Cañada College

DISABILITY RESOURCE CENTER (DRC)

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.

YES NO

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

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 select one for each category.)

Self	Mother/Guardian
African American	African American
American Indian/Alaskan Native	American Indian/Alaskan Native
Asian American and/or Pacific Is	Asian American and/or Pacific Is
Hispanic/Latinx	Hispanic/Latinx
White Non-Hispanic	White Non-Hispanic
Multi-Ethnicity	Multi-Ethnicity
Other	Other
Unknown or Decline to State	Unknown or Decline to State

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 _____

_____

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

_____

_____

6. 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:_____	_____	_____	_____

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

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 Classes

☐ 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? ☐ 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.**

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Patient Name		Today's Date	

Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.

	Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?	☐	☐	☐	☐	☐
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?	☐	☐	☐	☐	☐
3. How often do you have problems remembering appointments or obligations?	☐	☐	☐	☐	☐
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	☐	☐	☐	☐	☐
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?	☐	☐	☐	☐	☐
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?	☐	☐	☐	☐	☐

Part A

7. How often do you make careless mistakes when you have to work on a boring or difficult project?	☐	☐	☐	☐	☐
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?	☐	☐	☐	☐	☐
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?	☐	☐	☐	☐	☐
10. How often do you misplace or have difficulty finding things at home or at work?	☐	☐	☐	☐	☐
11. How often are you distracted by activity or noise around you?	☐	☐	☐	☐	☐
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?	☐	☐	☐	☐	☐
13. How often do you feel restless or fidgety?	☐	☐	☐	☐	☐
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?	☐	☐	☐	☐	☐
15. How often do you find yourself talking too much when you are in social situations?	☐	☐	☐	☐	☐
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?	☐	☐	☐	☐	☐
17. How often do you have difficulty waiting your turn in situations when turn taking is required?	☐	☐	☐	☐	☐
18. How often do you interrupt others when they are busy?	☐	☐	☐	☐	☐

Part B