [ ] No

- If yes, please identify:
  a. What is your disability according to Dept. of Rehab.?

________________________________________________________________________

b. Rehabilitation counselor's name______________ Phone______________

c. What is your rehabilitation plan?

________________________________________________________________________

6. Are or were you receiving services from any of the following? (Check all that apply.)

[ ] DSP&S

[ ] EOPS

[ ] CalWorks

[ ] Financial Aid

[ ] SSDI

[ ] None

[ ] Other Services____________________

DEVELOPMENTAL HISTORY

7. Were there any medical or developmental problems before or after your birth or during the birth process?

[ ] Yes    [ ] No

- If yes, explain________________________

________________________________________________________________________
8. To your knowledge, was there anything unusual about your early development, e.g., delayed speech; late crawling or walking; problems using scissors, printing, or writing?  □ Yes  □ No
   • If yes, explain________________________________________
   _______________________________________________________
   _______________________________________________________

9. Did your family provide a stimulating environment in terms of each of the following:
   a. frequent exposure to spoken language  □ Yes  □ No
   b. availability of books, magazines, or other print materials  □ Yes  □ No
   c. enrichment experiences (e.g., museums, libraries, etc.)  □ Yes  □ No
   • Please explain________________________________________
   _______________________________________________________
   _______________________________________________________

FAMILY HISTORY

10. Does anyone in your family have a learning problem?  □ Yes  □ No
    • If yes, describe_______________________________________
    _______________________________________________________
    _______________________________________________________

11. Does anyone in your family have any other type of disability (e.g., physical, emotional, vision or hearing impairment)?  □ Yes  □ No
    • If yes, describe_______________________________________
    _______________________________________________________

12. Describe any family or personal issues which you feel have affected your learning in the past.
    _______________________________________________________
    _______________________________________________________
    _______________________________________________________

13. Describe any current family or personal issues which are impacting your education at this time.
    _______________________________________________________
    _______________________________________________________
    _______________________________________________________
WORK HISTORY

14. Are you currently employed? □ Yes □ No

- If yes, please describe current employment:
  a. Where? ________________________________
  b. Job Duties? ________________________________
  c. Number of hours per week? ________________________________
  d. What is your weekly work schedule? ________________________________
  e. How long have you had this job? ________ Years ________ Months ________ Weeks

15. Describe any previous jobs, length of employment, and job duties. __________________________________________________________

________________________________________________________________________

HEALTH INFORMATION

16. Do you have vision problems? □ Yes □ No

- If yes, describe: ________________________________________________________

17. Do you wear glasses or contact lenses? □ Yes □ No

18. Have you had an eye exam within the last two years? □ Yes □ No

- If yes, when? ________________________________________________________

19. Do you have problems with hearing? □ Yes □ No

- If yes, describe: ________________________________________________________

20. Did you have frequent ear infections or tubes in your ears? □ Yes □ No

21. Do you wear a hearing aid? □ Yes □ No

22. Have you had a hearing exam within the last five years? □ Yes □ No

- If yes, when? ________________________________________________________

23. Do you have allergies or asthma? □ Yes □ No

- If yes, please answer the following questions:
  a. Describe: ________________________________________________________

Intake Screening & Eligibility Record
b. How do the allergies, asthma, and/or medications influence your classwork?__________________________________________________________

24. Are you on any medication at the present time? □ Yes □ No
   • If yes, please identify:
     a. Name(s) of medication(s)__________________________________________________________
     b. Dosage ____________________________________________________________
     c. For what condition(s) _________________________________________________________
     d. Side effects _________________________________________________________________

25. Have you ever been on a long-term program of medication? □ Yes □ No
   • If yes, describe _________________________________________________________________

26. Have you ever had difficulties with any of the following:
   a. attention? □ Yes □ No
   b. concentration? □ Yes □ No
   c. hyperactivity? □ Yes □ No
   • If yes, describe difficulties during each of the following:
     a. study time______________________________________________________________
     b. lecture_______________________________________________________________
     c. tests_______________________________________________________________

27. Have you ever been evaluated for Attention Deficit (Hyperactivity) Disorder? □ Yes □ No
   • If yes, when and by whom? _________________________________________________
     What were the results? _______________________________________________________

28. Have you ever had a head injury? □ Yes □ No
   • If yes, at what age? ____________ Were you hospitalized? □ Yes □ No
     Please explain _____________________________________________________________

29. Have you ever been unconscious due to illness or injury? □ Yes □ No
   • If yes, for how long? ____________
     Please explain _____________________________________________________________
30. Have you ever had seizures?  
   □ Yes  □ No
   - If yes, specify when and describe:__________________________

