

Santa Monica College

Disabled Student Programs and Services – Learning Disabilities Program Application and Intake Screening Form

Name _____

SMC Student ID # _____

Address _____

Phone # _____

Email _____

Gender _____

Birth date _____

Ethnicity _____

Veteran? Yes No

Major: _____

Who referred you to our program? _____

Reason for referral:

Academic goals:

Last semester's classes:

List your last semester's classes and grades received below

Current classes:

List your current classes and instructors below

Describe any difficulties you are having in your classes:

In what classes have you done well?

Have you ever been tested for Special Education? Yes No

What grade? _____

Placement (indicate grade level):

Resource _____

Special Day Class _____

Remedial _____

In elementary school, do you remember having trouble with (please explain if possible):
Learning to read?

Spelling?

Math?

Do you have any physical disability that impacts academic performance? Please explain below.

Is there a history of learning disabilities in your family?

Have you ever been treated for psychological or emotional problems?

Is English your 1st language? Yes No

If not, what is? _____

When did you first learn to speak English? _____

How would you rate your English skills at this time? _____

Did you have learning difficulties in your native language? If yes, explain:

Are you a High School Graduate? Yes No

High School _____

Year Graduated _____

Rate the level of difficulty for each of the following subjects where a rating of 5 is very difficult, 4 is difficult, 3 is moderate, 2 is easy, 1 is very easy:

English _____

Math _____

Foreign Language _____

Sciences _____

Using the same rating scale as above, how would you rate your level of difficulty in the following study skills?

Textbook reading _____

Note-taking _____

Memory _____

Organization _____

Essay writing _____

Spelling _____

Math _____

Test-taking _____

Please explain any rating of 4 or 5 from the previous question:

What strategies do you use when faced with difficulties in your classes?

Have you repeated any classes? Which ones?

I agree that if necessary for medical or educational purposes, or if necessary for the safety of myself, or others, information about me may be released to, or obtained from an instructor, relevant agency, or family member. I understand that information contained in my file will be available to the California Community College Chancellor's Office if they request it for an audit, a program evaluation, or educational research.

Signature: _____ Date: _____

For us to better understand you, please describe the problems you have been having at Santa Monica College (SMC) and in your past learning. Please use this opportunity to tell us anything we should know about you in order to make recommendations. Write at least 3 paragraphs below.

FOR OFFICE USE ONLY:
RECOMMENDATIONS:

LEARNING DISABILITIES ASSESSMENT:

COURSEWORK:

STUDY STRATEGIES:

TUTORIAL:

COMMENTS:

LD Specialist _____