CAL MARITIME

A Campus of The California State University

Disability Services Office

Laboratory Building 102
Telephone: (707) 654-1561 Fax: (707) 654-1159

DISABILITY SERVICES SELF ASSESSMENT FORM

(Please print clearly and use the back of pages if necessary)

Name: _____ Date: _____

Phone: _____ Student ID: _____ Date of Birth: _____

Class Level: _____ Major: _____

CURRENT EDUCATION & DIFFICULTIES

1. When do you plan to graduate? _____

2. What are the reasons for your referral to Disability Services? Please state the problems you experience in your own words.

_____

_____

_____

3. Describe any difficulties you are currently experiencing in your classes.

_____

_____

_____

_____

4. What is your best academic area? _____

5. What is your weakest academic area? _____

6. How much time per week do you devote to studying outside of class? _____

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

8. Are you currently on academic probation or disqualification? ☐ Yes ☐ No

PAST EDUCATION

1. In what grade did you start having problems in school, and what problems were there?

_____

_____

_____

_____

2. Have you ever been tested for a learning disability? ☐ Yes ☐ No

   If yes, what was the outcome of this assessment? _____

3. Have you ever been placed in a special education or remedial class? ☐ Yes ☐ No

   If yes, what type of class were you in? _____

4. Did you receive instruction in another language other than English at the...

   Elementary level? ☐ Yes ☐ No If yes, how many years? _____

   Secondary level? ☐ Yes ☐ No If yes, how many years? _____

5. Do you read or write another language? ☐ Yes ☐ No

   If yes, what language(s)? _____

STUDY HABITS & LEARNING

1. Check any areas in which you have problems with organization:

   ☐ Integrating information from many sources

   ☐ Readying materials (e.g. term papers, class assignments, etc.)

   ☐ Identifying steps of a task

☐ Being prepared for class (taking papers, pens, having completed readings)

☐ Outlining information

2. Check all the areas in which you experience time management problems:

☐ Starting a task ☐ Staying on task ☐ Completing a task/assignment

☐ Getting to class on time ☐ Keeping appointments

3. Are you easily distracted by:

☐ Noise	Music	Television
☐ Colors	Visuals	Clutter
☐ Movement	Lighting	People talking

4. Do you have problems following multiple directions given in class? ☐ Yes ☐ No

5. Do you have trouble recalling facts and details? ☐ Yes ☐ No

6. Are you easily frustrated when are you:

☐ Learning new tasks ☐ Studying ☐ Taking tests ☐ Meeting new people

7. Are you overly restless: ☐ When studying ☐ Before exams ☐ In class

8. Do you often respond without thinking? ☐ Yes ☐ No

9. Do you experience difficulty with memorization? ☐ Yes ☐ No

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READING

1. Do you experience frustration when reading? ☐ Yes ☐ No
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?

   ☐ Reading or skimming quickly? ☐ Sounding out unfamiliar words?
7. Do you have difficulty understanding the meaning of new words from the context?

   ☐ Yes ☐ No
8. Do you use visual cues when reading, such as italicized print, bold face print, punctuation, graphs, maps, and diagrams? ☐ Yes ☐ No
9. When reading, do you often:

   ☐ Reverse letters/numbers? ☐ Add letters? ☐ Confuse similar words?

   ☐ See letters/numbers out of order? ☐ Skip lines? ☐ Omit letters?

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MATHEMATICS

1. Do 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, such as: ☐ Yes ☐ No

☐ Word problems? ☐ Place value? ☐ Decimals? ☐ Fractions?

☐ Percentages? ☐ Estimations? ☐ Reasoning? ☐ Algebra?

☐ Formulas? ☐ 3bD Figures? ☐ Geometry? ☐ Calculus?

WRITING

1. Do you have difficulty expressing your ideas in writing? ☐ Yes ☐ No

2. Do you experience problems with handwriting ☐ Yes ☐ No

☐ Illegible writing ☐ Mixing printing and cursive or capitals with lower case

3. Do you have spelling problems, such as:

☐ Omitting letters? ☐ Adding letters? ☐ Substituting letters?

☐ Reversing letters? ☐ Dividing words into syllables?

☐ Spelling phonetically? ☐ None of the Above

4. Do you experience problems with the mechanics of writing, such as:

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- ☐ Using correct grammar
- ☐ Using capitals
- ☐ Writing complete sentences
- ☐ Using correct punctuation
- ☐ None of the Above

5. Do you use a limited vocabulary when writing? ☐ Yes ☐ No

6. Do you have problems with writing tasks, such as:

☐ Forms ☐ Personal letters ☐ Term papers ☐ Notes

☐ Business letters ☐ Memos ☐ Résumés ☐ Job applications

☐ None of the Above

RECEPTIVE AND EXPRESSIVE LANGUAGE

1. Do you have difficulty expressing thoughts and ideas verbally? ☐ Yes ☐ No

2. Do you often mispronounce words? ☐ Yes ☐ No

3. Do you use the wrong word by mistake or have trouble finding the "right word" to describe something? ☐ Yes ☐ No

4. Do you have difficulty retelling information you've read, seen, or heard?

☐ Yes ☐ No

5. Do you limit your vocabulary when speaking? ☐ Yes ☐ No

6. Do you have difficulty understanding or keeping up with lectures?

☐ Yes ☐ No

7. Do you have difficulty following verbal directions? ☐ Yes ☐ No

8. Do you often feel like you haven't heard someone well or didn't "get" what the person said?

☐ Yes ☐ No

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HISTORY

1. Please check any conditions which apply to you now or in the past:

- ☐ Head Injury
- ☐ Diabetes
- ☐ Seizures
- ☐ High Fever
- ☐ Hearing Loss:
- ☐ Ear Infections
- ☐ Vision Problems
- ☐ Allergies
- ☐ Asthma
- ☐ Other _____
- ☐ None of the Above

2. Do you have any difficulty with your vision or hearing? ☐ Yes ☐ No

3. Have you ever been diagnosed with a speech problem or auditory processing disorder?

☐ Yes ☐ No

4. Have you experienced frequent anxiety about: ☐ Test taking ☐ A subject or class

5. Check any of the following additional resources you have used:

- ☐ Private Counseling Services
- ☐ Relaxation/Meditation/Biofeedback
- ☐ Other (please specify)_____
- ☐ None of the Above

SOCIAL LIFE & ACTIVITIES

1. Are you currently employed? ☐ Yes ☐ No

If yes, what is your position?_____Hours per week?_____

What activities are you involved in (clubs, student government, etc.)?

_____

_____

_____

_____

IN YOUR OWN WORDS

Use the remainder of this page to write a brief summary of your academic and career goals.

_____

_____

_____

_____

Student Signature and Date:

_____