

LEARNING NEEDS SCREENING TOOL

Before answering the following questions, read the statement on the back aloud to the client. *(See instructions on back of this page).*

Name		Birth Date	Interviewer
JACS Number <input type="checkbox"/> Male <input type="checkbox"/> Female		Household Type <input type="checkbox"/> Single-Parent <input type="checkbox"/> Two-Parent	Community Service Office (CSO)
JAS Number	Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American		
ACES Number	Completed Years of Formal Education		
Degrees <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Technical/Vocational <input type="checkbox"/> AA Degree <input type="checkbox"/> Other (<i>specify</i>):			
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?			

YES	Section I
<input type="checkbox"/>	1. Did you have any problems learning in middle school or junior high?
<input type="checkbox"/>	2. Do you have difficulty working from a test booklet to an answer sheet?
<input type="checkbox"/>	3. Do you have difficulty or experience problems working with numbers in a column?
<input type="checkbox"/>	4. Do you have trouble judging distances?
<input type="checkbox"/>	5. Do any family members have learning problems?
1 x	_____ = _____ = Count the number of "yes". Multiply by 1.
YES	Section II
<input type="checkbox"/>	6. Did you have any problems learning in elementary school?
<input type="checkbox"/>	7. Do you have difficulty or experience problems mixing mathematical signs (<i>such as "x", "+" or "="</i>)?
2 x	_____ = _____ = Count the number of "yes". Multiply by 2.
YES	Section III
<input type="checkbox"/>	8. Do you have difficulty or experience problems filling out forms?
<input type="checkbox"/>	9. Do you experience difficulty memorizing numbers?
<input type="checkbox"/>	10. Do you have difficulty remembering how to spell simple words you know?
3 x	_____ = _____ = Count the number of "yes". Multiply by 3.
YES	Section IV
<input type="checkbox"/>	11. Do you have difficulty or experience problems taking notes?
<input type="checkbox"/>	12. Do you have difficulty or experience problems adding or subtracting small numbers in your head?
<input type="checkbox"/>	13. Were you ever in a special program or given extra help in school?
4 x	_____ = _____ = Count the number of "yes". Multiply by 4.
_____ TOTAL: If 12 or more, refer for further assessment.	

BEFORE ASKING THE FOLLOWING QUESTIONS, READ THIS STATEMENT ALOUD TO THE CLIENT:

"The following questions are about your school and life experiences. This information will provide a better understanding of the services you will need to be successfully employed. We're trying to find out how it was for you (or your family members) back in school or how some of these issues might affect your life now. These questions will help us identify resources that will aid you in self-sufficiency planning with your caseworker."

Ask all questions:

1. Ask the client each question in Sections I, II, III and IV.
2. Check YES if client answers the question with "yes."
3. In each section, count the number of "yes" answers.
4. Multiply the number of "yes" responses in each section by the number shown in the "Count the number of 'YES" area. For example, multiply the number of questions marked "yes" in Section III by 3.
5. Record that product after the = sign in that area.
6. Add up the numbers after the = sign and enter that total in the Total row.
7. **If the Total is 12 or more, the participant may need further assessment and/or referral for employment-related accommodation.**



Learning Needs Screening Tool

Question Descriptions and Follow-up Explanations

The following are descriptions, background, rationale, and follow-up explanations of the thirteen questions contained on the Learning Needs Screening Tool.

Section I

1. Did you have any problems learning in middle school or junior high school?
 - These are typically grades six through eight; sometimes through grade nine.
 - Learning problems are sometimes more frequent due to the multiple classrooms, teachers and activities.
 - Learning problems could include being held back, special reading or math groups, tutoring during or after school, behavior, or just couldn't learn, etc.

2. Do you have difficulty working from a test booklet to an answer sheet?
 - Most tests in schools have a test booklet that cannot be written in and a "bubble" answer sheet set up in columns/rows.
 - Ask if the person remembers taking an achievement test in grade school or high school. Then follow-up with questions about "bubbling" in or putting answers in the right columns/rows.
 - Visual discrimination and visual-spatial skills; writing, visual-motor, and tracking.

