Information Form
Adult Client Questionnaire

Test Date: __________________________ Time: ______

Referral by: __________________________

Date: ________________________________

Client’s Name: ________________________

Birth Date: __________________________

Ethnic Origin: ________________________

Name of School Attended: ______________ High Level of Education: ______________

Have you ever been held back a grade? Yes ________ No ________

Have you ever skipped a grade? Yes ________ No ________

Please explain:
_________________________________________________________________________________________________________
.................................................................................................................................................................................
.................................................................................................................................................................................
Please explain reason for referral. Describe in your own words your difficulty, as you understand it. Please include difficulties reported by others and your own observations:
_________________________________________________________________________________________________________
.................................................................................................................................................................................
.................................................................................................................................................................................

What are your expectations in regard to this evaluation?
_________________________________________________________________________________________________________
.................................................................................................................................................................................
.................................................................................................................................................................................
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If you have had other testing and/or tutoring, please describe:
_________________________________________________________________________________________________________
.................................................................................................................................................................................
If you have had concerns about your school achievement, please describe them:

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

What do you consider to be your strengths? Weaknesses?

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

Describe your study habits, if applicable, average time spent on homework, and study environment (quiet, loud, in bedroom, in family room):

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________
It is generally accepted that learning difficulties run in families. Do you know of other relatives in the immediate or extended family who struggled in school or had a diagnosis such as LD or ADHD?

No ________  Yes _________ (Explain below)  Adopted ______

Date of last vision check with an eye doctor? ___________________________
Results: ____________________________________________________________

Date of last hearing check? ___________________________
Ear infections? _____yes _____no
Results: ________________________________
If yes, please describe: __________________

Developmental/Medical History (please check all that apply)

- Complicated Pregnancy
- Illness at Birth
- Serious Accident
- Serious Illness
- Vision Impairment
- Allergies
- Received Speech Therapy
- Physical Disability
- Continuing Health Problems
- Developmental Delays
- Motor Delays
- Diagnosed EBD
- Diagnosed ADHD
- Diagnosed Asperger’s
- Diagnosed Autism
- Diagnosed Anxiety
- Diagnosed ODD
- Diagnosed OCD
- Diagnosed Depression
- Additional Medical History
- Procedures with General Anesthetic

Years of Age

- 0-1 _________
- 1-2 _________
- 2-3 _________
- 3-5 _________
- 5-10 _________
- 10+ _________

List of Medications____________________________________________________

Additional Comments:
_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

Adult Questionnaire Revised 2/2020
Please respond to the items below. Please feel free to include additional comments.

### Early Childhood Development:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>speech hard to understand</td>
<td></td>
<td></td>
<td>enjoyed looking at books</td>
<td></td>
<td></td>
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<tr>
<td>delayed speech</td>
<td></td>
<td></td>
<td>had difficulty following one- or two-step directions</td>
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<td></td>
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<tr>
<td>enjoyed being read to</td>
<td></td>
<td></td>
<td>stuttered/continues to stutter</td>
<td></td>
<td></td>
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<tr>
<td>played rhyming games</td>
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</tbody>
</table>

### Preschool and Kindergarten:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>did your attitude change when you entered school</td>
<td></td>
<td></td>
<td>“pretended” to read before learning to read</td>
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</tr>
<tr>
<td>was easily frustrated or discouraged while doing paper and pencil activities</td>
<td></td>
<td></td>
<td>has trouble remembering a list/directions</td>
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<tr>
<td>had a short attention span</td>
<td></td>
<td></td>
<td>had confusion about handedness</td>
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<tr>
<td>mispronounced words</td>
<td></td>
<td></td>
<td>had professional speech therapy</td>
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<td></td>
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</tbody>
</table>

### Elementary Grades:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>speaking in incomplete sentences at the start of first grade</td>
<td></td>
<td></td>
<td>has/had an awkward pencil grip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>had trouble pronouncing correct sounds of letters</td>
<td></td>
<td></td>
<td>held pencil in different hand from one you ate with</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mispronounced words</td>
<td></td>
<td></td>
<td>had trouble writing on the line</td>
<td></td>
<td></td>
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<tr>
<td>hated to read</td>
<td></td>
<td></td>
<td>had poor handwriting</td>
<td></td>
<td></td>
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<tr>
<td>read but did not comprehend</td>
<td></td>
<td></td>
<td>wrote awkwardly</td>
<td></td>
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<tr>
<td>omitted words when reading or writing</td>
<td></td>
<td></td>
<td>had difficulty copying accurately from book or board to paper</td>
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<tr>
<td>continued to experience reversals</td>
<td></td>
<td></td>
<td>poor speller</td>
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<tr>
<td>teacher thought you were not trying</td>
<td></td>
<td></td>
<td>blinked, rubbed, or covered eyes frequently</td>
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<tr>
<td>teacher thought you did not pay attention</td>
<td></td>
<td></td>
<td>had difficulty rhyming words</td>
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</tbody>
</table>

### Middle School and High School:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>has difficulty telling time with an analog clock</td>
<td></td>
<td></td>
<td>has difficulty telling time with an analog clock</td>
<td></td>
<td></td>
</tr>
<tr>
<td>liked to work with your hands</td>
<td></td>
<td></td>
<td>underlined from right to left</td>
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</tr>
<tr>
<td>had headaches or nausea after reading</td>
<td></td>
<td></td>
<td>had difficulty finding the “right” word when speaking</td>
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</tr>
<tr>
<td>highly verbal; have an excellent verbal vocabulary</td>
<td></td>
<td></td>
<td>written vocabulary was simpler than speaking vocabulary</td>
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<td></td>
</tr>
</tbody>
</table>

adapted (2006) from the work of Phyllis C. Hutson, Language Skills Academy, Richmond, IN 12/4/18 revised