**LEARNING DIFFICULTY SCREENING QUESTIONNAIRE**

**Screening for learning difficulties**

This is not a diagnostic tool and does not determine whether or not a person has a learning difficulty. It may indicate if there is a possibility that the person may have impairments and indicate areas of how to assist the individual further. Additional information from other sources (observations, informal interviews, school and medical histories, etc.) is necessary when evaluating a person’s specific needs.

Tick box if present

**School History**

Did the person receive extra help in school?

Did the person have a statement of SEN and/or attend specialist school?

Does the person have problems with reading, writing, or maths?

**Providing Background Information**

Does the person provide little or basic information about aspects of their life?

(length of significant relationships, children’s birthdays, children’s school information, etc.)

Please Specify…………………………………………………………………………………………………………………………………………….

**Level of Support**

Does the person require a high level of assistance from family or friends to complete tasks?

(filling in forms, reading letters, traveling, etc.)

Please Specify……………………………………………………………………………………………………………………………………………

**Literacy**

Does the person have difficulties reading/writing and demonstrates a reluctance to do one or

both tasks in your presence?

Please Specify………………………………………………………………………………………………………………………………………………

**Communication**

Does the person have difficulties expressing themselves?

Does the person have difficulties in understanding conversations?

Please Specify……………………………………………………………………………………………………………………………………………

**Routine**

Does the person have difficulties or become overwhelmed by day to day routines

(household routines, prioritising tasks, etc.)

Please Specify……………………………………………………………………………………………………………………………………………….

**Finances**

Does the person have problems managing money?

(trouble giving change, estimating costs, running out of money quickly)

Please Specify..……………………………………………………………………………………………………………………………….……………..

**Travel**

Does the person have difficulties travelling on public transport independently and have to come to appointments with another adult?

Please Specify…………………………………………………………………………………………………………………………………...…………..

**Childcare**

Does the person have difficulties with childcare?

(Following routines, understanding nutrition, child appearing to look after the parent, predicting

dangers, seeming to be always telling off the child)

Please Specify………………………………………………………………………………………………………………………………………………

**What adjustments have/needed to be made to work successfully with this person?**

Reading information to them Need to demonstrate/model new skills or tasks

Frequent Repetition Providing visual support for understanding (visual prompts, schedules)

Reminders of appointments Having one to one support, rather than group interaction

Other…….………………………………………………………………………………………………………………………………………………………

**Occupation/Work history**

Qualifications…………………………………………………………………………………………………………………………………………..

Employment/Type of work………………………………………………………………………………………………………………………

Supported living/day care………………………………………………………………………………………………………………………..

Has the person suffered a significant injury which may have caused an impairment to their

cognitive functioning?

Please Specify……………………………………………………………………………………………………………………………………………