

WASHINGTON STATE
LEARNING NEEDS SCREENING TOOL

Assessment Date:

BACKGROUND INFORMATION			
NAME	BIRTH DATE	SSN	COUNTY
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	HOUSEHOLD TYPE <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parents	LAST GRADE LEVEL COMPLETED	
DEGREE'S RECEIVED <input type="checkbox"/> High School diploma <input type="checkbox"/> GED <input type="checkbox"/> Technical/Vocational <input type="checkbox"/> Associates degree <input type="checkbox"/> Other			
ETHNICITY <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American			
WHAT KIND OF JOB WOULD YOU LIKE TO GET?			
DO YOU HAVE EXPERIENCE IN THIS FIELD OR A RELATED FIELD?			
WHAT MAKES IT HARD FOR YOU TO GET OR KEEP THIS KIND OF JOB?			
WHAT WOULD HELP?			

SECTION I

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Did you have any problems learning in middle school or junior high?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you have difficulty working from a test booklet to an answer sheet?
<input type="checkbox"/>	<input type="checkbox"/>	3. Do you have difficulty or experience problems working with numbers in a column?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you have trouble judging distances?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do any family members have learning problems?
1 x _____ = _____		Count the number of "YES's" and multiply by 1.

SECTION II

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you have any problems learning in elementary school?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you have difficulty or experience problems mixing mathematical signs (+/x)?
2 x _____ = _____		Count the number of "YES's" and multiply by 2.

SECTION III

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	8. Do you have difficulty or experience problems filling out forms?
<input type="checkbox"/>	<input type="checkbox"/>	9. Do you experience difficulty memorizing numbers?
<input type="checkbox"/>	<input type="checkbox"/>	10. Do you have difficulty remembering how to spell simple words you know?
3 x _____ = _____		Count the number of "YES's" and multiply by 3.

SECTION IV

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	11. Do you have difficulty or experience problems taking notes?
<input type="checkbox"/>	<input type="checkbox"/>	12. Do you have difficulty adding and subtracting small numbers in your head?
<input type="checkbox"/>	<input type="checkbox"/>	13. Were you ever in a special program or given extra help in school?
4 x _____ = _____		Count the number of "YES's" and multiply by 4.

TOTAL _____