

Student Name \_\_\_\_\_ SSN/ID# \_\_\_\_\_

College \_\_\_\_\_ Date \_\_\_\_\_

Month/Day/Year

Term/Year \_\_\_\_\_

Learning Disabilities Program  
California Community Colleges

## INTAKE SCREENING AND ELIGIBILITY RECORD

<b>Certification Summary</b>			
<b>Component</b>	<b>Date Completed</b>	<b>Professional Certification Used</b>	<b>Criterion Met (Complete for each component evaluated)</b>
1.0 Intake Screening		Not Applicable	Not Applicable
2.0 Measured Achievement		Yes      No	Yes      No
3.0 Ability Level		Yes      No	Yes      No
4.0 Processing Deficit		Yes      No	Yes      No
5.0 Aptitude-Achievement Discrepancy		Yes      No	Yes      No
6.0 Eligibility Recommendation		Not Applicable	Yes      No

**California Community Colleges  
Learning Disabilities Services**

**CONSENT FORM**

The Chancellor's Office of the California Community Colleges is committed to protecting the rights of persons who are assessed for learning disabilities (LD) eligibility. The information below is provided so that you can decide whether to participate in the LD eligibility assessment.

You are being asked to complete several assessment instruments that will help in determining your eligibility for learning disabilities services through Disabled Student Services Learning Disabilities Programs. The assessments might include tests of ability, achievement, learning skills, and surveys.

The results of these tests are strictly confidential. The scores are used in the determination of LD eligibility and in the development of appropriate educational programs. The scores may be maintained in computer files in addition to the test booklet. Descriptive information and test scores may be used in research projects approved by the Chancellor's Office. To ensure your privacy, this information will not be personally identifiable.

If you have any questions, ask for clarification. In addition, if you believe that the assessment or eligibility determination is invalid, you may challenge the results through a petition process.

The Information Practices Act of 1977 (Civil Code Sections 1798, et seq.) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. The Community College District and the State of California use information requested on this form for the sole purpose of identifying the student authorized to receive special services. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be transferred to other state and public agencies; however, disclosure to these parties is done in strict accordance with current statutes regarding confidentiality. Providing personal information is strictly voluntary.

By signing this consent form you agree to participate in the assessment activities described above and acknowledge the use of the information as described.

**I understand this information and agree to complete the assessment to determine eligibility for learning disabilities services.**

DYES

D NO

Print Name \_\_\_\_\_ SS# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature (for students under 18) \_\_\_\_\_

# INTAKE INTERVIEW

## LEARNING DISABILITIES SERVICES

**STUDENTS:** The Chancellor's Office of the community college system is required to gather and maintain certain student information. This information is the ethnicity, gender, age, and disability status of students requesting services through the disabled student services program.

Providing this information is strictly voluntary for you. However, the college is required to complete each item since this form is the only means which the college has for gathering the required information. For this reason, we ask your assistance in completing the form.

### DESCRIPTIVE INFORMATION

Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Can you be contacted at work?    • Yes    • No                      Work Phone \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

List name of person to notify in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

1. How do you describe yourself and your mother/guardian? (Please check one for each category.)

	Self	Mother/ Guardian		Self	Mother/ Guardian
Alaskan Native .....	<input type="checkbox"/>	<input type="checkbox"/>	African-American .....	<input type="checkbox"/>	<input type="checkbox"/>
American Indian .....	<input type="checkbox"/>	<input type="checkbox"/>	non-Hispanic		
			Hispanic		
Asian			Central American .....	<input type="checkbox"/>	<input type="checkbox"/>
Asian Indian .....	<input type="checkbox"/>	<input type="checkbox"/>	Chicano .....	<input type="checkbox"/>	<input type="checkbox"/>
Cambodian .....	<input type="checkbox"/>	<input type="checkbox"/>	Mexican .....	<input type="checkbox"/>	<input type="checkbox"/>
Chinese .....	<input type="checkbox"/>	<input type="checkbox"/>	Mexican-American .....	<input type="checkbox"/>	<input type="checkbox"/>
Japanese .....	<input type="checkbox"/>	<input type="checkbox"/>	South American .....	<input type="checkbox"/>	<input type="checkbox"/>
Korean .....	<input type="checkbox"/>	<input type="checkbox"/>	Other Hispanic .....	<input type="checkbox"/>	<input type="checkbox"/>
Laotian .....	<input type="checkbox"/>	<input type="checkbox"/>			
Vietnamese .....	<input type="checkbox"/>	<input type="checkbox"/>	White non-Hispanic .....	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian .....	<input type="checkbox"/>	<input type="checkbox"/>	Other non-white .....	<input type="checkbox"/>	<input type="checkbox"/>
Filipino .....	<input type="checkbox"/>	<input type="checkbox"/>	Decline to state .....	<input type="checkbox"/>	<input type="checkbox"/>
Pacific Islander .....	<input type="checkbox"/>	<input type="checkbox"/>	Unknown .....	<input type="checkbox"/>	<input type="checkbox"/>

### REFERRAL INFORMATION

2. Who referred you to our program? \_\_\_\_\_

(Name)

(Agency)

3. Why do you want to be evaluated for learning disabilities eligibility? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. In what academic areas have you experienced difficulty? (Check all that apply.)

