

LD Screening Questionnaire

Please answer yes or no to each of the symptoms listed below. Your relation to the person being rated _____.			
Reading		Writing	
I am a poor reader.	<input type="checkbox"/> Y <input type="checkbox"/> N	I have "messy " handwriting.	<input type="checkbox"/> Y <input type="checkbox"/> N
I do not like reading.	<input type="checkbox"/> Y <input type="checkbox"/> N	My work tends to be messy.	<input type="checkbox"/> Y <input type="checkbox"/> N
I make mistakes when reading, such as skipping words or lines.	<input type="checkbox"/> Y <input type="checkbox"/> N	I prefer to print rather than to write in cursive.	<input type="checkbox"/> Y <input type="checkbox"/> N
I read the same line twice.	<input type="checkbox"/> Y <input type="checkbox"/> N	My letters run into each other or there is no space between words.	<input type="checkbox"/> Y <input type="checkbox"/> N
I have problems remembering what I read even though I have read all the words.	<input type="checkbox"/> Y <input type="checkbox"/> N	I have trouble staying within lines.	<input type="checkbox"/> Y <input type="checkbox"/> N
I reverse letters when I read (such as b/d, p/q).	<input type="checkbox"/> Y <input type="checkbox"/> N	I have problems with grammar or punctuation.	<input type="checkbox"/> Y <input type="checkbox"/> N
I switch letters in words when reading (such as god and dog).	<input type="checkbox"/> Y <input type="checkbox"/> N	I am a poor speller.	<input type="checkbox"/> Y <input type="checkbox"/> N
My eyes hurt or water when I read.	<input type="checkbox"/> Y <input type="checkbox"/> N	I have trouble copying off the board or from a page in a book.	<input type="checkbox"/> Y <input type="checkbox"/> N
Words tend to blur when I read.	<input type="checkbox"/> Y <input type="checkbox"/> N	I have trouble getting thoughts from my brain to the paper.	<input type="checkbox"/> Y <input type="checkbox"/> N
Words tend to move around the page when I read.	<input type="checkbox"/> Y <input type="checkbox"/> N	I can tell a story but cannot write it.	<input type="checkbox"/> Y <input type="checkbox"/> N
When reading I have difficulty understanding the main idea or identifying important details.	<input type="checkbox"/> Y <input type="checkbox"/> N	Math	
Body Awareness/ Spatial Relationships		I am poor at basic math skills for my age.	<input type="checkbox"/> Y <input type="checkbox"/> N
I have trouble with knowing my left from my right.	<input type="checkbox"/> Y <input type="checkbox"/> N	I make "careless mistakes" in math.	<input type="checkbox"/> Y <input type="checkbox"/> N
I have trouble keeping things within columns or coloring within lines	<input type="checkbox"/> Y <input type="checkbox"/> N	I tend to switch numbers around.	<input type="checkbox"/> Y <input type="checkbox"/> N
I tend to be clumsy, uncoordinated.	<input type="checkbox"/> Y <input type="checkbox"/> N	I have difficulty with word problems.	<input type="checkbox"/> Y <input type="checkbox"/> N
I have difficulty with eye/hand coordination.	<input type="checkbox"/> Y <input type="checkbox"/> N	Receptive language	
I have difficulty with concepts such as up, down, over, or under.	<input type="checkbox"/> Y <input type="checkbox"/> N	I have trouble keeping up or understanding what is being said in conversations.	<input type="checkbox"/> Y <input type="checkbox"/> N
I tend to bump into things when walking.	<input type="checkbox"/> Y <input type="checkbox"/> N	I tend to misunderstand people and give the wrong answers in conversations.	<input type="checkbox"/> Y <input type="checkbox"/> N
I have trouble keeping things within columns or coloring within lines.	<input type="checkbox"/> Y <input type="checkbox"/> N	I have trouble understanding directions people tell me.	<input type="checkbox"/> Y <input type="checkbox"/> N
Oral Expressive language		I have trouble telling the direction sound is coming from.	<input type="checkbox"/> Y <input type="checkbox"/> N
I have difficulty expressing myself in words.	<input type="checkbox"/> Y <input type="checkbox"/> N	I have trouble filtering out background noises.	<input type="checkbox"/> Y <input type="checkbox"/> N
I have trouble finding the right word to say in conversations.	<input type="checkbox"/> Y <input type="checkbox"/> N	Abstraction	
I have trouble talking around a subject or getting to the point in conversations.	<input type="checkbox"/> Y <input type="checkbox"/> N	I have trouble understanding jokes people tell me.	<input type="checkbox"/> Y <input type="checkbox"/> N
Sequencing		I tend to take things too literally.	<input type="checkbox"/> Y <input type="checkbox"/> N
I have trouble getting everything in the right order when I speak.	<input type="checkbox"/> Y <input type="checkbox"/> N	Organization	
I have trouble telling time.	<input type="checkbox"/> Y <input type="checkbox"/> N	My notebook/paperwork is messy or disorganized.	<input type="checkbox"/> Y <input type="checkbox"/> N

