

Step 1: Pre-Screening Tool

Name _____

Date _____

First Language _____

Other Languages _____

Date of Birth _____ Age _____

Assessor/Agency _____

Leave blank when working through the Pre-Screen. Fill in if continuing with the entire assessment tool for your records (if needed).

Address _____

City/Province _____

Postal Code _____

Phone Number _____

Income Source OW ODSP EI WSIB

Working Other _____

Long Term Goals
(employment, education, personal)

Short Term Goals

Please put a ✓ beside all "yes" answers. Leave "no" answers blank or mark "x".

Section 1

Factors that would suggest that the learner does not have learning challenges.

When you were young (grades 1-6)...

Did you enjoy school? _____

Do you feel that you did well in school? _____

Were you able to learn new material easily? _____

Did you feel comfortable learning new skills? _____

Do you like to read (magazines, newspapers, novels, etc.)? _____

Do you like to write (notes, letters, poems, etc.)? _____

Do you like doing math (budgeting, shopping, measuring, etc.)? _____

If you feel that you did not do well in school or have difficulties in reading, writing, or math,

Did you miss a lot of school? (moved frequently, were ill, etc.) _____

If yes, do you believe that the lack of schooling is the reason for your difficulties? _____

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If the learner answered "yes" to several of these questions (4+), it is likely that the learner doesn't have learning challenges. However, it is recommended that you continue with the Pre-Screen for more information.

Section 2

Factors that may need to be examined before the assessment is completed or while in the program (complete this entire section, even if an action needs to be taken in one area).

Do you have a history of vision problems? _____

If yes, do you wear corrective lenses? _____

If no, does your vision affect you when you are learning? _____

If vision problems affect learning, the learner may need to look into corrective lenses before continuing. <table> <tr> <td>Action Needed</td> <td>Y</td> <td>N</td> </tr> </table>	Action Needed	Y	N
Action Needed	Y	N	

Do you have a history of hearing problems? _____

If yes, do you wear a hearing aid? _____

If no, does your hearing affect you when you are learning? _____

If hearing problems affect learning, the learner may need to look into corrective or assistive devices before continuing. <table> <tr> <td>Action Needed</td> <td>Y</td> <td>N</td> </tr> </table>	Action Needed	Y	N
Action Needed	Y	N	

Do you have other serious health problems that may affect your learning?
(e.g., diabetes) _____

If health issues affect learning, the learner may need to look into solutions before continuing. <table> <tr> <td>Action Needed</td> <td>Y</td> <td>N</td> </tr> </table>	Action Needed	Y	N
Action Needed	Y	N	

Are you on any medications that would affect your learning? _____

If medication affects learning, the learner may need to look into solutions before continuing. <table> <tr> <td>Action Needed</td> <td>Y</td> <td>N</td> </tr> </table>	Action Needed	Y	N
Action Needed	Y	N	

Have you ever had drug and/or alcohol problems that may affect learning? _____

If drug and/or alcohol problems affect learning, the learner may need to look into treatment before continuing. **Action Needed** **Y** **N**

Do you live with anxiety or depression that may affect learning? _____

If anxiety or depression affects learning, the learner may need to look into treatment before continuing. **Action Needed** **Y** **N**

Do you have a high level of stress in your life right now? _____

(Think of your most happy experiences as a 0 and think of your most stressful experiences as a 10 – a high level of stress would be 8-10.)

If yes, does it affect you when you are learning? _____

If stress affects learning, the learner may need to look into treatment or solutions before continuing. **Action Needed** **Y** **N**

Have you ever been diagnosed with a disability (physical/psychological?) _____

If yes, do you use any disability services (e.g., rehabilitation, Association for Community Living, etc.)? _____

If you suspect or know that the learner has a developmental disability, this assessment is likely **not appropriate** for this learner. It is possible to have a developmental disability as well as specific learning challenges, but this assessment is likely not the appropriate tool to determine this).

Discontinue? **Y** **N**

Actions to be Taken? **Y** **N**

If yes, list actions to be taken here.

Continue completing the Pre-Screen. However, if the Pre-Screen suggests that the entire assessment should be completed, the actions may need to be taken before completing the activities (for example, if the client needs glasses).

Section 3

Factors that would suggest the learner has learning challenges.

Specific - Do you have difficulty

- ___ shopping (estimating cost, counting change, etc.)
- ___ handling money and/or banking
- ___ using public transportation
- ___ keeping track of time
- ___ housekeeping
- ___ using the phone
- ___ cooking
- ___ remembering things If so, is it short or long term memory?
- ___ reading and writing for pleasure or social purposes
- ___ making or keeping friends

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General - Include any additional comments in the space provided.

___ Do you have great difficulties learning new skills in specific areas (e.g., with your reading and writing)?

___ If yes, have you always had these difficulties?

___ Do you feel that you have great strengths or talents in some areas and a great amount of difficulty in others (for example, a great strength in woodworking, but a great difficulty in writing and spelling)?

___ Did you ever repeat or skip a grade?

___ Did you ever receive extra help in school? For example, resource class, resource teacher, special education class, individualized education plan (IEP)? Explain.

___ Did you work hard in school but still found you had difficulties understanding the material or doing well?

___ Do any members of your family have difficulties with reading, writing, or math or have been diagnosed with a learning disability?

___ Have you ever been formally assessed for a learning disability? Explain.

___ If English is not your first language, did you have difficulty learning to read and write in your first language?

___ Have you had many jobs for short periods of time?

___ Did you leave any jobs because of difficulties with reading, writing, and/or math?

___ Have you ever avoided a job because of the literacy requirements?

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If the learner answered 'yes' to more than **3-4** in the specific list and more than **5-6** in the general list of the above, you should **continue** with the assessment.

Summary

___ Discontinue Assessment

___ Continue Assessment after Other Actions Taken

___ Continue Assessment