California Community Colleges  
Learning Disabilities Services  

CONSENT FORM

The Chancellor’s Office of the California Community Colleges is committed to protecting the rights of persons who are assessed for learning disabilities (LD) eligibility. The information below is provided so that you can decide whether to participate in the LD eligibility assessment.

You are being asked to complete several assessment instruments that will help in determining your eligibility for learning disabilities services through Disabled Student Services Learning Disabilities Programs. The assessments might include tests of ability, achievement, learning skills, and surveys.

The results of these tests are **strictly confidential**. The scores are used in the determination of LD eligibility and in the development of appropriate educational programs. The scores may be maintained in computer files in addition to the test booklet. Descriptive information and test scores may be used in research projects approved by the Chancellor’s Office. To ensure your privacy, this information will not be personally identifiable.

If you have any questions, ask for clarification. In addition, if you believe that the assessment or eligibility determination is invalid, you may challenge the results through a petition process.

The Information Practices Act of 1977 (Civil Code Sections 1798, et seq.) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. The Community College District and the State of California use information requested on this form for the sole purpose of identifying the student authorized to receive special services. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be transferred to other state and public agencies; however, disclosure to these parties is done in strict accordance with current statutes regarding confidentiality. Providing personal information is strictly voluntary.

Limits to confidentiality include threats to harm self, others, or cases of child abuse or elder abuse. As mandated reporters, we are required to report incidences where individuals are in harm’s way.

By signing this consent form you agree to participate in the assessment activities described above and acknowledge the use of the information as described.

**I understand this information and agree to complete the assessment to determine eligibility for learning disabilities services.**

[ ] YES  [ ] NO

Print Name __________________________ ID# __________________________

Signature ___________________________ Date __________________________
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 ___________________________ Contact Phone ___________________________

City ___________________________ Zip ___________________________

Email _____________________________________________

Can you be contacted at work? □ Yes □ No Work Phone ___________________________

Gender _____ Date of Birth _____________ Age _______ Place of Birth ___________________________

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

<table>
<thead>
<tr>
<th></th>
<th>Self</th>
<th>Mother/ Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian / Alaskan Native</td>
<td></td>
<td></td>
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<tr>
<td>Asian American and / or Pacific Islander</td>
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<tr>
<td>Hispanic / Latino</td>
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<tr>
<td>White Non-Hispanic</td>
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<tr>
<td>Multi-Ethnicity</td>
<td></td>
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<tr>
<td>Other</td>
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<tr>
<td>Unknown or Decline to state...</td>
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</tr>
</tbody>
</table>

REFERRAL INFORMATION

2. Who referred you to our program and why? _______________________________________

(Name) ___________________________ (Agency) ___________________________

(which) ______________________________________

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 and please describe)

   _____ Reading/reading rate
   ________________________________
   ________________________________
   ________________________________

   _____ Math
   ________________________________
   ________________________________
   ________________________________

   _____ Writing skills
   ________________________________
   ________________________________
   ________________________________

   _____ Spelling
   ________________________________
   ________________________________
   ________________________________

   _____ Study skills
   ________________________________
   ________________________________
   ________________________________

   _____ Following along/taking notes during lecture
   ________________________________
   ________________________________
   ________________________________

   _____ Retaining information
   ________________________________
   ________________________________
   ________________________________

   _____ Completing assignments on time
   ________________________________
   ________________________________
   ________________________________

   _____ Taking tests
   ________________________________
   ________________________________
   ________________________________

   _____ Computer Skills
   ________________________________
   ________________________________
   ________________________________

   _____ Motivation/self-confidence in school
   ________________________________
   ________________________________
   ________________________________

5. Describe any school-related strategies you have attempted
6. List the highest level English and Math courses you have attempted/completed.

<table>
<thead>
<tr>
<th>Class Level</th>
<th>Grade Received</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>English:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Math:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Have you ever had difficulties with any of the following:
   a. attention/concentration?
      Easily distracted? □ Yes □ No
      Often disorganized? □ Yes □ No
      Focusing in class? □ Yes □ No
      Staying on task while studying? □ Yes □ No
      Often lose items? □ Yes □ No
      Daydream often/mind wanders? □ Yes □ No
   b. hyperactivity?
      Often fidgeting? □ Yes □ No
      Difficulty sitting still? □ Yes □ No
   c. do you experience these difficulties: □ at school? □ at work? □ at home?

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

9. 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?

10. Are or were you a client of the Regional Center? □ Yes □ No
    • If yes, what is the name of your case worker?

11. Are or were you receiving services/support from any of the following? (Check all that apply.)
    □ DSP&S □ EOPS □ CalWorks □ Financial Aid
    □ SSDI/SSI □ Veteran □ Other:

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

□ Yes  □ No

• If yes, explain ________________________________

13. 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 ____________________________________________

FAMILY HISTORY

14. Did your family provide a stimulating environment in terms of each of the following:

  a. frequent exposure to spoken language, did people talk at home? □ Yes  □ No
  b. availability of books, magazines, or other print materials □ Yes  □ No
  c. someone who read to you? □ Yes  □ No
  d. enrichment experiences (e.g., museums, libraries, theatre, etc.) □ Yes  □ No

• Please explain _______________________________________________

15. Does anyone in your family have learning difficulties?

□ Yes  □ No

• If yes, describe ______________________________________________

16. Does anyone in your family have any other type of disability (e.g., physical, medical, emotional, vision or hearing loss)?

