

UCLA LEARNING DISABILITIES PROGRAM
Intake Interview Psychological Disability
(PLEASE FILL OUT THIS FORM WITH AN INK PEN)

Name _____ Date: _____ Year UCLA ___ GPA _____

Local Address _____ Tel _____ DOB _____ Major _____

Stud. # _____ HS _____ GPA _____ SAT:V _____ M _____ College(Prior) _____ GPA _____

1. When were you first diagnosed with your psychological disability?
2. What is the nature of your disability and what are your symptoms?
3. Who suggested that you come to OSD? _____
What were the reasons?
4. What medications are you currently taking? _____
5. What are the side effects (if any) of your medication(s)?
6. Have you ever been hospitalized? If so, for what reason and when?
7. Have you ever had thoughts of suicide? Yes _____ No _____
8. Have you ever attempted suicide? Yes _____ No _____
9. Describe the learning difficulties that you are presently experiencing as a result of your disability, and their impact on your academic performance.
10. How have you managed to get around these problems up until now?

11. What assistance for your problems have you received in the past?
(Please include any accommodations from your high school and/or previous college)

12. What are your personal strengths that have helped you to be successful?

13. What kind of support system do you have?

14. The next group of questions deal with your developmental history.

- a. To your knowledge, were there any complications during or prior to birth?
- b. To your knowledge, did you learn to walk and talk within the normal time period?
- c. Describe any serious illness or accidents that you may have had during your lifetime.

15. What is your primary language? _____ What other languages do you speak? _____
(If English is not your first language, please answer items a through e)

- a. Describe any difficulties you had in your first language:
- b. Which languages do you speak at home? _____
- c. At what age did you begin to speak English? _____
- d. At what grade did you first enter the U.S. school system? _____
- e. Please compare your progress in school to your peer group of individuals with similar levels of English acquisition. *Check one* (Poorer than my peers _____, the same as my peers _____, better than my peers _____).

16. Do you wear glasses/contacts? _____
When did you last have a vision exam?

17. Have you ever been treated for, or have difficulties with:

Hearing difficulties? _____
Substance abuse? _____
Head injuries? _____
Frequent headaches? _____
Allergies? _____
Difficulty with sleeping? _____

18. What are your sleeping habits (e.g. When do you go to sleep/wake up, and do you sleep through the night?).

19. Are you: right handed ____ left handed ____ mixed handed ____

20. Do you have brothers/sisters? What is your place in the family order?

21. What educational level was achieved by your: Parents _____ siblings _____

22. Does anyone else in your family have psychological or learning problems?

Yes ____ No ____ Explain:

23. With regard to your early schooling,

a. Did you have any academic difficulties? Yes ____ No ____ Explain:

b. Did you get along with your peers? Yes ____ No ____ Explain:

c. Did you attend more than 3 elementary (k-6) schools? Yes ____ No ____ Explain:

24. Try to think back to your high school years. I will ask you to think about which subjects were easy and which courses were difficult for you.

Please rate the level of difficulty for each of these subjects:

5	4	3	2	1
Very Difficult	Difficult	Moderate	Easy	Very Easy

English: _____

Math: _____

Foreign Language: _____

Sciences: _____

History: _____

How did you deal with the problems you had in _____ (Subject)?

31. In which college classes have you been most successful?

What were the reasons that you did well?

32. What is your major?:

What are your interests and hobbies?:

What are your career goals?

33. Did you ever drop or withdraw from a course? Yes _____ No _____

Explain the reason for your withdrawal:

34. Have you ever received an incomplete in a course? Yes _____ No _____ which courses?

Explain the reason for the incompletes.

Have the incomplete grades been removed?

35. Have you ever failed a course or earned a D? Yes _____ No _____

(If yes) Which course(s)?

What were the reasons for the D/F?

36. Have you ever had a course/requirement waived or substituted?

Explain:

37. Have you ever been placed on academic probation? Yes _____ No _____

What strategies did you use to remove the probation?

38. Estimate your average absences in your UCLA courses:

39. How many credits do you usually take per quarter? _____

40. How do you select your classes?

41. Describe any other difficulties that you have taking exams?

42. Describe any difficulty that you have writing papers for your courses?

43. What strategies do you use to study for exams?

44. Describe any difficulty that you may have with reading assignments for your coursework?

45. Do you have difficulty taking lecture notes?

Explain:

46. Do you have problems:

Remembering things: Yes ___ No ___

Following Directions: Yes ___ No ___

Driving: Yes ___ No ___

Keeping Appointments: Yes ___ No ___

Organizing time: Yes ___ No ___

Concentration: Yes ___ No ___

Getting things done on time: Yes ___ No ___

Please explain:

How do you deal with these problems?

47. Is there anything else that you would like me to know about your disability?

