





### SECTION THREE — LANGUAGE

Was English your first language and the primary language spoken in the home when you were growing up?

YES  NO

If "no," what was your first language? →

If "no," how old were you when you first began to learn English? →

I grew up in a non-English speaking environment, but I had difficulty reading and writing in my native language.

YES  NO   
DOES NOT APPLY

### SECTION FOUR — EDUCATIONAL HISTORY

**PLEASE ATTACH ALL AVAILABLE EDUCATIONAL TRANSCRIPTS.**

What courses did you enjoy or do well at in school? (Please explain)

What courses did you find difficult in school? (Please explain)

Was an Individual Education Plan (IEP) completed for you?

YES  NO

Was your behaviour an issue in school leading to you being referred to a counselor or suspended from school?

YES  NO

Did you repeat any grades in elementary, middle or high school?

YES  NO

If "yes," please list the grades: →

Did you miss a lot of school for illness or other reason?

YES  NO

If "yes," please explain:

Did you receive a Secondary School Diploma?

YES  NO

If "no," how old were you when you left secondary school? →

If "no," why did you leave school? →

What was the highest High School grade that you completed? →

**SECTION FOUR — EDUCATIONAL HISTORY *continued***

**Did you have any special testing for your school issues?** (This refers to one-to-one testing about your learning such as psycho-educational assessment, and not to regular class tests and exams.)

YES  NO

**Did you receive any special help in elementary school?** (special education classes, remedial, resource or learning assistance, specialized tutoring)

YES  NO

If "yes," what kind of help was it and in which grades did you receive help?

**Did you receive any special help in junior or middle school?** (special education classes, remedial, resource or learning assistance, specialized tutoring)

YES  NO

If "yes," what kind of help was it and in which grades did you receive help?

**Did you receive any special help in high school?** (special education classes, remedial, resource assistance, specialized tutoring, accommodation on provincial exams)

YES  NO

If "yes," what kind of help was it and in which grades did you receive help?

**Did you receive any special help in Post-Secondary?** (additional time on exams, private room for exams, text in alternate format)

YES  NO

If "yes," what kind of help was it and in which grades did you receive help?

## SECTION FIVE — ACADEMIC

PLEASE RESPOND TO EACH STATEMENT WITH THE RESPONSE WHICH BEST DESCRIBES YOU OR YOUR EXPERIENCE:

I have always had difficulty reading.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I don't read a lot, but only what I have to.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Others might say I am a "slow reader."	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I often lose my place, read words or letters out of order, or skip words that I read.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
It is difficult for me to "sound out" words that are new to me.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have a difficult time reading things out loud.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I frequently do not know the meaning of many of the words that I read.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I understand better if someone reads something to me than if I read it silently to myself.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I often have to read something several times before I understand it.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have difficulties putting in my own words what I have read.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have always had difficulty spelling.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I can misspell the same word several ways.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have had problems expressing my thoughts through writing since an early age.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I don't write a lot but only what I have to.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
My handwriting has been sloppy or hard to read since an early age.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I am slow at writing, even when I am simply copying something from another source like a book or blackboard.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have difficulty taking notes in class.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have difficulty with grammar and punctuation (such as knowing where to put the commas).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other people have told me that I had difficulty learning to talk.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have speech difficulties, such as stuttering, and difficulty making certain speech sounds.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I often mispronounce words or use the wrong word when speaking.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have had problems expressing myself while speaking since an early age.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I often know what I want to say but struggle when I have to express it out loud.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I often can't find the "right word" when speaking.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have no problem hearing, but since an early age I have often found it difficult to figure out what was actually being said to me.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I can follow and learn much better if someone demonstrates something rather than just explains it to me.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have a hard time focusing on what is being said if there is any background noise.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have had difficulty with math since an early age.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have trouble with higher math such as percentages, fractions or long division.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have difficulty doing math in my head.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I often solve math problems by trial and error.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

## SECTION SIX — PROCESSING

PLEASE RESPOND TO EACH STATEMENT WITH THE RESPONSE WHICH BEST DESCRIBES YOU OR YOUR EXPERIENCE:

