Amen Clinic Learning Disability Screening Questionnaire

Name:							
			the symptoms liste	ed below using	the following scale.	If possible, to give us the most	
					or parent) rate you a		
•	•	rson	•	1 /1	1 / 3		
	0	1	2	3	4	N/A	
ľ	Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/Not Known	
Other	Self						
Readin	າg						
	_	1. I am a poor re	ader				
		_ 2. I do not like re					
		3. I make mistakes when reading like skipping words or lines					
		4. I read the same line twice					
		5. I have problems remembering what I read even though I have read all the words					
		6. I reverse letters when I read (such as b/d, p/q)					
		7. I switch letters in words when reading (such as god and dog)					
		8. My eyes hurt or water when I read					
		9. Words tend to	blur when I read				
		10. Words tend t	o move around the	page when I re	ad		
		11. When reading	g I have difficulty	understanding t	he main idea or idea	ntifying important details.	
Writin	g						
7771011	-	12. I have "mess	y" handwriting				
		13. My work ten	ds to be messy				
		14. I prefer to pri	int rather than writi	ing in cursive			
		_ 15. My letters ru	n into each other or	r there is no spa	ace between words		
		16. I have trouble	e staying within lin	nes			
		17. I have proble	ms with grammar	or punctuation			
		18. I am a poor s	peller				
		19. I have trouble	e copying off the b	oard or from a	page in a book		
		20. I have trouble	e getting thoughts f	from my brain	to the paper		
		21. I can tell a st	ory but cannot writ	te it			
Body A	Awareı	ness/Spatial Relati	onships				
		22. I have trouble	e with knowing my	left from my 1	ight		
		23. I have trouble	e keeping things w	ithin columns o	or coloring within lin	nes	
		24. I tend to be c	lumsy, uncoordina	ted			
		25. I have difficu	alty with eye hand	coordination			
		26. I have difficu	alty with concepts s	such as up, dow	n, over or under		
		27. I tend to bum	p into things when	walking			
<u>Oral E</u>	<u>xpres</u> s	ive Language					
		0 0	alty expressing mys	self in words			
			e finding the right v		conversations		

	30. I have trouble talking around a subject or getting to the point in conversations
Receptive La	
	32. I tend to misunderstand people and give them wrong answers in conversation
	33. I have trouble understanding directions people tell me
	34. I have trouble telling the direction sound is coming from
	35. I have trouble filtering out background noises
<u>Math</u>	
	36. I am poor at basic math skills for my age (adding, subtracting, multiplying and dividing)
	37. I make "careless mistakes" in math
	38. I tend to switch numbers around
	39. I have difficulty with word problems
Sequencing	
	40. I have trouble getting everything in the right order when I speak
	41. I have trouble telling time
	42. I have trouble using the alphabet in order
	43. I have trouble saying the months of the year in order
Abstraction	
	44. I have trouble understanding jokes people tell me
	45. I tend to take things too literally
Organization	
	46. My notebook/paperwork is messy or disorganized
	47. My room is messy
	48. I tend to shove everything into my backpack, desk or closet
	49. I have multiple piles around my room
	50. I have trouble planning my time
	51. I am frequently late or in a hurry
	52. I often do not write down assignments or tasks and end up forgetting what to do.
Memory	
	53. I have trouble with my memory
	54. I remember things from long ago but not recent events
	55. It is hard for me to memorize things for school or work
	56. I know something one day but do not remember it to the next
	57. I forget what I am going to say right in the middle of saying it
	58. I have trouble following directions that have more than one or two steps
Social Skills	
	59. I have few or no friends
	60. I have trouble reading body language or facial expressions of others
	61. My feelings are often or easily hurt
	62. I tend to get into trouble with friends, teachers, parents or bosses
	63. I feel uncomfortable around people I do not know well
	64. I am teased by others

65	5. Friends do not call and ask me to do things with them
66	5. I do not get together with others outside of school or work
67	7. I am light sensitive. Bothered by glare, sunlight, headlights or streetlights
68	3. I become tired, experience headaches, mood changes, feel restless or an inability to stay focused with
	With bright or fluorescent lights
69	9. I have trouble reading words that are on white, glossy paper
70). When reading words or letters they shift, shake, blur, move, run together, disappear or become difficult too perceive.
71	1. I feel tense, tired, sleepy, or even get headaches with reading
72	2. I have problems judging distance and have difficulty with such things as escalators, stairs, ball sports, or
	driving
Sensory Integrat	ion Issues
73	3. I seem to be more sensitive to the environment that others
74	4. I am more sensitive to noise than others
75	5. I am particularly sensitive to touch or very sensitive to certain clothing or tags on the clothing
76	5. I have unusual sensitivity to certain smells
77	7. I have unusual sensitivity to light
78	3. I am sensitive to movement or craves spinning activities
79	9. I tend to be clumsy or accident prone