

# Step 1: Pre-Screening Tool

Name: \_\_\_\_\_

Date: \_\_\_\_\_

First Language: \_\_\_\_\_

Other Languages: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Assessor/Agency: \_\_\_\_\_

Leave blank when working through the Pre-Screen. Fill in if continuing with the entire assessment tool for your records (if needed).

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Income Source:    OW            ODSP            EI            WSIB  
Working    Other: \_\_\_\_\_

Long Term Goals:  
(employment, education, personal)

Short Term Goals:

Please put a ✓ beside all "yes" answers.

**1. Factors that would suggest that the learner does not have learning challenges:**

In general...

When you were young (grades 1-6)...

Did you enjoy school? \_\_\_\_\_

Do you feel that you did well in school? \_\_\_\_\_

Were you able to learn new material easily? \_\_\_\_\_

Did you feel comfortable learning new skills? \_\_\_\_\_

Do you like to read (magazines, newspapers, novels, etc.)? \_\_\_\_\_

Do you like to write (notes, letters, poems, etc.)? \_\_\_\_\_

Do you like doing math (budgeting, shopping, measuring, etc.)? \_\_\_\_\_

If you feel that you did not do well in school or have difficulties in reading, writing, or math...

Did you miss a lot of school? (moved frequently, were ill, etc.) \_\_\_\_\_

If yes, do you believe that the lack of schooling is the reason for your difficulties? \_\_\_\_\_

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If the learner answered "yes" to several of these questions (4+), it is likely that the learner does not have learning challenges. However, it is recommended that you continue with the screen for more information.

**2. Factors that may need to be examined before the assessment is completed (complete this entire section, even if an action needs to be taken in one area).**

Do you have a history of vision problems? \_\_\_\_\_

If yes, do you wear corrective lenses? \_\_\_\_\_

If no, does your vision affect you when you are learning? \_\_\_\_\_

If vision problems affect learning, the learner may need to look into corrective lenses before continuing. **Action Needed:**    Y    N

Do you have a history of hearing problems? \_\_\_\_\_  
 If yes, do you wear a hearing aid? \_\_\_\_\_  
 If no, does your hearing affect you when you are learning? \_\_\_\_\_

If hearing problems affect learning, the learner may need to look into corrective or assistive devices before continuing.	<b>Action Needed:</b>	<b>Y</b>	<b>N</b>
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Do you have other serious health problems? (e.g., diabetes) \_\_\_\_\_  
 If yes, does it affect you when you are learning? \_\_\_\_\_

If health issues affect learning, the learner may need to look into solutions before continuing.	<b>Action Needed:</b>	<b>Y</b>	<b>N</b>
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Are you on any medications that would affect your learning? \_\_\_\_\_

If medication affects learning, the learner may need to look into solutions before continuing.	<b>Action Needed:</b>	<b>Y</b>	<b>N</b>
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Have you ever had drug and/or alcohol problems? \_\_\_\_\_  
 If yes, does it affect you when you are learning? \_\_\_\_\_

If drug and/or alcohol problems affect learning, the learner may need to look into treatment before continuing.	<b>Action Needed:</b>	<b>Y</b>	<b>N</b>
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Do you suffer from anxiety or depression? \_\_\_\_\_  
 If yes, does it affect you when you are learning? \_\_\_\_\_

If anxiety or depression affects learning, the learner may need to look into treatment before continuing.	<b>Action Needed:</b>	<b>Y</b>	<b>N</b>
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Do you have a high level of stress in your life right now? \_\_\_\_\_  
 (Think of your most happy experiences as a 0 and think of your most stressful experiences as a 10 - a high level of stress would be 8-10.)

If yes, does it affect you when you are learning? \_\_\_\_\_

If stress affects learning, the learner may need to look into treatment or solutions before continuing.	<b>Action Needed:</b>	<b>Y</b>	<b>N</b>
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Have you ever been diagnosed with a disability (physical/psychological?) \_\_\_\_\_  
 If yes, do you use any disability services (e.g., rehabilitation,  
 Association for Community Living, etc.)? \_\_\_\_\_

If you suspect or know that the learner has a developmental disability, this assessment is likely **not appropriate** for this learner (it is possible to have a developmental disability as well as specific learning challenges, but this assessment is likely not the appropriate tool to discern those issues).  
**Discontinue?            Y        N**

**Actions to be Taken?        Y        N**

If no, continue with pre-screen.

If yes, actions to be taken:

**If yes, continue completing the Pre-Screen. However, if the Pre-Screen suggests that the entire assessment should be completed, the actions should be taken before completing the activities and the action plan if possible or notes should be made on the training plan.**

**3. Factors that would suggest the learner has learning challenges:**

Specific - Do you have difficulty:

- \_\_\_ Shopping (estimating cost, counting change, etc.)?
- \_\_\_ Handling money and/or banking?
- \_\_\_ Using public transportation?
- \_\_\_ Keeping track of time?
- \_\_\_ Housekeeping?
- \_\_\_ Using the telephone?
- \_\_\_ Cooking?
- \_\_\_ Remembering things?
- \_\_\_ Reading and writing for pleasure or social purposes?
- \_\_\_ Making or keeping friends?

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General - Include any additional comments in the space provided.

\_\_\_ Do you have great difficulties learning new skills in specific areas (e.g., with your reading and writing)?

\_\_\_ If yes, have you always had these difficulties?

\_\_\_ Do you feel that you have great strengths or talents in some areas and a great amount of difficulty in others (for example, a great strength in woodworking, but a great difficulty in writing and spelling)?

\_\_\_ Did you ever repeat or skip a grade?

\_\_\_ Did you ever receive extra help in school (e.g., resource class or a resource teacher)? Explain.

\_\_\_ Did you work hard in school but still found you had difficulties understanding the material or doing well?

\_\_\_ Do other members in your family have difficulties with reading, writing, or math or have been diagnosed with a learning disability?

\_\_\_ Have you ever been formally assessed for a learning disability? Explain.

\_\_\_ If English is not your first language, did you have difficulty learning to read and write in your native language?

\_\_\_ Have you had many jobs for short periods of time?

\_\_\_ Did you leave any jobs due to your learning difficulties in reading, writing, and/or math?

\_\_\_ Have you ever avoided a job because of the literacy requirements?

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If the learner answered 'yes' to more than 3-4 in the specific list and more than 5-6 in the general list of the above, you should continue with the assessment.

<p><b>Summary:</b></p> <p>___ <b>Discontinue Assessment</b></p> <p>___ <b>Continue Assessment After Other Actions Taken</b></p> <p>___ <b>Continue Assessment</b></p>
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