

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.)

	Self	Mother/ Guardian
African American	<input type="checkbox"/>	<input type="checkbox"/>
American Indian / Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
Asian American and / or Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic / Latino	<input type="checkbox"/>	<input type="checkbox"/>
White Non-Hispanic.....	<input type="checkbox"/>	<input type="checkbox"/>
Multi-Ethnicity	<input type="checkbox"/>	<input type="checkbox"/>
Other.....	<input type="checkbox"/>	<input type="checkbox"/>
Unknown or Decline to state...	<input type="checkbox"/>	<input type="checkbox"/>

REFERRAL INFORMATION

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

(Name)

(Agency)

(Reason)

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

53. Describe any school-related strategies you have attempted _____

54. List the highest level English and Math courses you have attempted/completed.

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

55. 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?

56. Have you ever been evaluated for Attention Deficit (Hyperactivity) Disorder (ADHD)? ☐ Yes ☐ No

• If **yes**, when and by whom? _____

What were the results? _____

57. 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

Please explain _____

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?

Class (units)	Describe Difficulties	Weekly Study Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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?
(includes exposure to schools, television, libraries, etc.) ☐ Yes ☐ No

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.

CULTURALLY/LINGUISTICALLY DIVERSE (CLD) SUPPLEMENTAL INTERVIEW

CULTURAL INFORMATION

1. In what culture did you grow up? _____

2. How many years did you spend in this culture? _____

3. How many years were you schooled in this culture? _____

4. 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 _____

5. 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

6. What was your first or primary language? _____

7. Check any problems you had in learning your first language.

- | | | |
|---|------------------------------|-----------------------------|
| a. Were you slow to understand what was said to you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Were you slow to learn new vocabulary and use it? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Were you slow to answer when you were spoken to? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Did you have difficulty finding words you wanted to use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Did you have difficulty saying what you wanted to say? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Did you have difficulty putting your ideas into order? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Did others have trouble understanding you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Did you have difficulty following the topic of conversation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

8. In which of the areas listed above do you still experience difficulty? _____

PREVIOUS EDUCATION - PRESCHOOL

9. Did you attend preschool? ☐ Yes ☐ No

• If **yes**, was it ☐ Public or ☐ Private

10. Did you participate in bilingual preschool classes? ☐ Yes ☐ No

• If **yes**, in which languages _____

11. 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

12. Did you attend preschool regularly? ☐ Yes ☐ No

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

PREVIOUS EDUCATION – ELEMENTARY SCHOOL

14. Did you attend elementary school? ☐ Yes ☐ No

• If **yes**, was it ☐ Public or ☐ Private

15. Did you participate in bilingual classes in elementary school? ☐ Yes ☐ No

• If **yes**, in which languages _____

16. 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

17. Did you attend elementary school regularly? ☐ Yes ☐ No

- If **no**, describe attendance _____

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

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

PREVIOUS EDUCATION – MIDDLE SCHOOL

20. Did you attend middle school? ☐ Yes ☐ No

- If **yes**, was it ☐ Public or ☐ Private

21. Did you participate in bilingual classes in middle school? ☐ Yes ☐ No

- If **yes**, in which languages _____

22. 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

23. Did you attend middle school regularly? ☐ Yes ☐ No

- If **no**, describe attendance _____

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

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

PREVIOUS EDUCATION – HIGH SCHOOL

26. Did you attend high school? ☐ Yes ☐ No

- If **yes**, was it ☐ Public or ☐ Private

27. Did you participate in bilingual classes in high school? ☐ Yes ☐ No

- If **yes**, in which languages _____

28. 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

29. Did you attend high school regularly? ☐ Yes ☐ No

- If **no**, describe attendance _____

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

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

32. 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 _____

33. Check any school-related difficulties you experienced in learning your first language:

_____ Understanding language	_____ Remembering	_____ Finding errors in work
_____ Expressing yourself	_____ Reading words	_____ Learning math facts
_____ Learning new vocabulary	_____ Comprehending reading	_____ Math calculation
_____ Learning new ideas and concepts	_____ Organizing writing	_____ Math word problems

ENGLISH AS A SECOND LANGUAGE (ESL) EXPERIENCE

34. At what age did you begin learning ESL? _____

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

36. Was your ESL instruction interrupted? ☐ Yes ☐ No

• If **yes**, describe _____

37. 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

38. 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
to express myself | _____ Putting sentences together
to express myself |
| | _____ Finding mistakes in my writing |

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

CURRENT EDUCATION

40. What is the highest grade you completed in school? _____

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

42. Has your college education been uninterrupted? ☐ Yes ☐ No

• If **yes**, describe _____

43. Have you continued to read/write in your first language? ☐ Yes ☐ No

• If **yes**, a. How frequently and how much do you read? _____

b. What kinds of materials do you read? _____