### Certification Summary

<table>
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<th>Component</th>
<th>Date Completed</th>
<th>Professional Certification Used</th>
<th>Criterion Met (Complete for each component evaluated)</th>
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<tr>
<td>1.0 Intake Screening</td>
<td></td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>2.0 Measured Achievement</td>
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<td>Yes</td>
<td>Yes</td>
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<td>3.0 Ability Level</td>
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<td>Yes</td>
<td>Yes</td>
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<td>4.0 Processing Deficit</td>
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<td>Yes</td>
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<tr>
<td>5.0 Aptitude-Achievement Discrepancy</td>
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<td>Yes</td>
<td>Yes</td>
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<tr>
<td>6.0 Eligibility Recommendation</td>
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<td>Not Applicable</td>
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1999
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 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>
<td>Alaskan Native</td>
<td>□</td>
</tr>
<tr>
<td>American Indian</td>
<td>□</td>
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<tr>
<td>Asian</td>
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<td>Chinese</td>
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<td>Vietnamese</td>
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<tr>
<td>Other Asian</td>
<td>□</td>
</tr>
<tr>
<td>Filipino</td>
<td>□</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>□</td>
</tr>
</tbody>
</table>

African-American □ non-Hispanic □

Hispanic

Central American □ Chicano □

Mexican □ Mexican-American □

South American □ Other Hispanic □

White non-Hispanic □ Other non-white □

Decline to state □ Unknown □

REFERRAL INFORMATION

2. Who referred you to our program? ____________________________

(Name) (Agency)

Intake Screening & Eligibility Record
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
     ______ Spelling
     ______ Math
     ______ Taking tests
     ______ Study skills
     ______ Reading rate

     ______ Comprehending concepts
     ______ Retaining information
     ______ Completing assignments on time
     ______ Organizing written work
     ______ Self-confidence in school
     ______ 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____________________________________________________________________________________________

________________________________________________________________________________________________________________

Intake Screening & Eligibility Record
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:____________________________________________
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 

Intake Screening & Eligibility Record
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?  
      b. Have you been treated as an outpatient?  
      c. Have you participated in mental health counseling?  

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?  
      b. Have you been treated as an outpatient?  
      c. Have you participated in counseling for substance abuse?  
      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):  

Intake Screening & Eligibility Record
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? __________

Intake Screening & Eligibility Record
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
<table>
<thead>
<tr>
<th>Class</th>
<th>Describe Difficulties</th>
<th>Study Time</th>
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<tbody>
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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.)

<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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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?  
   □ Yes  □ No  
   • If yes, in which languages______________________________

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?

_____________________________________________________

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. 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  _____ Remembering  _____ Finding errors in work
   _____ Expressing yourself  _____ Reading words  _____ Learning math facts
   _____ Learning new vocabulary  _____ Comprehending reading  _____ Math calculation
   _____ Learning new ideas and concepts  _____ Organizing writing  _____ 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
   _____ 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? ________________________________________