Student Disability Services
Division of Student Affairs
San Diego State University
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SAN DIEGO STATE UNIVERSITY

PLEASE READ THIS BEFORE COMPLETING A QUESTIONNAIRE

Policy on Assessment for Possible Disability

Undergraduate students who are not currently receiving services from Student Disability Services may be eligible to be assessed for a possible disability. Students must also have at least **one** of the following concerns to be eligible for assessment:

- a history of school problems;
- a GPA of 2.5 or lower;
- a low GPA in a specific subject that is impacting academic progress;
- inability to meet graduation requirements (such as WPA, Foreign Language etc); and/or
- on academic probation with the potential for academic disqualification.

Our purpose for assessment is to determine whether or not a potential disability is severe enough to qualify students to receive legal accommodations while enrolled at San Diego State University. We will not assess in order to qualify individuals for accommodation at other institutions, for accommodation at places of employment, or for accommodation for national standardized tests. Diagnoses made and accommodations authorized by Student Disability Services may not meet eligibility criteria at other institutions.

Graduate students and undergraduates who do not meet the criteria for assessment by the university may seek assessment from appropriate professionals in the community and supply documentation to Student Disability Services for determination of eligibility for services.

A student with an existing cognitive or psychological disability that can be documented should submit the documentation along with the disability questionnaire. Disability verification forms and the Disability Questionnaire can be downloaded from the Student Disability Services web site at www.sa.sdsu.edu/dss.

If you have any questions about our assessment policy, please contact us at 619-594-6473.

DISABILITY QUESTIONNAIRE

This questionnaire **MUST** be completed by the **STUDENT**.)

Name: _____ Date: _____

Phone: _____ Red ID #: _____

Date of Birth: _____ Place of Birth: _____

Class Level: _____ Major: _____

____Undergraduate ____Transfer ____Graduate ____*Non Degree

*enrichment, career advancement, personal interest

Have you previously been tested or diagnosed with a disability?

____ No

____ Yes, date(s) of diagnosis/testing _____

____ Diagnosis/testing is enclosed.

____ I will have the diagnosis/testing forwarded to you.

____ This information is no longer available.

What are the reasons for your referral to SDS? Please state the problems you experience in your own words. _____

_____

_____

List academic areas which are of greatest concern to you: _____

_____

1. If you are enrolled at SDSU, list your current classes. Describe any difficulties you are experiencing.

Class	Difficulties
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. What is your current Grade Point Average (GPA)?_____

3. Are you currently on academic probation? ____Yes ____No

4. Have you been disqualified from SDSU? ____Yes ____No

5. Check any of the following tests (competency requirements) that you are having difficulty passing:
   ____ ELM ____ Math Placement/TMA ____ GSP
   ____ EPT ____ WPA (writing proficiency assessment)

6. Have you attempted coursework to fulfill the competency requirements?
   ____Yes ____No
   If yes, how many times: General Math Studies (90, 91, 99) _____
   Rhetoric and Writing Studies (92) _____
   Other: _____ _____

7. Check any of the following campus resources you have used:
   ____ Psychological Services
   ____ Math Center
   ____ General Math Studies (90, 91, 99) -- How many times? _____
   ____ Rhetoric and Writing Studies (92) -- How many times? _____
   ____ Career Services
   ____ Student Disability Services
   ____ Speech and Hearing Clinic
   ____ Educational Opportunity Program (EOP)
   ____ HCOP

8. Check any of the following additional resources you have used:
   ____ Alcohol/Drug Rehabilitation
   ____ In-patient/Out-patient Psychiatric Care
   ____ Private Counseling/Psychological Services
   ____ Optometric/Ophthalmological Treatments
   ____ Relaxation/Meditation/Biofeedback Training
   ____ Other (specify): _____
   Of those checked, please describe further: _____
   _____
   _____

<u>Family History</u>:

1. Does anyone in your family have a Learning Disability or any other disability (i.e., physical, emotional, vision or hearing impairment)?
   Father ____Yes ____No ____Don't know
   Mother ____Yes ____No ____Don't know
   Sibling ____Yes ____No ____Don't know
   Children ____Yes ____No ____Don't know
   If yes, describe: _____

2. Were you adopted? ____Yes ____No

3. Describe any family issues which you feel have affected your learning.

_____

_____

Language History

1. What language(s) is/are spoken in your home? _____
2. What language(s) were you first exposed to? _____
3. Describe any problems you had in learning your first language. _____

