Washington State Dept. of Social and Health Services	**LEARNING NEEDS SCREENING TOOL**	**Interview Date**

Name	**Birth Date**	**Interviewer**

JACS Number ☐ Male ☐ Female	**Household Type** ☐ Single-Parent ☐ Two-Parent	**Community Service Office (CSO)**

JAS Number	**Ethnicity** ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic/Latino ☐ Native American

ACES Number	**Completed Years of Formal Education**

Degrees
☐ High School Diploma ☐ GED ☐ Technical/Vocational ☐ AA Degree ☐ Other *(specify):*

What kind of job would you like to get?

Do you have experience in this field or a related field?

What makes it hard for you to get or keep this kind of job?

What would help?

Before answering the following questions, read the statement aloud on the back to the client.
(See instructions on back of this page).

YES Section I
☐ 1. Have you had any problem learning in middle school or junior high?
☐ 2. Do you have difficulty working from a test booklet to an answer sheet?
☐ 3. Do you have difficulty or experience problems working with numbers in a column?
☐ 4. Do you have trouble judging distances?
☐ 5. Do any family members have learning problems?

1 x _____ = _____ = *Count the number of "yes". Multiply by 1.*

YES Section II
☐ 6. Have you had any problems learning in elementary school?
☐ 7. Do you have difficulty or experience problems mixing mathematical signs *(such as "x", "+" or "=")*?

2 x _____ = _____ = *Count the number of "yes". Multiply by 2.*

YES Section III
☐ 8. Do you have difficulty or experience problems filling out forms?
☐ 9. Do you experience difficulty memorizing numbers?
☐ 10. Do you have difficulty remembering how to spell simple words you know?

3 x _____ = _____ = *Count the number of "yes". Multiply by 3.*

YES Section IV
☐ 11. Do you have difficulty or experience problems taking notes?
☐ 12. Do you have difficulty or experience problems adding or subtracting small numbers in your head?
☐ 13. Were you ever in a special program or given extra help in school?

4 x _____ = _____ = *Count the number of "yes". Multiply by 4.*

_____ *TOTAL: If 12 or more, refer for further assessment.*

***BEFORE ASKING THE FOLLOWING QUESTIONS, READ THIS STATEMENT ALOUD
TO THE CLIENT:***

"The following questions are about your school and life experiences. This information will provide a better understanding of the services you will need to be successfully employed. We're trying to find out how it was for you (or your family members) back in school or how some of these issues might affect your life now. These questions will help us identify resources that will aid you in self-sufficiency planning with your caseworker."

Ask <u>all</u> questions:

1. Ask the client each question in Sections I, II, III and IV.

2. Check YES if client answers the question with "yes."

3. In each section, count the number of "yes" answers.

4. Multiply the number of "yes" responses in each section by the number shown in the "Count the number of 'YES" area. For example, multiply the number of Section III "yes's" by 3.

5. Record that product after the = sign in that area.

6. Add up the numbers after the = sign and enter that total in the Total row.

7. **If the Total is 12 or more, the participant may need further assessment and/or referral for employment– related accommodation.**