31. Have you ever had a neurological exam (e.g., CAT scan, MRI)?  
   □ Yes  □ No
   - If yes, please answer the following questions:
     a. at what age?________
     b. for what reason?________________

32. Have you ever had any serious injuries or illness?  
   □ Yes  □ No
   - If yes, specify when and please describe their impact on your education:__________________________

33. Do you have a history of mental health problems?  
   □ Yes  □ No
   - If yes, please answer the following questions:
     a. Were you ever hospitalized for mental health problems?  □ Yes  □ No
     b. Have you been treated as an outpatient?  □ Yes  □ No
     c. Have you participated in mental health counseling?  □ Yes  □ No

34. Do you have a history of substance abuse?  
   □ Yes  □ No
   - If yes, please answer the following questions:
     a. Were you ever hospitalized for substance abuse?  □ Yes  □ No
     b. Have you been treated as an outpatient?  □ Yes  □ No
     c. Have you participated in counseling for substance abuse?  □ Yes  □ No
     d. For how long have you maintained sobriety? ____________________________

EDUCATIONAL INFORMATION

35. As far as you can recall, when did you first start having problems in school?  
   ____________________________________________________________

36. Why do you think you have had problems in school? (Check all that apply.)
   □ Specific learning disability  □ Tasks too difficult  □ Bad luck
   □ Home environment  □ Lack of interest in school  □ Limited ability
   □ Emotional problems  □ Lack of opportunity  □ Poor attendance
   □ Economic disadvantage  □ Other (specify): ________________________

Intake Screening & Eligibility Record
37. Did you frequently change schools in elementary or secondary school? □ Yes □ No
   • If yes, explain: ___________________________________________  
      ________________________________

38. Were you retained in school (i.e., held back to repeat a grade)? □ Yes □ No
   • If yes, what grade(s) and why? ________________________________

39. Were you ever tested for eligibility in special education prior to college? □ Yes □ No
   • If yes, when and why? _______________________________________

40. Have you ever been in special education, remedial, or gifted classes? □ Yes □ No
   • If yes, what type of classes? (Check all that apply.)
     _____ Special Day Class     _____ Resource Program     _____ Remedial Class
     _____ Speech and Language services     _____ Gifted     _____ Other
   • If you were in special education or remedial classes, in what high school classes were you
     mainstreamed? ____________________________________________

41. What other school-related activities or issues influenced your achievement (e.g., sports, clubs, etc.)?
   ____________________________________________________________

42. Did you drop out of school between kindergarten and 12th grade? □ Yes □ No
   • If yes, please answer the following questions:
     a. in what grade(s)?________________________________________
     b. for what reasons? ________________________________________

43. Are you a high school graduate? □ Yes □ No
   • If yes, a. list name and location of high school:__________________
     b. date of graduation: ________________________________
   • If no, did you complete a GED? □ Yes □ No
     If yes, when? ____________________________________________

44. Have you attended any other college or university? □ Yes □ No
   • If yes, where? ________________

45. For how many semesters/quarters have you attended college? _____________
46. How many units have you earned? 

47. In how many units (hours) are you currently enrolled? 

48. Are you required to take a certain number of units? □ Yes □ No
   • If yes, how many units and why? 

49. Are you on academic probation? □ Yes □ No
   • If yes, why? 

50. List all of your current classes. Describe any difficulties you are experiencing in each. How much time do you spend each week (including Saturday and Sunday) studying and preparing for each of these classes?

<table>
<thead>
<tr>
<th>Class</th>
<th>Describe Difficulties</th>
<th>Weekly Study Time</th>
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</tbody>
</table>

51. Have you discussed your difficulties with the instructor or with a counselor? □ Yes □ No

52. What college support services have you used?

53. In what type(s) of classes have you done well?

54. What are your goals for attending college?

---

College Major ___________________________ College Counselor ___________________________

55. List the highest level English, math, reading, and study skills courses you have completed (including high school if appropriate.)

<table>
<thead>
<tr>
<th>Class</th>
<th>Level (e.g., remedial, AA/AS, transfer)</th>
<th>Grade Received</th>
<th>Date Completed</th>
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<tbody>
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<tr>
<td>Math:</td>
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<td>Reading:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Study Skills:</td>
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</tr>
</tbody>
</table>

Intake Screening & Eligibility Record
CULTURAL AND LINGUISTIC INFORMATION

(In completing this section it may be appropriate to consult with family members who may have more in-depth information.)

