

**SCREENING ADULTS
AT RISK FOR
LEARNING DISABILITIES**

THE DELTA SCREENER:
Questionnaire and Interview

June 2008 *(Reviewed May 2011)*

The Delta Screener was originally developed by the LD Special Interest Group of the College Committee on Disability Issues (CCDI) under the direction of Pamela Morel at Cambrian College and Marian Mainland at Conestoga College. Current revisions were conducted by the Northern Ontario Assessment and Resource Centre (NOARC). Items in the screening questionnaire are based on the expertise of many professionals working in the post-secondary system. Some information was adapted from screening questionnaires developed by: Destination Literacy, Learning Disability Association of Canada; Carol Herriot at the University of Guelph; and the University of Minnesota.

It may be photocopied as required for use by qualified practitioners working with adults experiencing learning problems.

Document is available in an on-line form version or a screen-reader/printable version.

THE DELTA SCREENER: QUESTIONNAIRE & INTERVIEW

Today's date: _____

Name: _____

Age: _____

Birth date: _____

Completed with: Parental consultation; Counsellor/Advisor

Historical information is an important step towards understanding current learning problems.

For this reason every item should be answered to the best of your knowledge. It is recommended that you check with family members whenever you are uncertain of historical information.

Documents to attach (if available):

- Secondary school transcripts
- Previous assessment or therapy reports (e.g. psychological, physiotherapy, speech/language, occupational therapy)
- Previous educational documents (e.g., IPRC form, IEP)
- Post-secondary transcripts and list of currently registered courses

If you do not have the documents mentioned above, here are some tips for locating them:

- Check with your parents for old report cards or other educational documents
- Contact the last school you attended and ask for the contents of your Ontario Student Record (O.S.R.)



-- **Identifies Interview responses (to explain "yes" items).**

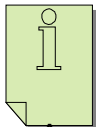
HISTORY

LANGUAGE AND DEVELOPMENTAL HISTORY

1. Were you born prematurely? (< 37 weeks)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
2. Did you have low birth weight (<3 lbs)?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
3. Did you experience respiratory distress at birth?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A

4. What language is spoken at home? 1st _____
 2nd _____

5. If your first language was other than English, did you have trouble learning to read and write in your first language?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
6. Do you need to translate back and forth between English and your native language while doing schoolwork?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
7. What language were you schooled in?			
8. Did you have any difficulty learning to talk?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
9. Did you receive any Speech and Language Assessment or Therapy?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
10. Did you have any difficulty learning to walk or run?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
11. Did you receive a Physiotherapy Assessment or treatment for difficulty with gross motor skills?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
12. Was it difficult for you to learn to colour or print?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
13. Did you receive an Occupational Therapy Assessment or treatment for difficulty with fine motor skills?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A



Interview:

A. Tell me about any birth or pregnancy complications you are aware of.

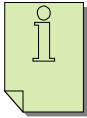
- B. Tell me what you know about any difficulties you experienced in your early language and motor development.

ACADEMIC HISTORY

* Answer the questions based on BOTH school settings (elementary and secondary)*	ELEMENTARY	SECONDARY
14. How many schools did you attend?		
15. What grades or courses if any, did you repeat?		
16. If you attended more than one school tell me why.		
17. Did you have frequent or extended absences from this school?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
18. Did anyone tell you that you had behavioural problems?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
19. Did you receive any special education/remedial/resource assistance/specialized tutoring? (circle appropriate term)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
20. Were you ever supported by an Individual Education Plan (IEP)?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
21. Did you have any individualized testing for your school problems? (psycho-educational, speech/language, academic assessments) (circle appropriate assessment)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
22. Were you ever diagnosed with a disability or disorder which explained why you had trouble learning? If so, what?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
23. Were you ever identified as an exceptional student by an Identification, Placement and Review Committee (IPRC)?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

24. What's the highest grade you completed? _____
25. How many years did you attend secondary school? _____
26. What type of courses did you complete in secondary school?
(Advanced/General/Basic, University/College/Mixed/Workplace) _____

27. Did you receive any assistance planning for post-secondary schooling?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
28. Did you receive a Secondary School Diploma?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
29. Did you have any difficulty completing exams/tests within the allotted time?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A



Interview:

- C. Describe any difficulties you experienced during school.
- D. Tell me about any extra help you received at home or at school.
- E. What were your favourite or best subjects in school, and why?
- F. Which subjects were most difficult or least favourite in school, and why?

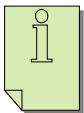
G. Tell me about your study habits during school (time spent and approach).

H. Why do you think you had trouble learning during school?

I. If you were given any extra help given at home or at school, what was useful to you?

PREVIOUS ACADEMIC HISTORY: POST-SECONDARY SCHOOL

30. Have you attended any previous post-secondary institutions? (If no, skip to question # 34)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
31. Did you fail or drop any courses in your previous program?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
32. Were you registered with the Disability Services Office at that institution?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
33. If yes, did you receive any accommodations (e.g. extra time for exams)?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A



Interview:

J. Tell me about any difficulties you experienced in previous post secondary programs.

K. Describe any supports or accommodations you received that were helpful.

FAMILY HISTORY

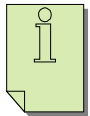
34. Has anyone in your family (children, parents, siblings, etc.) had problems with:

Attention Deficit Hyperactivity Disorder (ADD/ADHD)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Substance abuse	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Mental Health Problems (Anxiety/Depression)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Learning Disability	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Intellectual Disability (Developmental Disability)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A

35. What was the highest grade achieved by your parents?

Father: _____

Mother: _____



Interview:

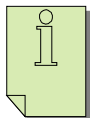
L. Discuss any family related difficulties that had an impact on you.

