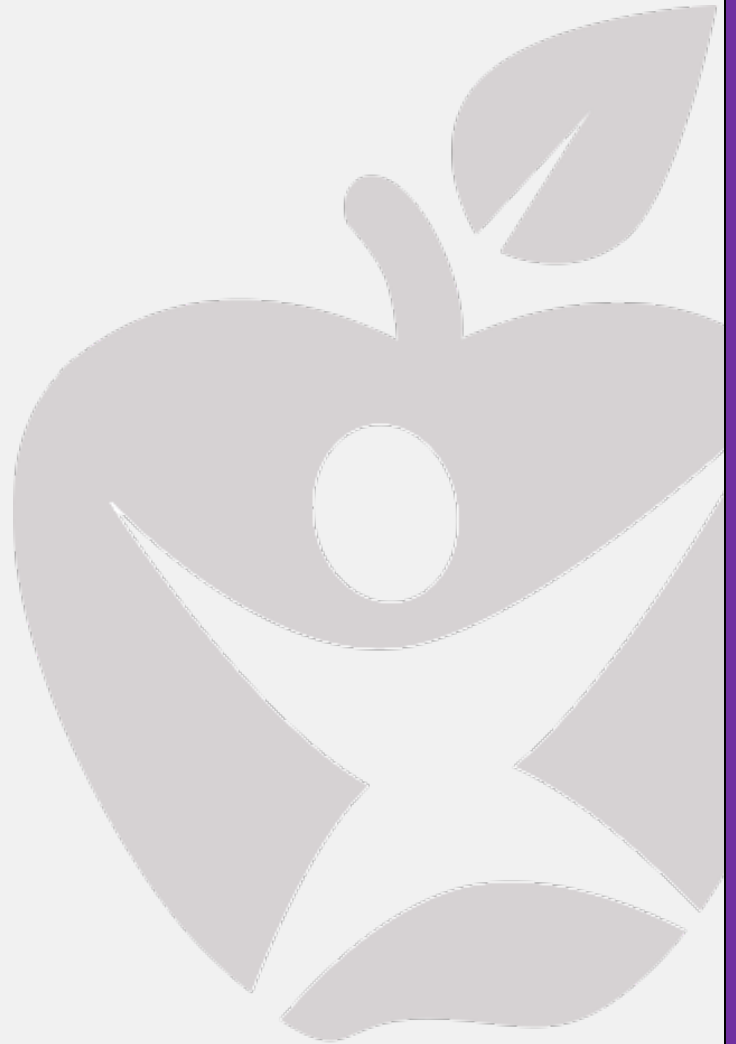


An LD Primer for Adult Educators

Washington State Screening Tool



Webinar Guide 2017

Institute for the Professional Development of Adult Educators

WASHINGTON STATE SCREENING TOOL

An LD Primer for Adult Educators

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Table of Contents

Washington State Screening Tool	3
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Washington State Screening Tool

Using the tool:

- You will ask each question orally and record the client's response. You **MUST** administer the screening orally or it won't be valid.
- Give the client the Client Copy if they want to read along. They should **NEVER** use this to fill out their own responses.
- Tell the client that the responses will usually be either "Yes" or "No."
- Explain the client's rights under the Privacy of Information Act.
- Make sure the client doesn't have any unanswered questions about the process or the screening.

How to score:

- See directions on page 3 of the tool.

While doing the screening:

- If the client answers "sometimes," clarify the response. If "sometimes" means once or seldom, that's a "no." If "sometimes" means frequently, that's a "yes."
- Always define or clarify words or phrases that are unfamiliar to the client.
- It's okay to give follow-up responses with additional questions, but don't lead responses. Give objective examples, definitions, or descriptions when necessary.

Reviewing the process:

- Summarize the results and make recommendations for next steps; *e.g.*, resources and referrals.
- Answer any questions the client may have.
- If the client fails the screening, explain the process of diagnosis. Discuss preparation for formal assessment, including child care needs, transportation needs, eating breakfast, and resting well the night before, as well as focusing on or visualizing doing the best job they can during assessment.