- |                    |                                      |
|--------------------|--------------------------------------|
| _____ Reading      | _____ Comprehending concepts         |
| _____ Spelling     | _____ Retaining information          |
| _____ Math         | _____ Completing assignments on time |
| _____ Taking tests | _____ Organizing written work        |
| _____ Study skills | _____ Self-confidence in school      |
| _____ Reading rate | _____ Motivation                     |

Describe your difficulties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are or were you a client of the Department of Rehabilitation?  Yes  No

• If yes, please identify:

- a. What is your disability according to Dept. of Rehab.? \_\_\_\_\_
- b. Rehabilitation counselor's name \_\_\_\_\_ Phone \_\_\_\_\_
- c. What is your rehabilitation plan? \_\_\_\_\_

6. Are or were you receiving services from any of the following? (Check all that apply.)

- |             |            |                            |                     |
|-------------|------------|----------------------------|---------------------|
| _____ DSP&S | _____ EOPS | _____ CalWorks             | _____ Financial Aid |
| _____ SSDI  | _____ None | _____ Other Services _____ |                     |

**DEVELOPMENTAL HISTORY**

7. Were there any medical or developmental problems before or after your birth or during the birth process?

Yes  No

• If yes, explain \_\_\_\_\_  
\_\_\_\_\_

8. To your knowledge, was there anything unusual about your early development, e.g., delayed speech; late crawling or walking; problems using scissors, printing, or writing?  Yes  No

• If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Did your family provide a stimulating environment in terms of each of the following:

a. frequent exposure to spoken language  Yes  No

b. availability of books, magazines, or other print materials  Yes  No

c. enrichment experiences (e.g., museums, libraries, etc.)  Yes  No

• Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY HISTORY**

10. Does anyone in your family have a learning problem?  Yes  No

• If yes, describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Does anyone in your family have any other type of disability (e.g., physical, emotional, vision or hearing impairment)?  Yes  No

• If yes, describe \_\_\_\_\_  
\_\_\_\_\_

12. Describe any family or personal issues which you feel have affected your learning in the past.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Describe any current family or personal issues which are impacting your education at this time.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK HISTORY**

14. Are you currently employed?  Yes  No

• If yes, please describe current employment:

a. Where? \_\_\_\_\_

b. Job Duties? \_\_\_\_\_

c. Number of hours per week? \_\_\_\_\_

d. What is your weekly work schedule? \_\_\_\_\_

e. How long have you had this job? \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Weeks

15. Describe any previous jobs, length of employment, and job duties. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HEALTH INFORMATION**

16. Do you have vision problems?  Yes  No

• If yes, describe: \_\_\_\_\_

17. Do you wear glasses or contact lenses?  Yes  No

18. Have you had an eye exam within the last two years?  Yes  No

• If yes, when? \_\_\_\_\_

19. Do you have problems with hearing?  Yes  No

• If yes, describe: \_\_\_\_\_

20. Did you have frequent ear infections or tubes in your ears?  Yes  No

21. Do you wear a hearing aid?  Yes  No

22. Have you had a hearing exam within the last five years?  Yes  No

• If yes, when? \_\_\_\_\_

23. Do you have allergies or asthma?  Yes  No

• If yes, please answer the following questions:

a. Describe: \_\_\_\_\_

\_\_\_\_\_

b. How do the allergies, asthma, and/or medications influence your classwork? \_\_\_\_\_