_____

4. What language(s) did your parents/relatives speak to you prior to entering school?
   Father _____
   Mother _____
   Other relatives _____
5. If English was not your first language, at what age did you begin to learn English? ____
6. Are your parents:
   ___ more fluent in English
   ___ more fluent in a language other than English
   ___ about the same in both

Health History:

1. Were there any medical complications before, during, or after your birth?
   ____Yes ____No
2. Please check any conditions which apply to you now or in the past:

____ Head injury	___ Ear infections	____ Asthma
____ Diabetes	___ Vision problems	____ Allergies
____ Seizures/Epilepsy	___ Hearing Loss	____ High fevers
____ Encephalitis	___ Concussion	____ Stroke
____ Meningitis	___ Near drowning	____ Unconscious

   ____ Other (specify): _____
3. Have you ever been hospitalized? ____Yes ____No
   If yes, when, why and for how long? _____

   _____
4. Has illness or injury ever interrupted your attendance in school?
   ____Yes ____No If yes, how long and what grade? _____

5. Have you been on any medication in the past? ____Yes ____No
   If yes, name of the medication(s): _____
   _____

6. Are you now on any medication? ____Yes ____No
   If yes, name of the medication(s): _____
   _____

7. Do you use alcohol? ____Yes ____No
   If yes, describe how much, and how frequently: _____
   _____

8. Have you ever used any other substances? ____Yes ____No

9. Are you currently using any other substances? ____Yes ____No

10. Have you had an eye exam in the last two years? ____Yes ____No
    Check all that apply:
    ____Glasses or contacts ____Eye surgery
    ____Near sighted ____Vision problems worsened
    ____Astigmatism ____Other

11. Have you had a hearing exam in the last two years? ____Yes ____No
    ____Do you have a history of ear infections?
    ____Is it harder to hear people when they turn their back to you?
    ____Does listening take energy and effort?
    ____Is it harder to hear with background noise present?

12. Have you ever had a neurological exam? ____Yes ____No

13. Have you ever had difficulties with attention, concentration, or hyperactivity?
    ____Yes ____ No
    If yes, please describe: _____
    _____

14. Have you ever had emotional problems (e.g. anxiety, depression, etc.)?
    ____ Yes ____ No

15. Have you ever been hospitalized for emotional problems? ____Yes ____No

16. Have you ever participated in individual or group counseling? ____Yes ____No
    If yes, please indicate what type of counseling: _____
    _____
    _____

Education History:

1. How many schools did you attend from kindergarten through 12th grade? _____

2. As far as you can recall, in what grade did you first start having problems in school and what problems were there? _____
   _____

3. Were you ever tested for eligibility for special education and/or services for the disabled prior to enrollment at SDSU? ____Yes ____No
   If yes, when were you tested, by whom and what services were used? _____
   _____
   _____
   Can you provide documentation or assessment results? ____ Yes ____ No

4. Have you ever been placed in a special education or remedial class?
   ____Yes ____No
   If yes, what type of class were you in (describe)? _____

5. Do you read or write another language?: ____ Yes ____ No
   If yes, what language(s)?: _____

6. Which courses were the most difficult for you in high school: _____
   _____

7. Check any of the following areas that give or have given you trouble:
   ____ Following oral directions
   ____ Following written directions
   ____ Organizing ideas and information
   ____ Drawing conclusions, making inferences
   ____ Understanding abstract concepts
   ____ Finding the "right word" to describe something orally
   ____ Expressing ideas precisely in writing
   ____ Writing legibly
   ____ Reading comprehension
   ____ Reading rate
   ____ Sounding out unfamiliar words
   ____ Mathematical reasoning and word problems
   ____ Mathematical computation
   ____ Remembering specific course vocabulary

8. Why do you think you have had problems in school? (check all that apply)
   ____Specific learning disability
   ____Physical handicap
   ____Limited ability
   ____Emotional problems
   ____Economic disadvantage
   ____Tasks too difficult
   ____Home environment
   ____Lack of school interest
   ____Bad luck
   ____Poor attendance

9. What were your highest SAT scores? _____Verbal _____Math

General Information:

1. Are you right handed? ____ left handed? ____

2. Are you employed? ____Yes ____No
   If yes, where? _____
   How many hours per week? _____ What is your position? _____
   _____