I have always had difficulty with picturing things, working with maps, or doing things that require coordination.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have always had difficulty thinking of the steps needed to complete a project or task.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have a hard time doing things in the right order.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I get lost more than most people.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have a hard time finding objects, even when they are right in front of me.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I am often clumsy and awkward or accident prone.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I only remember part of the instructions given for a test or assignment.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I forget what I just read in a book or a test question.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have always had difficulty remembering things as well as other people.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have always had difficulty keeping my mind focused on things.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
When I am doing a test or studying, I cannot concentrate unless I have absolute quiet.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I become overwhelmed when the assignment is big or there are a lot of assignments to do.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I find it difficult to plan ahead for an event or think of the steps needed to complete a project.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I never seem to finish exams in the time given.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I put a lot of hours into my assignments and studying for tests but I just do not get the marks I expect.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

## SECTION SEVEN — DEVELOPMENTAL

Did you experience any difficulties learning to complete routine activities of daily living?

YES  NO

**IF THE ANSWER IS YES, PLEASE COMPLETE THE REMAINING QUESTIONS:**

Did you have difficulty learning how to:

• use the phone

YES  NO

• cook

YES  NO

• clean the house

YES  NO

• tell time

YES  NO

• handle money and banking

YES  NO

Do you have someone who assists you:

• in your home

YES  NO

• with banking, grocery shopping, transportation

YES  NO

• making decisions

YES  NO

• to find work and learn on the job

YES  NO

Did you attend special education classes where you learned work skills, communication skills, transportation skills and money skills?

YES  NO

*Please return the completed inventory to your Accessibility Services Coordinator.*

*Thank-you.*

This instrument was developed by the Learning Disabilities Subcommittee of British Columbia Disabilities Services Articulation (a provincially mandated group of disability service providers). The subcommittee members included Jim Bowman, Wendy Harris, Mitchell Stoddard and Ruth Warrick.

The developers of this instrument would like to acknowledge the efforts and contributions of a number of persons in the field, whose work significantly informed the content of this screening instrument. In drafting the current instrument the developers made reference to many of the screening instruments currently in use within the field, in particular, the *Post-Secondary Inventory for Suspected Learning Disability*, C. Herriot (1996); *Delta Screener*, Learning Disability Special Interest Group of the College Sector Committee on Disability Issues (2003); *Learning Abilities Inventory*, Disability Resource Centre, University of British Columbia (2008); *Bringing Literacy Within Reach—Identifying and Teaching Adults with Learning Disabilities*, Learning Disabilities Association of Canada (1991); and the *Learning Disability Training: Phase II Screening Tools, Strategies and Employment*, Literacy Link South Central (2004).

## LEARNING DISABILITY SCREEN — SUMMARY CHECKLIST

This checklist is a tool designed to assist Disability Service Providers in reviewing the results of the Learning Disability Screen. It is not intended to replace their professional judgment.

### PERSONAL INFORMATION

FULL NAME:

DATE COMPLETED:

ID NUMBER:

### DIRECTIONS:

**ACCORDING TO THE RESULTS OF THE LEARNING DISABILITY SCREEN, CHECK "YES" IF THE STATEMENT IS TRUE OR "NO" IF THE STATEMENT IS NOT TRUE.**

#### See Section Two — Health Background

No major vision, hearing or health problems that would interfere with learning were noted.

YES  NO

No suspected social-emotional factors that may be interfering with learning were noted.

YES  NO

There is a previous diagnosis of a learning disability.

YES  NO

A family history of learning difficulties were noted.

YES  NO

#### See Section Three — Language

For English as a second language students, there is difficulty learning literacy skills in their native language as well as English literacy skills.

YES  NO

#### See Section Four — Educational History

A history of learning difficulties were noted from an early age.

YES  NO

A history of special help was noted.

YES  NO

A history of special testing was noted.

YES  NO

No problems with regular school attendance were noted.

YES  NO

#### See Section Five — Academic

The individual has checked a number of items that suggest difficulty with reading.

YES  NO

The individual has checked a number of items that suggest difficulty with writing.

YES  NO

The individual has checked a number of items that suggest difficulty with math.

YES  NO

The individual has checked a number of items that suggest significant difficulties in one or more academic areas.

YES  NO

#### See Section Six — Processing

The individual has checked a number of items that suggest significant difficulties with information processing.

YES  NO

#### See Section Seven — Developmental

There is no indication that the individual has a general intellectual disability.

YES  NO

**The student is recommended for a formal assessment of a Learning Disability.**

YES  NO

.....  
**Accessibility Services Coordinator Signature**

.....  
**Date**