24. Are you on any medication at the present time?  Yes  No

• If yes, please identify:

a. Name(s) of medication(s) \_\_\_\_\_

b. Dosage \_\_\_\_\_

c. For what condition(s) \_\_\_\_\_

d. Side effects \_\_\_\_\_

25. Have you ever been on a long-term program of medication?  Yes  No

• If yes, describe \_\_\_\_\_

26. Have you ever had difficulties with any of the following:

a. attention?  Yes  No

b. concentration?  Yes  No

c. hyperactivity?  Yes  No

• If yes, describe difficulties during each of the following:

a. study time \_\_\_\_\_

b. lecture \_\_\_\_\_

c. tests \_\_\_\_\_

27. Have you ever been evaluated for Attention Deficit (Hyperactivity) Disorder?  Yes  No

• If yes, when and by whom? \_\_\_\_\_

What were the results? \_\_\_\_\_

28. Have you ever had a head injury?  Yes  No

• If yes, at what age? \_\_\_\_\_ Were you hospitalized?  Yes  No

Please explain \_\_\_\_\_

29. Have you ever been unconscious due to illness or injury?  Yes  No

• If yes, for how long? \_\_\_\_\_

Please explain \_\_\_\_\_

30. Have you ever had seizures?  Yes  No  
• If yes, specify when and describe: \_\_\_\_\_

31. Have you ever had a neurological exam (e.g., CAT scan, MRI)?  Yes  No  
• If yes, please answer the following questions:  
a. at what age? \_\_\_\_\_  
b. for what reason? \_\_\_\_\_

32. Have you ever had any serious injuries or illness?  Yes  No  
• If yes, specify when and please describe their impact on your education: \_\_\_\_\_

33. Do you have a history of mental health problems?  Yes  No  
• If yes, please answer the following questions:  
a. Were you ever hospitalized for mental health problems?  Yes  No  
b. Have you been treated as an outpatient?  Yes  No  
c. Have you participated in mental health counseling?  Yes  No

34. Do you have a history of substance abuse?  Yes  No  
• If yes, please answer the following questions:  
a. Were you ever hospitalized for substance abuse?  Yes  No  
b. Have you been treated as an outpatient?  Yes  No  
c. Have you participated in counseling for substance abuse?  Yes  No  
d. For how long have you maintained sobriety? \_\_\_\_\_

**EDUCATIONAL INFORMATION**

35. As far as you can recall, when did you first start having problems in school?  
\_\_\_\_\_

36. Why do you think you have had problems in school? (Check all that apply.)

<input type="checkbox"/> Specific learning disability	<input type="checkbox"/> Tasks too difficult	<input type="checkbox"/> Bad luck
<input type="checkbox"/> Home environment	<input type="checkbox"/> Lack of interest in school	<input type="checkbox"/> Limited ability
<input type="checkbox"/> Emotional problems	<input type="checkbox"/> Lack of opportunity	<input type="checkbox"/> Poor attendance
<input type="checkbox"/> Economic disadvantage	<input type="checkbox"/> Other (specify): _____	

37. Did you frequently change schools in elementary or secondary school?  Yes  No

• If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

38. Were you retained in school (i.e., held back to repeat a grade)?  Yes  No

• If yes, what grade(s) and why? \_\_\_\_\_  
\_\_\_\_\_

39. Were you ever tested for eligibility in special education prior to college?  Yes  No

• If yes, when and why? \_\_\_\_\_  
\_\_\_\_\_

40. Have you ever been in special education, remedial, or gifted classes?  Yes  No

• If yes, what type of classes? (Check all that apply.)

\_\_\_\_\_ Special Day Class                      \_\_\_\_\_ Resource Program                      \_\_\_\_\_ Remedial Class

\_\_\_\_\_ Speech and Language services                      \_\_\_\_\_ Gifted                      \_\_\_\_\_ Other

• If you were in special education or remedial classes, in what high school classes were you mainstreamed? \_\_\_\_\_  
\_\_\_\_\_

41. What other school-related activities or issues influenced your achievement (e.g., sports, clubs, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

42. Did you drop out of school between kindergarten and 12th grade?  Yes  No

• If yes, please answer the following questions:

a. in what grade(s)? \_\_\_\_\_

b. for what reasons? \_\_\_\_\_

43. Are you a high school graduate?  Yes  No

• If yes, a. list name and location of high school: \_\_\_\_\_

b. date of graduation: \_\_\_\_\_

• If no, did you complete a GED?  Yes  No

If yes, when? \_\_\_\_\_

44. Have you attended any other college or university?  Yes  No

• If yes, where? \_\_\_\_\_

45. For how many semesters/quarters have you attended college? \_\_\_\_\_

46. How many units have you earned? \_\_\_\_\_

47. In how many units (hours) are you currently enrolled? \_\_\_\_\_ Units (hours)

48. Are you required to take a certain number of units?  Yes  No

• If yes, how many units and why? \_\_\_\_\_

49. Are you on academic probation?  Yes  No

• If yes, why? \_\_\_\_\_

50. List all of your current classes. Describe any difficulties you are experiencing in each. How much time do you spend each week (including Saturday and Sunday) studying and preparing for each of these classes?