3. Describe your current social relationships: _____
   _____
   _____

4. Check all areas that give you trouble:
   ____ Going to class on time
   ____ Going to class prepared (e.g., taking pens, paper, etc.)
   ____ Becoming motivated to start work
   ____ Budgeting time
   ____ Sticking with an assignment until completion
   ____ Test-taking anxiety
   ____ Lack of self-confidence
   ____ Making new friends
   ____ Understanding humor and sarcasm
   ____ Find yourself fidgeting or feeling restless
   ____ Have difficulty awaiting your turn
   ____ Blurt out answers to questions before they are completed
   ____ Following through on instructions from others
   ____ Have difficulty sustaining attention in tasks
   ____ Excessively shift from one activity to another
   ____ Talk excessively
   ____ Have difficulty being quiet or relaxed
   ____ Interrupt or intrude on others
   ____ Have difficulty listening to others
   ____ Often lose or misplace things
   ____ Often act without considering the consequences

Work and Study Habits:

1. Check any areas in which you have problems:
   ____ Notetaking
   ____ Highlighting
   ____ Essay tests
   ____ Other: _____
   ____ Outlining
   ____ Library resources
   ____ Multiple choice tests

2. Do you have problems following multiple directions given in class?
   ____Yes ____No

3. Where do you usually study? _____

4. Do you have trouble recalling facts and details? ____Yes ____No

5. Are you easily distracted by:
   ____ Noise ____ Music ____ Television
   ____ Colors ____ Visuals ____ Clutter
   ____ Movement ____ Many people talking

6. Are you easily frustrated when:
   ____ Learning new tasks ____ Studying
   ____ Taking tests ____ Meeting new people

7. Do you often respond without thinking? ____Yes ____No
   If yes, give an example: _____
   _____

Reading:

1. Do you experience frustration when reading? ____Yes ____No
   If yes, explain: _____
   _____

2. Do you like to read? ____Yes ____No

3. Are you a slow reader? ____Yes ____No

4. Are you comfortable reading aloud? ____Yes ____No

5. Do your eyes tire easily when reading? ____Yes ____No

6. Do you have problems with:
   ____ Understanding what you read ____ Locating the main idea
   ____ Integrating information ____ Reading/using maps

7. Do you have difficulty understanding the meaning of new words from the context?
   ____Yes ____No

8. When reading, do you often:
   ____ Reverse letters/numbers ____ Add letters
   ____ Confuse similar words ____ Skip lines
   ____ See letters/numbers out of order ____ Omit letters
   ____ Have difficulty focusing on the page
   ____ Reverse words or phrases

Math:

1. Do/did you have problems with basic math skills, such as:
   ____ Addition ____ Subtraction
   ____ Multiplication ____ Division
   ____ Time ____ Money
   ____ Managing personal accounts ____ Measurement

2. Do you have difficulty sequencing steps of a task in math?
   ____Yes ____No

3. Do you have difficulty with mathematical concepts? ____ Yes ____ No

Expressive Language:

1. Do you have difficulty organizing and expressing:
   Your thoughts and ideas? ____Yes ____No
   Your emotions? ____Yes ____No

2. Do you have difficulty retelling information you've read, seen or heard?
   ____Yes ____No
   If yes, explain: _____
   _____

3. Do you use a limited vocabulary when writing? ____Yes ____No

4. Do you mispronounce words? ____Yes ____No

5. Do you use words inappropriately? ____Yes ____No

6. Do you express yourself more effectively when: ____Writing ____Speaking

7. Do you experience problems retrieving words? ____Yes ____No

Learning Style:

1. Do you have problems understanding verbal information, such as:
   ____ Following verbal directions
   ____ Following a lecture
   ____ Misinterpreting what people are saying

2. Do you experience difficulty memorizing material (numbers, dates, names, factual information)? ____Yes ____No

3. Do you have problems retrieving information? ____Yes ____No

4. Do you have problems with directions, such as:
   ____ Left and right ____ North, south, east, west
   ____ Verbal instructions

5. Check any of the following which present difficulties in your *test taking experience*:
   ____ anxiety ____ insufficient time ____ multiple choice
   ____ true/false ____ matching ____ fill-in
   ____ short essay ____ long essay ____ calculations
   ____ spelling ____ grammar ____ organizing
   ____ memory ____ background noises ____ distraction
   ____ filling out scantron (bubbling)

In order to learn more about you, please describe as completely as possible the learning difficulties that you have experienced throughout your lifetime (three to four paragraphs in your own words and handwriting).

YOU MAY CONTINUE ON THE BACK