# Certification Summary

<table>
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<th>Component</th>
<th>Date Completed</th>
<th>Professional Certification Used</th>
<th>Criterion Met</th>
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<tr>
<td>1.0 Intake Screening</td>
<td></td>
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<tr>
<td>2.0 Measured Achievement</td>
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<td>____ Yes ____ No</td>
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<td>3.0 Ability Level</td>
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<td>____ Yes ____ No</td>
<td></td>
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<td>4.0 Processing Deficit</td>
<td></td>
<td>____ Yes ____ No</td>
<td></td>
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<tr>
<td>5.0 Aptitude-Achievement Discrepancy</td>
<td></td>
<td>____ Yes ____ No</td>
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<tr>
<td>6.0 Eligibility Recommendation</td>
<td></td>
<td>Not Applicable</td>
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</table>

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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.

☐ YES ☐ NO

Print Name ___________________________ SS# ___________________________

Signature ___________________________ Date ___________________________

Parent's signature (for students under 18) ___________________________

Intake Screening & Eligibility Record
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.)

<table>
<thead>
<tr>
<th>Self</th>
<th>Mother/Guardian</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
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<td>South American</td>
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<tr>
<td>Korean</td>
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<td>Central American</td>
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<td>Other Asian</td>
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<tr>
<td>Chicano</td>
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<td>Vietnamese</td>
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<tr>
<td>Mexican</td>
<td>☐</td>
</tr>
<tr>
<td>Other non-white</td>
<td>☐</td>
</tr>
<tr>
<td>Other Asian</td>
<td>☐</td>
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<td>Japanese</td>
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<td>Filipino</td>
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<td>Other Hispanic</td>
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<tr>
<td>Pacific Islander</td>
<td>☐</td>
</tr>
<tr>
<td>Unknown</td>
<td>☐</td>
</tr>
</tbody>
</table>

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.
    
    
    
Intake Screening & Eligibility Record
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:__________________________________________

Intake Screening & Eligibility Record
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.)
   □ Specific learning disability  □ Tasks too difficult  □ Bad luck
   □ Home environment  □ Lack of interest in school  □ Limited ability
   □ Emotional problems  □ Lack of opportunity  □ Poor attendance
   □ Economic disadvantage  □ 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?

<table>
<thead>
<tr>
<th>Class</th>
<th>Describe Difficulties</th>
<th>Weekly Study Time</th>
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<tbody>
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</table>

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?

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

<table>
<thead>
<tr>
<th>Class</th>
<th>Level (e.g., remedial, AA/AS, transfer)</th>
<th>Grade Received</th>
<th>Date Completed</th>
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</thead>
<tbody>
<tr>
<td>English:</td>
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<td>Math:</td>
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<td>Reading:</td>
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<tr>
<td>Study Skills:</td>
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Intake Screening & Eligibility Record
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:
   ____ English Language       ____ Newsprint       ____ Music
   ____ School               ____ Art             ____ Religion
   ____ Television           ____ Theater         ____ Other ______________________

65. Check any differences in educational course content from the content that was taught in U.S. schools.
   ____ English Language       ____ History       ____ Geography
   ____ Science               ____ 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?  □ Yes  □ No
   b. Were you slow to learn new vocabulary and use it? □ Yes  □ No
   c. Were you slow to answer when you were spoken to?  □ Yes  □ No
   d. Did you have difficulty finding words you wanted to use? □ Yes □ No
   e. Did you have difficulty saying what you wanted to say? □ Yes □ No
   f. Did you have difficulty putting your ideas into order? □ Yes □ No
   g. Did others have trouble understanding you?  □ Yes  □ No
   h. Did you have difficulty following the topic of conversation? □ Yes □ 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

Intake Screening & Eligibility Record
70. Did you participate in bilingual preschool classes?  
   - If yes, in which languages_______________________

71. Did you take English as a Second Language in preschool?  
   - 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?

_______________________________

PREVIOUS EDUCATION – ELEMENTARY SCHOOL

74. Did you attend elementary school?  
   - If yes, was it □ Public  or  □ Private

75. Did you participate in bilingual classes in elementary school?  
   - If yes, in which languages_______________________

76. Did you take English as a Second Language in elementary school?  
   - If yes, a. for how many years? _____ Years  
   - b. for how many periods per day? _____ Periods

77. Did you attend elementary school regularly?  
   - 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?  
   - If yes, was it □ Public  or  □ Private

81. Did you participate in bilingual classes in middle school?  
   - If yes, in which languages_______________________

82. Did you take English as a Second Language in middle school?  
   - If yes, a. for how many years? _____ Years  
   - b. for how many periods per day? _____ Periods
83. Did you attend middle school regularly?  
   - 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?  
   - If yes, was it  ☐ Public  or  ☐ Private

87. Did you participate in bilingual classes in high school?  
   - If yes, in which languages ________________________________

88. Did you take English as a Second Language in high school?  
   - If yes, a. for how many years?  ____ Years  
     b. for how many periods per day?  ____ Periods

89. Did you attend high school regularly?  
   - 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. 1st - 5th grades ________________________________  
   b. 6th - 8th grades ________________________________  
   c. 9th - 12th grades ________________________________

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

   ____ Understanding language  
   ____ Expressing yourself  
   ____ Learning new vocabulary  
   ____ Learning new ideas and concepts  
   ____ Remembering  
   ____ Reading words  
   ____ Comprehending reading  
   ____ Organizing writing  
   ____ Finding errors in work  
   ____ Learning math facts  
   ____ Math calculation  
   ____ 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? __________________________________________
FOR EXAMINER ONLY

Items 104 and 105 are applicable to ESL and non-native English-speaking students only.

104. As examiner, how would you rate the student's oral English comprehension?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Comprehends oral English; follows all directions in correct sequence and without assistance.</td>
</tr>
<tr>
<td>Highly Satisfactory</td>
<td>Comprehends oral English; minimum examiner assistance required in less than a quarter (25 or fewer items) of Intake Interview III responses.</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>Due to difficulties in oral English comprehension, requires examiner's assistance in the completion of a quarter to half (26 to 50 items) of Intake Interview III responses.</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>Requires examiner's assistance in the completion of half to three quarters (51 to 75 items) of Intake Interview III due to difficulties in translation from native language to English; directions need to be repeated and explained.</td>
</tr>
<tr>
<td>Poor</td>
<td>Unable to understand words or sentences; requires interpreter and/or examiner's assistance in the completion of three-quarters (76 or more items) of the Intake Interview.</td>
</tr>
</tbody>
</table>

105. How would you rate the student's oral English expression?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Speaks standard English fluently; answers questions and initiates own inquiries in conversation; uses simple and complex sentences with idiomatic expressions and no errors.</td>
</tr>
<tr>
<td>Highly satisfactory</td>
<td>Few occurrences of pronunciation errors; interview conducted entirely in English; student produces simple but correct sentences.</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>Pronunciation errors evident but do not impede communication; student's vocabulary is limited; grammar may be faulty.</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>Extensive pronunciation errors; speech difficult to understand; student uses foreign or dialect words or phrases; examiner needs to translate English words to student's native language.</td>
</tr>
<tr>
<td>Poor</td>
<td>Unable to speak English; requires an interpreter.</td>
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</tbody>
</table>