# Learning Disability
## Child/Teen Screening Questionnaire

Please have the child or teen rate themselves on each of the symptoms listed below using the following scale. If there are questions not appropriate to age put NA. Also, please have another person who knows the child/teen well (such as a parent, tutor or teacher) rate the child/teen as well. List other person __________

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Rarely</td>
<td>Occasionally</td>
<td>Frequently</td>
<td>Very Frequently</td>
<td>Not Applicable/Not Known</td>
</tr>
</tbody>
</table>

Ch/Tn  Parent/Other

### Reading
- __ __ 1. I am a poor reader.
- __ __ 2. I do not like reading.
- __ __ 3. I make mistakes when reading like skipping words or lines.
- __ __ 4. I read the same line twice.
- __ __ 5. I have problems remembering what I read even though I have read all the words.
- __ __ 6. I reverse letters when I read (such as b/d, p/q).
- __ __ 7. I switch letters in words when reading (such as god and dog).
- __ __ 8. My eyes hurt or water when I read.
- __ __ 9. Words tend to blur when I read.
- __ __ 10. Words tend to move around the page when I read.
- __ __ 11. When reading I have difficulty understanding the main idea or identifying important details from a story.

### Writing
- __ __ 12. I have “messy” handwriting.
- __ __ 13. My work tends to be messy.
- __ __ 15. My letters run into each other or there is no space between words.
- __ __ 16. I have trouble staying within lines.
- __ __ 17. I have problems with grammar or punctuation.
- __ __ 18. I am a poor speller.
- __ __ 19. I have trouble copying off the board or from a page in a book.
- __ __ 20. I have trouble getting thoughts from my brain to the paper.
- __ __ 21. I can tell a story but cannot write it.

### Body Awareness/ Spatial Relationships
- __ __ 22. I have trouble with knowing my left from my right.
- __ __ 23. I have trouble keeping things within columns or coloring within lines.
- __ __ 24. I tend to be clumsy, uncoordinated.
- __ __ 25. I have difficulty with eye hand coordination.
- __ __ 26. I have difficulty with concepts such as up, down, over or under.
- __ __ 27. I tend to bump into things when walking.

### Oral Expressive language
- __ __ 28. I have difficulty expressing myself in words.
- __ __ 29. I have trouble finding the right word to say in conversations.
- __ __ 30. I have trouble talking around a subject or getting to the point in conversations.
Name: ______________________________________

Receptive language
--- 31. I have trouble keeping up or understanding what is being said in conversations.
--- 32. I tend to misunderstand people and give the wrong answers in conversations.
--- 33. I have trouble understanding directions people tell me.
--- 34. I have trouble telling the direction sound is coming from.
--- 35. I have trouble filtering out background noises.

Math
--- 36. I am poor at basic math skills for my age (adding, subtracting, multiplying and dividing)
--- 37. I makes “careless mistakes” in math.
--- 38. I tend to switch numbers around.
--- 39. I have difficulty with word problems.

Sequencing
--- 40. I have trouble getting everything in the right order when I speak.
--- 41. I have trouble telling time.
--- 42. I have trouble using the alphabet in order.
--- 43. I have trouble saying the months of the year in order.

Abstraction
--- 44. I have trouble understanding jokes people tell me.
--- 45. I tend to take things too literally.

Organization
--- 46. My notebook/paperwork is messy or disorganized.
--- 47. My room is messy.
--- 48. I tend to shove everything into my backpack, desk or closet.
--- 49. I have multiple piles around my room.
--- 50. I have trouble planning my time.
--- 51. I am frequently late or in a hurry.
--- 52. I often do not write down assignments or tasks and end up forgetting what to do.

Memory
--- 53. I have trouble with my memory.
--- 54. I remember things from long ago but not recent events.
--- 55. It is hard for me to memorize things for school or work.
--- 56. I know something one day but do not remember it to the next.
--- 57. I forget what I am going to say right in the middle of saying it.
--- 58. I have trouble following directions that have more than one or two steps.

Social Skills
--- 59. I have few or no friends.
--- 60. I have trouble reading body language or facial expressions of others.
--- 61. My feelings are often or easily hurt.
--- 62. I tend to get into trouble with friends, teachers, parents or bosses.
--- 63. I feel uncomfortable around people I do not know well.
--- 64. I am teased by others.
--- 65. Friends do not call and ask me to do things with them.
--- 66. I do not get together with others outside of school or work.
Scotopic Sensitivity

67. I am light sensitive. Bothered by glare, sunlight, headlights or streetlights.
68. I become tired, experience headaches, mood changes, feel restless or an inability to stay focused with bright or fluorescent lights.
69. I have trouble reading words that are on white, glossy paper.
70. When reading words or letters shift, shake, blur, move, run together, disappear or become difficult to perceive.
71. I feel tense, tired, sleepy, or even get headaches with reading.
72. I have problems judging distance and have difficulty with such things as escalators, stairs, ball sports, or driving.

Sensory Integration Issues

73. I seem to be more sensitive to the environment than others.
74. I am more sensitive to noise than others.
75. I am particularly sensitive to touch or very sensitive to certain clothing or tags on the clothing.
76. I have unusual sensitivity to certain smells.
77. I have unusual sensitivity to light.
78. I am sensitive to movement or craves spinning activities?
79. I tend to be clumsy or accident prone.