



700 Frederick St. #204 Santa Cruz, Ca 95062
Phone (831) 429-5987 Fax (831) 429-5993
Website: dls-learning.com

Adult Questionnaire

Name: _____ Date: _____
Date of Birth: _____ Age: _____ Sex: F M
Home Address: _____
Home Phone: _____ Work Phone: _____ Cell/Pager: _____
Email: _____
Marital Status: Married Single
Spouse's Name: _____ Spouse's Work Phone: _____
Do you have any children? Yes No How Many? _____ Age(s)? _____
Who recommended you to Developmental Learning Solutions? _____
Is English your first language? If not, please state what is. _____
What is your purpose in coming to DLS? _____

Have you ever been tested for learning disabilities? _____

Did you ever receive any remedial or special education services? Describe. _____

Were you ever in a program for gifted students? Describe. _____

Have you ever been tested for ADD or ADHD? _____

Are you in college now, or applying to college at this time? _____

Are you considering applying for college at any time in the near future? _____

Educational Background

High School: _____

Location: _____

Dates Attended: _____

Degree (graduate, GED, grade completed): _____

How would you describe your high school experience? _____

College: _____

Location: _____

Dates Attended: _____
Area of Study: _____
Degree: _____

Other College: _____
Location: _____
Dates Attended: _____
Area of Study: _____
Degree: _____

If you transferred from one college to another, please write the reason for transfer: _____

Vocational School: _____
Location: _____
Dates Attended: _____
Area of Study: _____
Degree: _____

What are your career goals? _____
What jobs have you held? _____

Health Information

Is there anything unusual about your birth history? _____
Do any members of your family-of-origin have learning problems? If yes, describe. _____

Date of most recent physical examination: _____
Have you ever had a problem with alcohol or drugs? _____
List any serious illnesses or major surgeries: _____

Are there any present medical problems? _____
Type of problem: _____
Current treatments or medications: _____

Do you wear glasses? _____ Contact Lenses? _____
Date of most recent eye exam: _____ By whom? _____
Date of most recent hearing exam: _____ By whom? _____
Have you ever been referred to any type of specialist? _____
If so, who? _____
Have you ever received any mental health, physical evaluation, or vocational counseling? Y N

Job Information

Occupation: _____

Employer: _____

Address: _____

Amount of reading required for your job: _____

Type of reading: Technical _____ Research _____ Other _____

Amount of writing (composing) required for your job: _____

Amount of computation required for your job: _____

While on the job have you had any difficulties that are related to school learning problems (i.e. difficulty learning new routines or interpreting the written instructions of a supervisor)? _____

Skill History

Method used in instructing you how to read (Phonics/Sight): _____

Describe any learning problems you had in elementary school: _____

When was a reading difficulty first noticed: _____

Have you ever been retained? _____ What grade? _____

Have you ever been tutored? _____ What subjects? _____

Have you ever received extended time to complete work (essays/exams)? _____

Have you ever had any difficulty with memory? _____

Have you ever had any difficulty with coordination? _____

Attitude Toward:

	Negative				Positive
Reading	1	2	3	4	5
Writing	1	2	3	4	5
Math	1	2	3	4	5

How often do you:

	Negative				Positive
Read	1	2	3	4	5
Write	1	2	3	4	5
Use Math	1	2	3	4	5

Type of reading done in the last month? _____

Type of writing done in the last month? _____

Type of math done in the last month? _____

Type of reading materials you find difficult to read? _____

What type of math and writing do you find difficult? _____

Are you able to follow directions? _____

Miscellaneous Information

Do you participate in any sports? _____

How much time do you spend watching TV? _____

Describe any difficulties in your work relationships: _____

Describe any difficulties in your social relationships: _____

Describe any other pertinent information that should be included: _____
