

Educational Questionnaire

Intake Form
Client Name: _____

Date: _____
Age: _____

Parent/Guardian

Names _____

Address: _____

Home Phone _____

Cell Phone _____

Text: Y/N

Work Phone _____

E-Mail _____

Most Recent & or Current School _____

Gender: M F

Educational Level

K 1 2 3 4 5 6 7 8 9 10 11 12

HS Grad AA BA +

Reason for referral to NoteWorthy Learning, a SOI ®-IPP ® Center:

Why have you contacted NoteWorthy Learning? _____

How would your life or your child's be different if the training we provide is successful?

Check & describe the concerns that apply to you or your child.

Reading problems _____

Problems with arithmetic or math _____

Learning problems (general) _____

Attention problems _____

Head injury (stroke) _____

Behavior _____

Physical symptoms _____

Career change _____

Health Issues _____

Other _____

Treatments Prior to NoteWorthy Learning:

- Special Education _____
- Vision Therapy _____
- AD/HD Medication _____
- Diet for Food Allergies _____
- Tutorial _____
- Remedial Reading _____
- OT _____
- PT _____
- Speech Therapy _____
- Adaptive PE _____
- Sensory-Motor Integration Therapy _____
- Other _____

Additional Information

Visual

Date of last visual exam: _____

Do you wear glasses for reading? ___ Yes ___ No

Do you have concerns about your vision? ___ Yes ___ No

Have you been prescribed glasses for reading? ___ Yes ___ No

Do you wear them? ___ Yes ___ No

READING HISTORY

DIRECTIONS: When answering these questions, think about what reading is like when you are reading for information and you get to the point you want to stop reading:

(a) How do you, your head, and your eyes feel?

(b) How does the page look when you want to stop reading?

What is your first symptom, (a) or (b)?

When do you first notice that this problem starts-after you read **a word, a paragraph, a few pages, five to ten minutes, chapter, 30 minutes?**

(Circle answer)

If you read a lot, do you ever get a headache or feel dizzy, nauseous, or very sleepy? (Circle answers)

Often

Sometimes

Never

D.K.

READING Strategy

Think about what reading for information is like when you get to the point where you want to stop reading. You can answer "Often," "Sometimes," "Never," or Don't Know "D.K."

READING DIFFICULTIES

- | | |
|---|----------------|
| 1. Do you accidentally skip lines or sentences? | ___ Yes ___ No |
| 2. Do you lose your place? | ___ Yes ___ No |
| 3. Do you misread words? | ___ Yes ___ No |
| 4. Do you unintentionally skip words or punctuation marks? | ___ Yes ___ No |
| 5. Do you read the same line over again? | ___ Yes ___ No |
| 6. Do you insert words from lines above or below? | ___ Yes ___ No |
| 8. Is your reading slow or choppy? | ___ Yes ___ No |
| 9. Are you bothered by white or shiny pages? | ___ Yes ___ No |
| 10. Do you look away, rest, or take breaks? | ___ Yes ___ No |
| 11. Are you restless, active, fidgety, or easily distracted? | ___ Yes ___ No |
| 12. Do you find that reading gets harder the longer you read? | ___ Yes ___ No |
| 13. Do you use your finger or marker? | ___ Yes ___ No |
| 14. Do you have a problem understanding what you read? | ___ Yes ___ No |
| 15. Do you have a problem remembering what you read? | ___ Yes ___ No |
| 16. Does it take effort to stay on the words you are reading? | ___ Yes ___ No |
| 17. What else happens when reading? | ___ Yes ___ No |
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Think about what reading for information is like when you get to the point where you want to stop reading. You can answer "Often," "Sometimes," "Never," or Don't Know "D.K."

READING DISCOMFORT

- | | |
|--|----------------|
| 1. Do your eyes bother you? | ___ Yes ___ No |
| 2. Do they get red or watery? | ___ Yes ___ No |
| 3. Do they hurt, ache, or burn? | ___ Yes ___ No |
| 4. Do they feel dry, sandy, scratchy, or itchy? | ___ Yes ___ No |
| 5. Do you rub your eyes or around your eyes? | ___ Yes ___ No |
| 6. Do you feel tired, drowsy or fatigued? If yes, circle correct word. | ___ Yes ___ No |
| 7. Does your head bother you? | ___ Yes ___ No |
| 8. Do you get a headache? | ___ Yes ___ No |
| 9. Do you get dizzy? | ___ Yes ___ No |
| 10. Do you feel nauseated or sick to your stomach? | ___ Yes ___ No |
| 11. Do you open your eyes wide? | ___ Yes ___ No |
| 12. Do you squint or frown? | ___ Yes ___ No |
| 13. Do you find yourself blinking frequently? | ___ Yes ___ No |
| 14. Do you move closer to or further from the page? | ___ Yes ___ No |
| 15. Does it bother you to read under fluorescent lights? | ___ Yes ___ No |
| 16. Is it harder to read in bright lighting? | ___ Yes ___ No |
| 17. What else bothers you? _____ | |
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ABILITIES QUESTIONNAIRE

How well do you perform the following tasks? You can circle "Really Well", "OK", or "Not Well."

- Coordinate small objects, visual objects, and sustain reading related activities that require visual focusing? Really Well OK Not Well
- Understand, Organize, and Classify Materials, or Ideas? Really Well OK Not Well
- Good eye-hand coordination when things need to be done fast? Really Well OK Not Well
- Keep materials organized? Really Well OK Not Well
- Concentrate on, recall, process numbers, visual details or written information? (Hold information in your mind and recall it in a different sequence?) Really Well OK Not Well
- Concentrate on, recall and change the sequence of information (numbers) you see? Really Well OK Not Well
- Work and communicate with verbal ideas (vocabulary)? Really Well OK Not Well
- Understand and communicate with abstract ideas and thinking? Really Well OK Not Well
- Follow Directions the first time they are given? Really Well OK Not Well
- Recall details in written material. Really Well OK Not Well
- Remember and accurately apply information to the problem at hand. Take initiative? Really Well OK Not Well
- Read, and scan data, items or words? Really Well OK Not Well
- Use arithmetic facts from memory and perform tasks that require concentration. Really Well OK Not Well
- Solve problems that require concentration, judgment and planning in data-dependent tasks? Really Well OK Not Well
- Organize space and materials? Really Well OK Not Well
- Remember and follow spoken instructions, (mental arithmetic). Really Well OK Not Well
- Remember and follow auditory instructions accurately? Really Well OK Not Well
- Conceptualize and organize numerical data? Really Well OK Not Well
- Understand spatial systems? Really Well OK Not Well
- Understand objects and shapes in space from any perspective? Really Well OK Not Well
- Discover and search out information when information on the job is abstract and ambiguous? Really Well OK Not Well
- Use math concepts? Really Well OK Not Well
- Make accurate decisions, using logic, good-judgment and planning to solve problems? Really Well OK Not Well
- Creatively express spatial ideas? Really Well OK Not Well
- Creatively apply symbolic and numerical concepts? Really Well OK Not Well
- Apply numerical concepts creatively? Really Well OK Not Well
- Visually discriminate, use good eye hand coordination to work with and make decisions about detailed figural information? Really Well OK Not Well

Adapted from the Following Sources:

SOI Profile of Interpretation Manual for Clinical Training, Pages 7, 23, 25, Copyright© 1997, Mary Meeker.

A Personal Career Evaluation, Copyright© Mary Meeker 1989, 1991.

A Beginner's Reader About J.P. Guilford's Structure of Intellect, Copyright© Mary Meeker 1963, 2001.

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