I have trouble using the alphabet in order.	<input type="checkbox"/> Y <input type="checkbox"/> N	My room is messy.	<input type="checkbox"/> Y <input type="checkbox"/> N
I have trouble saying the months of the year in order.	<input type="checkbox"/> Y <input type="checkbox"/> N	I tend to shove everything into my backpack, desk or closet.	<input type="checkbox"/> Y <input type="checkbox"/> N
Memory		I have multiple piles around my room.	<input type="checkbox"/> Y <input type="checkbox"/> N
I have trouble with my memory.	<input type="checkbox"/> Y <input type="checkbox"/> N	I have trouble planning my time.	<input type="checkbox"/> Y <input type="checkbox"/> N
I remember things from long ago but not recent events.	<input type="checkbox"/> Y <input type="checkbox"/> N	I am frequently late or in a hurry	<input type="checkbox"/> Y <input type="checkbox"/> N
It is hard for me to memorize things for school or work.	<input type="checkbox"/> Y <input type="checkbox"/> N	I often do not write down assignments or tasks and end up forgetting what to do.	<input type="checkbox"/> Y <input type="checkbox"/> N
I know something one day but do not remember it the next day.	<input type="checkbox"/> Y <input type="checkbox"/> N	Social Skills	
I forget what I am going to say right in the middle of saying it.	<input type="checkbox"/> Y <input type="checkbox"/> N	I have few or no friends.	<input type="checkbox"/> Y <input type="checkbox"/> N
I have trouble following directions that have more than one or two steps.	<input type="checkbox"/> Y <input type="checkbox"/> N	I have trouble reading the body language or facial expressions of others.	<input type="checkbox"/> Y <input type="checkbox"/> N
Scotopic Sensitivity		My feelings are often or easily hurt.	<input type="checkbox"/> Y <input type="checkbox"/> N
I am light sensitive. Bothered by glare, sunlight, headlights or streetlights.	<input type="checkbox"/> Y <input type="checkbox"/> N	I tend to get into trouble with friends, teachers, parents, or bosses.	<input type="checkbox"/> Y <input type="checkbox"/> N
I become tired and/or experience headaches, mood changes, feel restless, or have an inability to stay focused with bright or fluorescent lights.	<input type="checkbox"/> Y <input type="checkbox"/> N	I feel uncomfortable around people whom I do not know well.	<input type="checkbox"/> Y <input type="checkbox"/> N
I have trouble reading words that are on white, glossy paper.	<input type="checkbox"/> Y <input type="checkbox"/> N	I am teased by others.	<input type="checkbox"/> Y <input type="checkbox"/> N
When reading, words or letters shift, shake, blur, move, run together, disappear, or become difficult to perceive or see.	<input type="checkbox"/> Y <input type="checkbox"/> N	Friends do not call and ask me to do things with them.	<input type="checkbox"/> Y <input type="checkbox"/> N
I feel tense, tired, sleepy, or even get headaches with reading.	<input type="checkbox"/> Y <input type="checkbox"/> N	I do not get together with others outside of school or work.	<input type="checkbox"/> Y <input type="checkbox"/> N
I have problems judging distance and have difficulty with such things as escalators, stairs, ball sports, or driving.	<input type="checkbox"/> Y <input type="checkbox"/> N	Sensory Integration Issues	
Intentionally Left Blank		I seem to be more sensitive to the environment than are other people.	<input type="checkbox"/> Y <input type="checkbox"/> N
		I am more sensitive to noise than are other people.	<input type="checkbox"/> Y <input type="checkbox"/> N
		I am particularly sensitive to touch or very sensitive to certain clothing or tags on the clothing. I have an unusual sensitivity to light.	<input type="checkbox"/> Y <input type="checkbox"/> N
		I am sensitive to movement or crave spinning activities.	<input type="checkbox"/> Y <input type="checkbox"/> N
		I tend to be clumsy or accident-prone.	<input type="checkbox"/> Y <input type="checkbox"/> N
		I have an unusual sensitivity to certain smells.	<input type="checkbox"/> Y <input type="checkbox"/> N