56. Where were you born?

57. How long have you lived in the United States?

58. Do you periodically move back and forth to the United States?
   □ Yes  □ No
   • If yes, describe:

59. Were you raised in the culture of the United States? (includes exposure to schools, television, libraries, etc.)
   □ Yes  □ No

60. Is English your first and only language?
   □ Yes  □ No
   • If no, please answer the following questions:
     a. What other language(s) do you know?
     b. What language did you learn first?

• If you answered YES to questions 59 and 60, STOP!

• If you answered NO to question 60, complete the following Cultural and Language supplemental information.

• If your first language is English, but you did not grow up with exposure to U.S. culture, please complete questions 61-65 and then stop.
CULTURALLY/LINGUISTICALLY DIVERSE (CLD) SUPPLEMENTAL INTERVIEW

CULTURAL INFORMATION

61. In what culture did you grow up? ____________________________________________

62. How many years did you spend in this culture? ________________________________

63. How many years were you schooled in this culture? _____________________________

64. Check any cultural experiences that you believe were different from those in the U.S. in terms of exposure to:
   ___ English Language  ___ Newsprint  ___ Music
   ___ School  ___ Art  ___ Religion
   ___ Television  ___ Theater  ___ Other _______________________

65. Check any differences in educational course content from the content that was taught in U.S. schools.
   ___ English Language  ___ History  ___ Geography
   ___ Science  ___ Other _______________________

PRIMARY LANGUAGE INFORMATION

66. What was your first or primary language? _________________________________

67. Check any problems you had in learning your first language.
   a. Were you slow to understand what was said to you? □ Yes □ No
   b. Were you slow to learn new vocabulary and use it? □ Yes □ No
   c. Were you slow to answer when you were spoken to? □ Yes □ No
   d. Did you have difficulty finding words you wanted to use? □ Yes □ No
   e. Did you have difficulty saying what you wanted to say? □ Yes □ No
   f. Did you have difficulty putting your ideas into order? □ Yes □ No
   g. Did others have trouble understanding you? □ Yes □ No
   h. Did you have difficulty following the topic of conversation? □ Yes □ No

68. In which of the areas listed above do you still experience difficulty? ________________________________

PREVIOUS EDUCATION - PRESCHOOL

69. Did you attend preschool? □ Yes □ No
   • If yes, was it □ Public or □ Private

Intake Screening & Eligibility Record
70. Did you participate in bilingual preschool classes?  
   □ Yes  □ No  
   * If yes, in which languages__________________________

71. Did you take English as a Second Language in preschool?  
   □ Yes  □ No  
   * If yes, a. for how many years? _____Years  
   b. for how many hours per day? _____ Hours per day

72. Did you attend preschool regularly?  
   □ Yes  □ No

73. What strengths and weaknesses did your teachers report in preschool?

---

**PREVIOUS EDUCATION – ELEMENTARY SCHOOL**

74. Did you attend elementary school?  
   □ Yes  □ No  
   * If yes, was it  □ Public  or  □ Private

75. Did you participate in bilingual classes in elementary school?  
   □ Yes  □ No  
   * If yes, in which languages__________________________

76. Did you take English as a Second Language in elementary school?  
   □ Yes  □ No  
   * If yes, a. for how many years? _____Years  
   b. for how many periods per day? _____ Periods

77. Did you attend elementary school regularly?  
   □ Yes  □ No  
   * If no, describe attendance__________________________

78. How did your learning in elementary school compare with that of your classmates?

---

79. What strengths and weaknesses did your teachers report in elementary school?

---

**PREVIOUS EDUCATION – MIDDLE SCHOOL**

80. Did you attend middle school?  
   □ Yes  □ No  
   * If yes, was it  □ Public  or  □ Private

81. Did you participate in bilingual classes in middle school?  
   □ Yes  □ No  
   * If yes, in which languages__________________________

82. Did you take English as a Second Language in middle school?  
   □ Yes  □ No  
   * If yes, a. for how many years? _____Years  
   b. for how many periods per day? _____ Periods
83. Did you attend middle school regularly? □ Yes □ No
   * If no, describe attendance ___________________________

84. How did your learning in middle school compare with that of your classmates?

85. What strengths and weaknesses did your teachers report in middle school?

PREVIOUS EDUCATION – HIGH SCHOOL

86. Did you attend high school? □ Yes □ No
   * If yes, was it □ Public or □ Private

87. Did you participate in bilingual classes in high school? □ Yes □ No
   * If yes, in which languages ___________________________

88. Did you take English as a Second Language in high school? □ Yes □ No
   * If yes, a. for how many years? _____ Years
     b. for how many periods per day? _____ Periods