3. Do you have difficulty working with numbers in columns?
 - This pertains to simple one, two or three digit numbers and mostly had to do with visual skills, visual-spatial orientation and alignment.
 - Example:

42	678	9	234
12	<u>+346</u>	<u>- 3</u>	<u>- 78</u>
<u>+39</u>			

4. Do you have trouble judging distances?
 - Examples to use for “judging distance” are the number of car lengths between two parked cars, what two or three blocks represents, the length of a hallway, or the distance between two people.
 - Spatial orientation and visual skills.

5. Do any family members have learning problems?
 - Family is defined as immediate – parents, siblings, grandparents.
 - Learning disabilities have a genetic frequency in families.
 - Learning problems could include all cited in question #1 as well as not finishing school, difficulties reading, writing, etc.

Section II

6. Did you have any problems learning in elementary school?
 - Elementary school is usually kindergarten through fifth or sixth.
 - Typically those who experienced problems learning were in special reading groups (blue group or the red birds), disliked school, were in “pull-out” programs, were in trouble a lot, wanted to learn but were frustrated, etc.
 - Establishes a history of problems.

7. Do you have difficulty or experience problems mixing mathematical signs (such as “+”, “x” or “=”)?
 - The best way to describe this question is to write a plus sign on a piece of paper, hold it up to the client, and turn it so it becomes a multiplication sign and ask: “Do math signs ever do this?”
 - Visual-Spatial and visual discrimination skills



Section III

8. Do you have difficulty filling out forms?

- Forms are defined as anything requiring information be written into designated spots on a pre-printed paper.
- Follow-up with questions regarding the individual's ability to read and interpret the form.
- This could be the result of writing, visual-motor, visual discrimination, reading and interpretation, sequencing, organization, attention and concentration, visual tracking, etc.

9. Do you experience difficulty memorizing numbers?

- Numbers are abstract concepts and require sequencing, organization and connecting parts to wholes/wholes to parts.
- Most individuals with learning difficulties had significant trouble with multiplication tables and could not conquer fractions.
- Follow-up with a question about memorizing time tables or steps to subtract or divide.
- Second follow-up could be recall of phone numbers. Could also relate to dates/times (history dates or appointment times).

10. Do you have difficulty remembering how to spell simple words you know?

- Examples of simple words are was, where, their, there, table, teach, apple, etc.
- These are the words that the individual should be familiar with but has difficulty spelling or complains that they look wrong or sound different even when spelled correctly.
- Individuals with this difficulty may have trouble with writing, visual-motor skills, recall, word retrieval, or visual discrimination skills.



Section IV

11. Do you have difficulty or experience problems taking notes?

- Notes are defined as written/picture-based information briefly summarized from information presented in a meeting, lecture, training, etc.
- Note taking requires very sophisticated skills including auditory processing, synthesizing, sequencing and organizing, sorting, prioritizing, writing, visual-motor, visual discrimination and simultaneous processing.

12. Do you have trouble adding and subtracting small numbers in your head?

- Small numbers is defined as numbers less than 20.
- Possible difficulty involving sequential concepts, visualization, abstract concepts, recall, and part-to-whole skills, etc.

13. Were you ever in a special program or given extra help in school?

- Special programs includes resource room, special education, speech and language services, communication programs, before and/or after school tutoring, chapter programs, Title I programs, and LAP (Learning Assistance Programs).
- Could also include a teacher assistant, and Individual Education Plan (IEP), Transition Plan and/or a 504 plan for academic improvement, behavior modification or accommodations for medical/disability reasons.

These descriptions, background, rationale, and follow-up explanations of the thirteen questions contained on the Learning Needs Screening Tool are not meant to promote an in depth, intensive interview, but to clarify terms and meaning to obtain a truer response form the client.

