

California Community Colleges
Learning Disabilities Services
Testing Consent Form

The Chancellor's Office of the California Community Colleges is committed to protecting the rights of persons who are asses 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 the 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 11796, et seq.) and the Federal Privacy Act (Public 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 will be kept confidential in order to protect against unauthorized disclosure. Portions of the 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.

By signing this consent form you agree to participate in the assessment actives 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 _____ # SS _____

Signature _____ Date _____

Parent Signature (for students under 18) _____

Interview completed by _____ Date: _____
(Learning Disability Specialist)

Name: _____

**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 items 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: _____

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

	Self	Mother/ Guardian		Self	Mother/ Guardian
Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>	Africa-American non-Hispanic	<input type="checkbox"/>	<input type="checkbox"/>
American Indian	<input type="checkbox"/>	<input type="checkbox"/>	Hispanic		
Asian			Central American	<input type="checkbox"/>	<input type="checkbox"/>
Asian Indian	<input type="checkbox"/>	<input type="checkbox"/>	Chicano	<input type="checkbox"/>	<input type="checkbox"/>
Cambodian	<input type="checkbox"/>	<input type="checkbox"/>	Mexican	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	Mexican-American	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>	South American	<input type="checkbox"/>	<input type="checkbox"/>
Korean	<input type="checkbox"/>	<input type="checkbox"/>	Other Hispanic	<input type="checkbox"/>	<input type="checkbox"/>
Laotian	<input type="checkbox"/>	<input type="checkbox"/>	White non-Hispanic	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	Other non-white	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian	<input type="checkbox"/>	<input type="checkbox"/>	Decline to State	<input type="checkbox"/>	<input type="checkbox"/>
Filipino	<input type="checkbox"/>	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	<input type="checkbox"/>
Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>			

REFERRAL INFORMATION

2. Who referred you to our program? _____

3. Why do you want to be evaluated for learning disability eligibility?

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

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Comprehending Concepts |
| <input type="checkbox"/> Spelling | <input type="checkbox"/> Retaining information |
| <input type="checkbox"/> Math | <input type="checkbox"/> Completing Assignments on time |
| <input type="checkbox"/> Taking Tests | <input type="checkbox"/> Organizing Written Work |
| <input type="checkbox"/> Study Skills | <input type="checkbox"/> Self-confidence in school |
| <input type="checkbox"/> Reading Rate | <input type="checkbox"/> 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 the 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)

- | | | | |
|--------------------------------|-------------------------------|--------------------------------------|--|
| <input type="checkbox"/> DSP&S | <input type="checkbox"/> EOPS | <input type="checkbox"/> CalWORKs | <input type="checkbox"/> Financial Aid |
| <input type="checkbox"/> SSDI | <input type="checkbox"/> None | <input type="checkbox"/> Other _____ | |

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: _____

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: _____

b. How do the allergies, asthma, and/or medications influence your class work?

24. Are you on any medication at the present time? _____ Yes _____ No

If yes, please identify:

a. Name(s) of medications _____

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

Name: _____

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.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Specific learning disability | <input type="checkbox"/> Tasks too difficult | <input type="checkbox"/> Bad luck |
| <input type="checkbox"/> Home environment | <input type="checkbox"/> Lack of interest in school | <input type="checkbox"/> Limited ability |
| <input type="checkbox"/> Emotional problems | <input type="checkbox"/> Lack of opportunity | <input type="checkbox"/> Poor attendance |
| <input type="checkbox"/> Economic disadvantage | <input type="checkbox"/> Other (specify): _____ | |

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.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Special Day Class | <input type="checkbox"/> Resource Program | <input type="checkbox"/> Remedial Class |
| <input type="checkbox"/> Speech and Language services | <input type="checkbox"/> Gifted | <input type="checkbox"/> 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, please answer the following questions:

a. list name and location of high school: _____

b. date of graduation: _____

If no, did you complete a GED? Yes No

If yes, when? _____

Name: _____

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? _____ Units (hours)

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?

Class	Describe Difficulties	Study Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.)

Class	Level (e.g., remedial, AA/AS,transfer)	Grade Received	Date Completed
English: _____	_____	_____	_____
Math: _____	_____	_____	_____
Reading: _____	_____	_____	_____
Study Skills: _____	_____	_____	_____

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 58 and 59, **STOP!**

If you answered **NO** to question 59, 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.

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 _____ School _____ Television _____ Newsprint
_____ Art _____ Theater _____ Music _____ Religion
_____ Other _____

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