Weekly Class	Describe Difficulties	Study Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

51. Have you discussed your difficulties with the instructor or with a counselor?  Yes  No

\_\_\_\_\_

52. What college support services have you used? \_\_\_\_\_

53. In what type(s) of classes have you done well? \_\_\_\_\_

54. What are your goals for attending college? \_\_\_\_\_

\_\_\_\_\_

College Major \_\_\_\_\_ College Counselor \_\_\_\_\_

55. List the highest level English, math, reading, and study skills courses you have completed (including high school if appropriate.)

Class	Level (e.g., remedial, AA/AS, transfer)	Grade Received	Date Completed
English: _____	_____	_____	_____
Math: _____	_____	_____	_____
Reading: _____	_____	_____	_____
Study Skills: _____	_____	_____	_____

**CULTURAL AND LINGUISTIC INFORMATION**

(In completing this section it may be appropriate to consult with family members who may have more in-depth information.)

56. Where were you born? \_\_\_\_\_

57. How long have you lived in the United States? \_\_\_\_\_

58. Do you periodically move back and forth to the United States?  Yes  No

• If yes, describe: \_\_\_\_\_

59. Were you raised in the culture of the United States? (includes exposure to schools, television, libraries, etc.)

Yes  No

60. Is English your first and only language?  Yes  No

• If no, please answer the following questions:

a. What other language(s) do you know? \_\_\_\_\_

b. What language did you learn first? \_\_\_\_\_

• If you answered YES to questions 59 and 60, **STOP!**

• If you answered NO to question 60, complete the following Cultural and Language supplemental information.

• If your first language is English, but you did not grow up with exposure to U.S. culture, please complete questions 61- 65 and then stop.

**CULTURALLY/LINGUISTICALLY DIVERSE (CLD)  
SUPPLEMENTAL INTERVIEW**

**CULTURAL INFORMATION**

61. In what culture did you grow up? \_\_\_\_\_

62. How many years did you spend in this culture? \_\_\_\_\_

63. How many years were you schooled in this culture? \_\_\_\_\_

64. Check any cultural experiences that you believe were different from those in the U.S. in terms of exposure to:

- |   |                                    |                                      |
|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> English Language | <input type="checkbox"/> Newsprint | <input type="checkbox"/> Music       |
| <input type="checkbox"/> School           | <input type="checkbox"/> Art       | <input type="checkbox"/> Religion    |
| <input type="checkbox"/> Television       | <input type="checkbox"/> Theater   | <input type="checkbox"/> Other _____ |

65. Check any differences in educational course content from the content that was taught in U.S. schools.

- |   |                                      |                                    |
|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> English Language | <input type="checkbox"/> History     | <input type="checkbox"/> Geography |
| <input type="checkbox"/> Science          | <input type="checkbox"/> Other _____ |                                    |

**PRIMARY LANGUAGE INFORMATION**

66. What was your first or primary language? \_\_\_\_\_

67. Check any problems you had in learning your first language.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Were you slow to understand what was said to you?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Were you slow to learn new vocabulary and use it?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Were you slow to answer when you were spoken to?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Did you have difficulty finding words you wanted to use?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Did you have difficulty saying what you wanted to say?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Did you have difficulty putting your ideas into order?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Did others have trouble understanding you?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Did you have difficulty following the topic of conversation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

68. In which of the areas listed above do you still experience difficulty? \_\_\_\_\_

**PREVIOUS EDUCATION - PRESCHOOL**

69. Did you attend preschool?  Yes  No

• If yes, was it  Public or  Private

70. Did you participate in bilingual preschool classes?  Yes  No

• If yes, in which languages \_\_\_\_\_

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71. Did you take English as a Second Language in preschool?  Yes  No

• If yes, a. for how many years? \_\_\_\_\_ Years

b. for how many hours per day? \_\_\_\_\_ Hours per day

72. Did you attend preschool regularly?  Yes  No

73. What strengths and weaknesses did your teachers report in preschool?

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### **PREVIOUS EDUCATION – ELEMENTARY SCHOOL**