89. Did you attend high school regularly? □ Yes □ No
   * If no, describe attendance __________________________

90. How did your learning in high school compare with your classmates?

91. What strengths and weaknesses did your teachers report in high school?

92. Describe the language of instruction, quality of instruction, and any strengths and weaknesses in learning when you were in
   a. 1st - 5th grades ______________________________________
   b. 6th - 8th grades ______________________________________
   c. 9th - 12th grades _____________________________________

93. Check any school-related difficulties you experienced in learning your first language:
   _____ Understanding language
   _____ Expressing yourself
   _____ Learning new vocabulary
   _____ Learning new ideas and concepts
   _____ Remembering
   _____ Reading words
   _____ Comprehending reading
   _____ Organizing writing
   _____ Finding errors in work
   _____ Learning math facts
   _____ Math calculation
   _____ Math word problems

Intake Screening & Eligibility Record
ENGLISH AS A SECOND LANGUAGE (ESL) EXPERIENCE

94. At what age did you begin learning ESL?  

95. How many years of ESL did you have in a formal classroom setting?  

96. Was your ESL instruction uninterrupted?  
   - If yes, describe  
   □ Yes  □ No  

97. Describe the kind of ESL instruction you received:  
   a.  ____ ESL teacher  ____ minutes of ESL instruction per day/week  
   b.  ____ ESL aide  ____ minutes of ESL instruction per day/week  
   c.  ____ Pull-out program  or  ____ In-class instruction  

98. Check any problems you experienced in learning English:  
   ____ Trouble with pronunciation  ____ Understanding English  
   ____ Speaking English  ____ Writing English  
   ____ Learning vocabulary  ____ Learning vocabulary  
   ____ Grammar  ____ Learning grammar  
   ____ Using sentences  ____ Using sentences  
   ____ Putting sentences together  ____ Putting sentences together  
      to express myself  to express myself  
   ____ Finding mistakes in my writing  

99. Describe your progress in ESL classes compared to that of classmates with backgrounds similar to yours.  

   ____________________________________________________________________________  
   ____________________________________________________________________________  
   ____________________________________________________________________________  
   ____________________________________________________________________________  

CURRENT EDUCATION

100. What is the highest grade you completed in school?  

101. How many years have passed since you were last in school?  

102. Has your college education been uninterrupted?  
   - If yes, describe  
   □ Yes  □ No  

103. Have you continued to read/write in your first language?  
   - If yes, a. How frequently and how much do you read?  
   b. What kinds of materials do you read?  
   □ Yes  □ No  

   ____________________________________________________________________________  

Intake Screening & Eligibility Record
FOR EXAMINER ONLY

Items 104 and 105 are applicable to ESL and non-native English-speaking students only.

104. As examiner, how would you rate the student's oral English comprehension?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>______Excellent</td>
<td>Comprehends oral English; follows all directions in correct sequence and without assistance.</td>
</tr>
<tr>
<td>______Highly Satisfactory</td>
<td>Comprehends oral English; minimum examiner assistance required in less than a quarter (25 or fewer items) of Intake Interview III responses.</td>
</tr>
<tr>
<td>______Satisfactory</td>
<td>Due to difficulties in oral English comprehension, requires examiner's assistance in the completion of a quarter to half (26 to 50 items) of Intake Interview III responses.</td>
</tr>
<tr>
<td>______Unsatisfactory</td>
<td>Requires examiner's assistance in the completion of half to three quarters (51 to 75 items) of Intake Interview III due to difficulties in translation from native language to English; directions need to be repeated and explained.</td>
</tr>
<tr>
<td>______Poor</td>
<td>Unable to understand words or sentences; requires interpreter and/or examiner's assistance in the completion of three-quarters (76 or more items) of the Intake Interview.</td>
</tr>
</tbody>
</table>

105. How would you rate the student's oral English expression?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>______Excellent</td>
<td>Speaks standard English fluently; answers questions and initiates own inquiries in conversation; uses simple and complex sentences with idiomatic expressions and no errors.</td>
</tr>
<tr>
<td>______Highly satisfactory</td>
<td>Few occurrences of pronunciation errors; interview conducted entirely in English; student produces simple but correct sentences.</td>
</tr>
<tr>
<td>______Satisfactory</td>
<td>Pronunciation errors evident but do not impede communication; student's vocabulary is limited; grammar may be faulty.</td>
</tr>
<tr>
<td>______Unsatisfactory</td>
<td>Extensive pronunciation errors; speech difficult to understand; student uses foreign or dialect words or phrases; examiner needs to translate English words to student's native language.</td>
</tr>
<tr>
<td>______Poor</td>
<td>Unable to speak English; requires an interpreter.</td>
</tr>
</tbody>
</table>