HEALTH AND MEDICAL HISTORY

36. Do you have any recurrent or chronic health problems or conditions?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
37. Have you ever had a serious accident or illness?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
38. Have you ever been unconscious?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
39. Have you ever been prescribed medication for an attention-deficit disorder (e.g. Ritalin)?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
40. Do you take any medications on a regular basis?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A

41. Do you have or have you had in the past, problems with any of the following:

Hearing	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Chronic Ear Infections	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Vision (ex. Glasses)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Head Injury	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Headaches	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Migraines	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Allergies	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Drug Abuse	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Alcohol Abuse	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Anxiety	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Depression	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Other emotional or psychological difficulties (test anxiety, eating disorder, school phobia, etc.) <i>Specify:</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A



Interview:

PAST HEALTH AND MEDICAL PROBLEMS:

M. If you frequently missed school due to illness explain why.

- N. Describe any chronic health problems or conditions that may have affected your learning along with any prescription medications you took for treatment.
- O. Explain any serious accidents or loss of consciousness you may have experienced.

CURRENT HEALTH AND MEDICAL PROBLEMS:

- P. Describe the current impact of any health and medical problems endorsed in question #41.
- Q. Describe any prescription medication you are currently taking and for what purpose.
- R. Explain how any emotional or psychological difficulties are affecting your current learning.

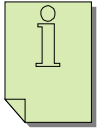
EMPLOYMENT HISTORY

42. Have you ever had a job? (If no, skip to Interview section)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
43. Have you ever quit a job?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
44. Have you ever been fired?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A

45. How many jobs have you had in the last two years? _____

46. What type of jobs do you enjoy the most? _____

47. If you are currently working, how many hours are you working per week? _____



Interview:

S. Explain any difficulties you have with gaining or keeping employment.

T. Describe any problems that have prevented you from getting jobs you would like to have.

U. What kind of work would you like to be doing in the future, and how committed are you to that goal?

CURRENT

POST SECONDARY ACADEMIC STATUS

48. What program are you registered in? _____

49. What semester are you currently completing? _____

50. What is your current course load percentage? _____

51. Have you failed or dropped any courses in your current program?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
52. Are you currently registered with the Disability Services Office?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
53. If yes, have or will you been receiving any accommodations (e.g. extra time for exams)?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A

CURRENT LEARNING CHALLENGES

54. Do you have problems with the following academic demands:

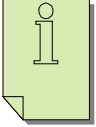
Attendance	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Note taking	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Organization	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Time Management	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Study Skills	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Listening to lectures	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Test taking	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Completing assignments	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Procrastination	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Memorization	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Oral Presentations	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Group Work	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N

55. Which types of exams are difficult for you?

Multiple choice or True and False	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Short Answer	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Essay	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Math word problems	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Computer applications tests	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N

56. Do you have trouble with the following skills:

Understanding what is said to you	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Putting your thoughts into words when speaking	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Finding a particular word(s) when speaking	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Taking part in conversations	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
With reading speed	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Understanding what you read	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Sounding out words	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
With math calculations	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
With math reasoning/word problems	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Quickly recalling math facts	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Telling time (non-digital)	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
With handwriting	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
With spelling	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
With grammar	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Organizing your ideas for written expression	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Understanding jokes	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Remembering what you hear	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Organizing, planning or keeping track of time	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Paying attention or concentrating	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Knowing right from left	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Following oral directions	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Following printed directions	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N

**Interview:**

- V. Explain any current difficulties you are having in your classes and/or test and exams.
- W. What other comments would you like to make regarding your schooling or any other problems that you face when you are learning.

CURRENT STRENGTHS AND COPING STRATEGIES

57. Do you feel you learn well by: (you may select more than one)

Reading	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Writing	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Listening or hearing	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Working with your hands	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Saying things out loud	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Seeing things	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N

58. Are you good at the following skills and daily activities:

Art	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
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Music (performing or composing)	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Sports	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Drama	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Dancing	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Creative writing (poems, plays, stories)	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Woodworking (building with wood)	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Building or repairing mechanical objects	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Computers and technology	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Driving a vehicle	N/A <input type="checkbox"/>	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes <input type="checkbox"/> N
Public speaking	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Listening	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Telling jokes	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Social interaction (making and/or keeping friends)	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Money management	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Using public transportation	N/A <input type="checkbox"/>	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes <input type="checkbox"/> N
Housekeeping (keeping your personal space clean and orderly)	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Programming and using electronic equipment	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Cooking	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Solving problems	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N
Remembering Trivia	<input type="checkbox"/> Y	<input type="checkbox"/> sometimes	<input type="checkbox"/> N