Note:

- You must have a signed, confidential release-of-information form before any confidential information can be released to any internal or external sources.

- This tool is not appropriate for clients who speak English-as-a-Second-Language, unless the client has attended school in the U.S. for a number of years and is fluent in the English language.

PSYCHOLOGICAL SCREENING REPORT

CLIENT: SOCIAL SECURITY NUMBER:
SEX: COUNSELOR:
DATE OF BIRTH: DATE OF TESTING:

REASON FOR REFERRAL: What is this client's level of intellectual and academic functioning?

TESTS ADMINISTERED

READING-FREE VOCATIONAL INTEREST INVENTORY
WIDE RANGE ACHIEVEMENT TEST-REVISION THREE
REVISED BETA EXAMINATION-SECOND EDITION
SHIPLEY INSTITUTE OF LIVING SCALE
OHIO LITERACY TEST

GENERAL OBSERVATIONS

_____ was cooperative, albeit somewhat distracted, during testing. With regard to task approach, she put forth good effort. Rapport was readily established, and these test results are thought to be valid and reliable estimates of the client's current level of intellectual functioning.

The client reports she attended school through the eleventh grade. She stated she had difficulty with all academic subjects.

_____ was last employed as a clerk in a grocery store. She has also worked as a newspaper carrier, at a fast-food restaurant, and as a day care worker. _____ denied any history of chronic health problems. During the initial interview _____ expressed a vocational interest in working in a discount store.

TEST RESULTS AND INTERPRETATIONS

The Shipley Scale was administered in assessing critical aspects of verbal intelligence. Her performance evinced, in a standard score of 79, distinctly below-average general verbal-academic aptitudes. A below-average sight vocabulary, or word-recognition capacity, was demonstrated with a standard score of 77. _____, in dealing with abstract problems requiring sequential reasoning and judgment, showed in the obtained standard score of 90 average proficiency.

The Revised Beta Examination was utilized for evaluation of selected skills in the area of visual-motor development. Her BETA-II I.Q. equivalent of 90 demonstrated normal abilities.

PAGE TWO

NAME:

DATE:

Reading comprehension skills were sampled by means of the Ohio Literacy Test. A grade level of 5th, with a standard score of 72, indicated marginal literate capacity.

Level of academic attainment was estimated by administering the Wide Range Achievement Test. In Spelling, a grade rating of SIXTH resulted. To facilitate comparison with I.Q. scores, a standard score of 80 may be used. Skill in math computation was assessed; a grade rating of THIRD resulted. The standard score of 63 may be used for comparison with I.Q. scores. This reflects a substantial relative deficiency in comparison with verbal-intellectual ability.

READING-FREE VOCATIONAL INTEREST INVENTORY

_____’s responses on the Reading-Free Vocational Interest Inventory indicated a HIGH INTEREST in the vocational areas of Clerical and Materials. Her responses indicated a LOW INTEREST in the vocational areas of Animal Care, Food Service, Patient Care and Laundry Service.

VOCATIONAL IMPLICATIONS

Following is a list of ways in which _____ observed or reported problem areas are likely to manifest themselves in a vocational setting. These manifestations represent serious limitations in the functional capacities of Communication and Work Tolerance.

DIFFICULTY IN PERFORMING COMPUTATIONAL TASKS
INABILITY TO READ/WRITE ON THE JOB
INABILITY TO READ ASSIGNED WRITTEN COMMUNICATIONS
DEFICIENCY OF MARKETABLE SKILLS

DIAGNOSTIC IMPRESSION

Axis I

1. Reading Disorder
DSM-IV Code 315.00
RS Code 632
2. Mathematics Disorder
DSM-IV Code 315.1
RS Code 632

PAGE THREE

NAME:

DATE:

Axis II

No Diagnosis

DSM-IV Code V71.09

No RS Code

Axis IV

Deferred to Physician

Axis V

SOFAS: 60

(LEVEL II)

CONCLUSIONS AND RECOMMENDATIONS

Findings indicate below average to low average intellectual and academic ability and reflect significant variability among skill areas examined, in a manner often associated with learning disabilities. Guidance and counseling are needed in vocational choice and placement. Provided these services, _____ may reasonably be expected to sustain independent functioning by means of low-demand to semi-skilled employment. _____'s test performance is commensurate with expectations derived from the demonstrated level of formal education and reported academic history.