□ Yes  □ No

• If yes, describe ______________________________________________

17. Describe any family and/or personal issues which you feel have affected your learning/education in the past.

______________________________________________________________

18. Describe any family and/or personal issues which are impacting your learning/education at this time.

______________________________________________________________

HEALTH INFORMATION
19. Do you have problems with your vision? □ Yes □ No
   • If yes, describe (nearsighted, farsighted, etc.):______________________________

20. Do you wear glasses or contact lenses? (Circle one if yes.) □ Yes □ No

21. Have you had an eye exam within the last two years? □ Yes □ No
   • If yes, when?_____________________________________________________________

22. Do you have problems with your hearing? □ Yes □ No
   • If yes, describe:___________________________________________________________

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

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

25. Have you had a hearing exam within the last five years? □ Yes □ No
   • If yes, when?_____________________________________________________________

26. Do you have allergies or asthma? (Circle one or both if yes.) □ Yes □ No
   • If yes, please answer the following questions:
     a. Describe:________________________________________________________________
     b. How do the allergies, asthma, and/or medications influence your classwork?___________
        ___________________________________________________________________________

27. 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 __________________________________________________________________

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

29. a. Have you ever had a head injury? □ Yes □ No
    b. Have you ever had a neurological exam (e.g., CAT scan, MRI)? □ Yes □ No
    c. Have you ever been unconscious due to illness or injury? □ Yes □ No
    d. Have you ever had a concussion? □ Yes □ No
   • If yes to a, b, c, or d, please answer the following questions:
     At what age(s)? ____________ Were you hospitalized? □ Yes □ No
30. Have you ever had seizures? □ Yes □ No
   • If yes, specify when and describe:

31. Have you ever had any serious injuries or illnesses? □ Yes □ No
   • If yes, specify when and please describe their impact on your education:

32. Do you have a history of or current mental health or psychological concerns? □ Yes □ No
   • If yes, please answer the following questions:
     a. Have you participated in mental health or personal counseling? □ Yes □ No
     b. Have you engaged in self-injurious behaviors? □ Yes □ No
     c. Have you engaged in suicidal thoughts/behaviors/ attempts? □ Yes □ No
     d. Were you ever hospitalized for mental health concerns? □ Yes □ No

Comments: ____________________________________________________________

________________________

________________________

________________________

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

34. What is your current substance use?

LIFE SKILLS AND WORK HISTORY

35. Describe your current living situation

36. What are your day-to-day responsibilities in the home?

37. Are you currently employed? □ Yes □ No
• If yes, please describe current employment:
  a. Where?  
  b. Job Duties?
  c. Number of hours per week/weekly work schedule?
  d. How long have you had this job?  _______ Years______ Months______ Weeks
  e. If any, what difficulties have you experienced in your work environment?

38. Describe any previous jobs, length of employment, job duties, and reason job ended.  

EDUCATIONAL INFORMATION

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

40. Did you frequently change schools within elementary or secondary school?  □ Yes □ No
  • If yes, explain:

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

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

43. 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 (SDC)  □ Resource Program (RSP)  □ Remedial Class
    □ Speech and Language Services  □ Gifted  □ 504 Plan
    □ Other (specialized tutoring, pulled out of classes)
  • If you were in special education or remedial classes, in what high school classes were you mainstreamed?

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

45. 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)?_____ For what reasons?______________________________
  
46. 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 or CA HS Proficiency Exam?  
  □ Yes  □ No
  
  If **yes**, when?______________________________
  
47. Have you attended any other college or university?  
  □ Yes  □ No
  
  • If **yes**, where?______________________________
  
  • If **yes**, are your transcripts on file for review? ________________________________
  
48. For how many semesters/quarters have you attended college? ________________________________
  
49. How many units have you earned?________________________________________
  
50. How many units (hours) are you currently taking?  
  __________Units (hours)
  
51. Are you required to take a certain number of units?  
  □ Yes  □ No
  
  • If **yes**, how many units and why?______________________________
  
52. Are you on academic or progress probation?  
  □ Yes  □ No
  
  • If **yes**, why?______________________________
  
53. 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?

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<thead>
<tr>
<th>Class (units)</th>
<th>Describe Difficulties</th>
<th>Weekly Study Time</th>
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54. Have you discussed your difficulties with the instructor or with a counselor?  
  □ Yes  □ No
55. What college support services have you used? ________________________________

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

57. What are your goals for attending college? ________________________________

College Major ____________________________  College Counselor _______________________

CULTURAL AND LINGUISTIC INFORMATION

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

58. How long have you lived in the United States? ________________________________

59. Do you periodically move back and forth to the United States?  □ Yes  □ No

  • If yes, describe: ____________________________________________________________

60. Were you raised in the culture of the United States?  □ Yes  □ No

   (includes exposure to schools, television, libraries, etc.)

61. 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? ________________________________
    c. In which language do you have greatest oral fluency, that is, ability to discuss college-level materials, or are you equal in both (or all)? ________________________________
    d. In which language do you have greatest written fluency, that is, ability to write essays at a college-level, or are you equal in both (or all)? ________________________________
    e. In which language do you have greatest reading fluency, that is, ability to read textbooks at a college-level, or are you equal in both (or all)? ________________________________

  • If you answered YES to question 61, STOP!

  • If you answered NO to question 61 and possess greater or equal fluency in another language, complete the following Culturally/Linguistically Diverse (CLD) supplemental interview.

  • If your first language is English, but you did not grow up with exposure to U.S. culture, please complete CLD interview questions 1-5 and then stop.