State of Illinois
Department of Human Services

6(Permanent)

LEARNING NEEDS SCREENING

Client Name: _____   Date of Birth: _____

Case I.D.: _____   ☐ Male   ☐ Female

Before proceeding to the questions, read the following paragraph to the client:

The following questions are about your school and life experiences. We're trying to find out about your experiences when you were in school and if they might affect your life now. Your answers will help identify resources and services that might help you get or keep a job.

Section A

Did you have any problems learning when you were in the 6th through 8th grades?	☐ Yes	☐ No
Does any family member have a learning problem?	☐ Yes	☐ No
Do you have difficulty working with numbers in columns?	☐ Yes	☐ No
Do you have trouble judging distance?	☐ Yes	☐ No
Do you have problems working from a test booklet to an answer sheet?	☐ Yes	☐ No
Count the number of "Yes" answers for Section A	x 1 =	

Section B

Do you mix up math signs, like add (+) or multiply (x)?	☐ Yes	☐ No
Did you have any problems learning in grade school?	☐ Yes	☐ No
Count the number of "Yes" answers for Section B	x 2 =	

Section C

Do you have trouble remembering how to spell simple words?	☐ Yes	☐ No
Do you have trouble filling out forms?	☐ Yes	☐ No
Do you have trouble memorizing numbers?	☐ Yes	☐ No
Count the number of "Yes" answers for Section C	x 3 =	

LEARNING NEEDS SCREENING

Section D				
Do you have trouble adding and subtracting small numbers in your head?	☐ Yes		☐ No	
Do you have trouble taking notes?	☐ Yes		☐ No	
Were you ever in a special program or given extra help at school?	☐ Yes		☐ No	
Count the number of "Yes" answers for Section D	x 4 =			
Total of sections A + B + C + D =				

FOLLOW-UP

Referrals needed/made:

Interviewer name: _____   Interview date: _____

NOTES

DIRECTIONS

1. Ask the client each question in each section (A, B, C, D).

2. Record the client's responses, checking "Yes" or "No".

3. Count the number of "Yes" answers in each section.

4. Multiply the number of "Yes" answers in each section by the number shown in the section subtotal. For example, in Section C multiply the number of "Yes" answers by 3.

5. Record the number obtained for each section after the = sign in the section subtotal.

6. To obtain a total, add the subtotals from Sections A, B, C, and D.

7. If the total from sections A, B, C, and D is 12 or more, refer to DRS for further assessment. Attach a copy of this screening, the client's RSP, and any medical exams.

8. If the total from sections A, B, C and D is 11 or less, refer for appropriate services or activities.

This screening is not a diagnostic tool and should not be used to determine the existence of a disability.