

## Learning Challenges Pre-Screen – Role Play 1

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? \_\_\_\_\_

**No I always hated school.**

Do you feel that you did well in school? \_\_\_\_\_

**No.**

Were you able to learn new material easily? \_\_\_\_\_

**Usually, except for English and Math.**

Do you feel comfortable learning new skills? \_\_\_\_\_

**Not really.**

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

**No, but I can read.**

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

**No – I hate spelling.**

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

**Everyday stuff is no problem but I can't do formulas or divide or anything.**

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.) \_\_\_\_\_

**Not until high school.**

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

If the learner answered “yes” to several of these questions (4+), it is likely that the learner does not have learning challenges. However, it is recommended that you continue with the 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? \_\_\_\_\_

**I’m supposed to wear glasses.**

If yes, do you wear corrective lenses? \_\_\_\_\_

**No, I have to get some.**

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

**Probably.**

If vision problems affect learning, the learner may need to look into corrective lenses before continuing.	<b>Action Needed</b>	<b>Y</b>	<b>N</b>
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Do you have a history of hearing problems? \_\_\_\_\_

**Nope.**

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.	<b>Action Needed</b>	<b>Y</b>	<b>N</b>
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Do you have other serious health problems that may affect learning?

(e.g., diabetes) \_\_\_\_\_

**Nope.**

If health issues affect learning, the learner may need to look into solutions before continuing.	<b>Action Needed</b>	<b>Y</b>	<b>N</b>
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Are you on any medications that would affect your learning? \_\_\_\_\_

**I don't think so. I take blood pressure medication.**

If medication affects learning, the learner may need to look into solutions before continuing.	<b>Action Needed</b>	<b>Y</b>	<b>N</b>
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Have you ever had drug and/or alcohol problems that may affect learning? \_\_\_\_\_

**No.**

If drug and/or alcohol problems affect learning, the learner may need to look into treatment before continuing.	<b>Action Needed</b>	<b>Y</b>	<b>N</b>
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Do you live with anxiety or depression that may affect learning? \_\_\_\_\_

**Depression sometimes.**

If anxiety or depression affects learning, the learner may need to look into treatment before continuing.	<b>Action Needed</b>	<b>Y</b>	<b>N</b>
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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.)

**Stress would be about a 4-5.**

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.	<b>Action Needed</b>	<b>Y</b>	<b>N</b>
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Have you ever been diagnosed with a disability? \_\_\_\_\_

**Not that I'm aware of.**

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 discern those issues). **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 and the action plan.

### Section 3

Factors that would suggest the learner has learning challenges.

Specific - Do you have difficulty

\_\_\_ shopping (estimating cost, counting change, etc.) **No**

\_\_\_ handling money and/or banking **No**

\_\_\_ using public transportation **No**

\_\_\_ keeping track of time **Sometimes**

\_\_\_ housekeeping **No**

\_\_\_ using the telephone **No**

\_\_\_ cooking **No**

\_\_\_ remembering things **Yes**

If so, is it short or long term memory? **Sometimes I forget appointments**

\_\_\_ reading and writing for pleasure or social purposes **Don't do it.**

\_\_\_ making or keeping friends **No**

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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)?

**Yes – with reading and spelling.**

\_\_\_ If yes, have you always had these difficulties?

**Ever since I can remember.**

\_\_\_ 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)?

**I'm great with my hands but my school subjects suck.**

\_\_\_ Did you ever repeat or skip a grade?

**I failed grade 2 and grade 7 – then they skipped me right to high school.**

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

**Resource class in elementary school.**

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

**Yes, I found I was always doing more than my friends.**

\_\_\_ Do other members in your family have difficulties with reading, writing, or math or have been diagnosed with a learning disability?

**My brother and my daughter.**

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

**Maybe but I don't know.**

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

**N/A**

\_\_\_ Have you had many jobs for short periods of time?

**I worked for a temp agency for 2 years.**

\_\_\_ Did you leave any jobs due to your learning difficulties in reading, writing, and/or math?

**No.**

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

**Yes - I only applied for hands-on jobs.**

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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.