

PACE Pre-Assessment Questionnaire

Assessment is for _____ Date of Birth _____ / _____ / _____
LAST FIRST MI

Gender: Male Female Race: White Black Hispanic Asian Native American Other: _____

Address _____ City _____ State _____ Zip _____

Email _____ Primary contact phone _____ Cell _____

Please check all the ways you heard about us:

Direct Mail Magazine Newspaper Radio Referral Television Yellow Pages Web Other: _____

Which prompted your call? _____ Details: _____

List occupation and employer of parent(s) or of adult client: _____

Check the education level obtained by the parent or guardian with the highest education level (or of adult client):

Did not complete High School Completed High School 2-Year College Degree 4-Year College Degree Post-Graduate Degree

General Information

Give a brief statement of the primary reason for today's assessment: _____

What are your expectations of our programs? _____

Indicate any diagnosis/labels/disorders that have been used to describe this person:

ADD ADHD Autistic/Asperger's/PDD Dyslexia/Reading Problems Emotional Disability Gifted

Learning Disability Mental Retardation Physical Disability Speech/Language Disability Traumatic Brain Injury

Other: _____

Learning and Medical History

Indicate any problems in the following areas:

<input type="radio"/> Reading	<input type="radio"/> Comprehension	<input type="radio"/> Reversals of letters or words	<input type="radio"/> Motivation/behavior
<input type="radio"/> Writing	<input type="radio"/> Avoidance of school or work	<input type="radio"/> Loses place/skips lines	<input type="radio"/> Low self-esteem
<input type="radio"/> Math	<input type="radio"/> Works too hard	<input type="radio"/> Poor memory	<input type="radio"/> Overly active
<input type="radio"/> Spelling	<input type="radio"/> Slow work	<input type="radio"/> Attention/concentration	<input type="radio"/> Other: _____

List any past or current help, training, or tutoring utilized for the above problems: _____

Birth was premature late normal Birth weight: _____ Any complication during pregnancy or delivery? Yes No

List all major health problems to date: _____

Is the individual being assessed on any medication for ADD/ADHD? Yes No List current medications: _____

List any other factors that may affect his/her performance: _____

As a complimentary service, we share test results with other professionals you work with. Providing us with contact information will authorize us to share this data with them. Please provide the information you have available here:

Teacher's name, email, phone, address: _____

Physician's name, email, phone, address: _____

Other professional — name, email, phone, address: _____

Information for school-aged students

Mother's (Last, First, MI) _____ Phone (H) _____ (W) _____ (C) _____

Father's (Last, First, MI) _____ Phone (H) _____ (W) _____ (C) _____

Guardian's (Last, First, MI) _____ Phone (H) _____ (W) _____ (C) _____

Guardian's relationship to student: _____ List grade, school, and teacher: _____

Is the student achieving at expected levels in school? Yes No Comments: _____

Has the student ever repeated a grade? Yes No Please explain: _____

Type of classroom: Mainstream for all subjects Special classroom for all subjects Special classroom for some subjects

Learning & Behavior Rating Scale

Please read each of the following statements and rate this individual according to the following scale. Place your rating number in the provided space to the right of each statement. Be sure to rate every item.

Compared to others of the same age and gender, this behavior:

- 0 - Occurs less often OR the question doesn't apply to the age of this person
- 1 - Occurs at about the same frequency
- 2 - Occurs slightly more
- 3 - Occurs considerably more
- 4 - Occurs significantly more

1. Is careless <input type="text"/>	33. Poor spelling grades or test scores <input type="text"/>
2. Fidgets or squirms <input type="text"/>	34. Worries about future events <input type="text"/>
3. Swears or uses obscene language <input type="text"/>	35. Poor reading comprehension <input type="text"/>
4. Often asks to have things repeated <input type="text"/>	36. Has poor handwriting <input type="text"/>
5. Has difficulty maintaining attention <input type="text"/>	37. Poor math grades or test scores <input type="text"/>
6. Overreacts <input type="text"/>	38. Worries about past behaviors <input type="text"/>
7. Loses temper <input type="text"/>	39. Makes spelling errors in written assignments <input type="text"/>
8. Has poor study and work habits <input type="text"/>	40. Squints, blinks or rubs eyes when reading <input type="text"/>
9. Has difficulty organizing activities <input type="text"/>	41. Dislikes school <input type="text"/>
10. Leaves seat in class <input type="text"/>	42. Is concerned about what others will think <input type="text"/>
11. Argues with adults <input type="text"/>	43. Has difficulty sounding out unknown words <input type="text"/>
12. Reverses letters or words <input type="text"/>	44. Has difficulty hearing <input type="text"/>
13. Fails to follow through on tasks <input type="text"/>	45. Makes grammatical errors <input type="text"/>
14. Runs or climbs excessively <input type="text"/>	46. Is overly concerned about himself/herself <input type="text"/>
15. Refuses adults' requests or rules <input type="text"/>	47. Had ear infections or speech problems in the past <input type="text"/>
16. Feels schoolwork is too hard <input type="text"/>	48. Has poor coordination <input type="text"/>
17. Takes a long time to complete tasks <input type="text"/>	49. Poor reading grades or test scores <input type="text"/>
18. Has difficulty playing quietly <input type="text"/>	50. Needs reassurance in many areas of life <input type="text"/>
19. Deliberately does things that annoy others <input type="text"/>	51. Needs words repeated when taking spelling tests <input type="text"/>
20. Does not complete school assignments <input type="text"/>	52. Has speech difficulties <input type="text"/>
21. Avoids prolonged mental effort <input type="text"/>	53. Receives low test scores <input type="text"/>
22. Answers questions before they are completed <input type="text"/>	54. Complains about physical discomforts <input type="text"/>
23. Blames others for mistakes <input type="text"/>	55. Avoids reading <input type="text"/>
24. Has difficulty remembering <input type="text"/>	56. Complains about eye strain or fatigue <input type="text"/>
25. Is distracted by other activities <input type="text"/>	57. Has difficulty writing a paper <input type="text"/>
26. Has difficulty waiting for turn <input type="text"/>	58. Appears tense or unable to relax <input type="text"/>
27. Is angry and resentful <input type="text"/>	59. Reading is slow or choppy <input type="text"/>
28. Has difficulty learning math facts <input type="text"/>	60. Is bothered by loud sounds <input type="text"/>
29. Does not listen <input type="text"/>	61. Has poor vocabulary <input type="text"/>
30. Is touchy or easily annoyed by others <input type="text"/>	62. Fears taking tests <input type="text"/>
31. Holds grudges and seeks revenge <input type="text"/>	63. Has difficulty reading or spelling phonetically <input type="text"/>
32. Has difficulty with abstract concepts and reasoning <input type="text"/>	64. Skips words or lines when reading <input type="text"/>