74. Did you attend elementary school?  Yes  No

• If yes, was it  Public or  Private

75. Did you participate in bilingual classes in elementary school?  Yes  No

• If yes, in which languages \_\_\_\_\_

---

76. Did you take English as a Second Language in elementary school?  Yes  No

• If yes, a. for how many years? \_\_\_\_\_ Years

b. for how many periods per day? \_\_\_\_\_ Periods

77. Did you attend elementary school regularly?  Yes  No

• If no, describe attendance \_\_\_\_\_

---

78. How did your learning in elementary school compare with that of your classmates?

---

79. What strengths and weaknesses did your teachers report in elementary school?

---

### **PREVIOUS EDUCATION – MIDDLE SCHOOL**

80. Did you attend middle school?  Yes  No

• If yes, was it  Public or  Private

81. Did you participate in bilingual classes in middle school?  Yes  No

• If yes, in which languages \_\_\_\_\_

---

82. Did you take English as a Second Language in middle school?  Yes  No

• If yes, a. for how many years? \_\_\_\_\_ Years

b. for how many periods per day? \_\_\_\_\_ Periods

83. Did you attend middle school regularly?  Yes  No

• If no, describe attendance \_\_\_\_\_

84. How did your learning in middle school compare with that of your classmates?

\_\_\_\_\_

85. What strengths and weaknesses did your teachers report in middle school?

\_\_\_\_\_

**PREVIOUS EDUCATION – HIGH SCHOOL**

86. Did you attend high school?  Yes  No

• If yes, was it  Public or  Private

87. Did you participate in bilingual classes in high school?  Yes  No

• If yes, in which languages \_\_\_\_\_

88. Did you take English as a Second Language in high school?  Yes  No

• If yes, a. for how many years? \_\_\_\_ Years

b. for how many periods per day? \_\_\_\_ Periods

89. Did you attend high school regularly?  Yes  No

• If no, describe attendance \_\_\_\_\_

90. How did your learning in high school compare with your classmates?

\_\_\_\_\_

91. What strengths and weaknesses did your teachers report in high school?

\_\_\_\_\_

92. Describe the language of instruction, quality of instruction, and any strengths and weaknesses in learning when you were in

a. 1<sup>st</sup> - 5<sup>th</sup> grades \_\_\_\_\_

b. 6<sup>th</sup> - 8<sup>th</sup> grades \_\_\_\_\_

c. 9<sup>th</sup> - 12<sup>th</sup> grades \_\_\_\_\_

93. Check any school-related difficulties you experienced in learning your first language:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Understanding language          | <input type="checkbox"/> Remembering           | <input type="checkbox"/> Finding errors in work |
| <input type="checkbox"/> Expressing yourself             | <input type="checkbox"/> Reading words         | <input type="checkbox"/> Learning math facts    |
| <input type="checkbox"/> Learning new vocabulary         | <input type="checkbox"/> Comprehending reading | <input type="checkbox"/> Math calculation       |
| <input type="checkbox"/> Learning new ideas and concepts | <input type="checkbox"/> Organizing writing    | <input type="checkbox"/> Math word problems     |

**ENGLISH AS A SECOND LANGUAGE (ESL) EXPERIENCE**

94. At what age did you begin learning ESL? \_\_\_\_\_

95. How many years of ESL did you have in a formal classroom setting? \_\_\_\_\_

96. Was your ESL instruction interrupted?  Yes  No

• If yes, describe \_\_\_\_\_

97. Describe the kind of ESL instruction you received:

a. \_\_\_\_\_ ESL teacher \_\_\_\_\_ minutes of ESL instruction per day/week

b. \_\_\_\_\_ ESL aide \_\_\_\_\_ minutes of ESL instruction per day/week

c. \_\_\_\_\_ Pull-out program or \_\_\_\_\_ In-class instruction

98. Check any problems you experienced in learning English:

\_\_\_\_\_ Trouble with pronunciation

\_\_\_\_\_ Understanding English

\_\_\_\_\_ Speaking English

\_\_\_\_\_ Writing English

\_\_\_\_\_ Learning vocabulary

\_\_\_\_\_ Learning vocabulary

\_\_\_\_\_ Grammar

\_\_\_\_\_ Learning grammar

\_\_\_\_\_ Using sentences

\_\_\_\_\_ Using sentences

\_\_\_\_\_ Putting sentences together  
to express myself

\_\_\_\_\_ Putting sentences together  
to express myself

\_\_\_\_\_ Finding mistakes in my writing

99. Describe your progress in ESL classes compared to that of classmates with backgrounds similar to yours.

\_\_\_\_\_  
\_\_\_\_\_

**CURRENT EDUCATION**

100. What is the highest grade you completed in school? \_\_\_\_\_

101. How many years have passed since you were last in school? \_\_\_\_\_

102. Has your college education been uninterrupted?  Yes  No

• If yes, describe \_\_\_\_\_

103. Have you continued to read/write in your first language?  Yes  No

• If yes, a. How frequently and how much do you read? \_\_\_\_\_

b. What kinds of materials do you read? \_\_\_\_\_