LEARNING NEEDS SCREENING

INTERVIEWER NAME: _____

INTERVIEW DATE: _____

CLIENT NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ GENDER: MALE FEMALE

HOW MANY YEARS OF SCHOOL HAVE YOU HAD? _____

CHECK ALL EARNED: HIGH SCHOOL DIPLOMA GED
 TECHNICAL/VOCATIONAL CERTIFICATE
 AA DEGREE OTHER (SPECIFY): _____

WHAT KIND OF JOB WOULD YOU LIKE TO GET? _____

DO YOU HAVE EXPERIENCE IN THIS AREA? YES NO

WHAT MAKES IT HARD FOR YOU TO GET OR KEEP THIS KIND OF JOB?

WHAT WOULD HELP? _____

BEFORE PROCEEDING TO THE QUESTIONS, READ THIS STATEMENT ALOUD TO THE CLIENT:

The following questions are about your school and life experiences.

We're trying to find out how it was for you (or your family members) when you were in school or how some of these issues might affect your life now. Your responses to these questions will help identify resources and services you might need to be successful securing employment.

See final page for directions and scoring.

The Learning Needs Screening is not a diagnostic tool and should not be used to determine the existence of a disability.

SECTION A	
1. Did you have any problems learning in middle/junior high school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do any family members have learning problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have difficulty working with numbers in columns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have trouble judging distances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have problems working from a test booklet to an answer sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Count the number of "Yes's" for Section A	__ x 1 =
--	----------

SECTION B	
6. Do you have difficulty or experience problems mixing arithmetic sign (+/x)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Did you have any problems learning in elementary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Count the number of "Yes's" for Section B	__ x 2 =
--	----------

SECTION C	
8. Do you have difficulty remembering how to spell simple words you know?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you have difficulty filling out forms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Did you (do you) experience difficulty memorizing numbers?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Count the number of "Yes's" for Section C	__ x 3 =
--	----------

SECTION D	
11. Do you have trouble adding and subtracting small numbers in your head?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you have difficulty or experience problems taking notes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Were you ever in a special program or given extra help in school?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Count the number of "Yes's" for Section D	__ x 4 =
--	----------

TOTAL YES'S MULTIPLIED BY FACTOR INDICATED

FOR SECTIONS A, B, C, D

--

See final page for directions and scoring.

The Learning Needs Screening is not a diagnostic tool and should not be used to determine the existence of a disability.

14. Check to see if the client has ever been diagnosed or told he/she has a learning disability. If so,
By whom?
When?

Notes: _____

LEARNING NEEDS SCREENING DIRECTIONS

1. Ask the client each question in each section (A, B, C, D) and question #14.
2. Record the client's responses, checking "Yes" or "No."
3. Count the number of "Yes" answers in each section.
4. Multiply the number of "Yes" responses in each section by the number shown in the section subtotal. For example, multiply the number of "Yes's" obtained in Section C by 3.
5. Record the number obtained for each section of the "=" sign in the section subtotal.
6. To obtain a Total, add the subtotals from sections A, B, C and D. If the Total from sections A, B, C and D is 12 or more, refer for further assessment.

Note: It is recommended interviewers ask an additional set of medical/health-based questions to gather more complete background information.

The Learning Needs Screening was developed for the Washington State Division of Employment and Social Services Learning Disabilities Initiative (November 1994 to June 1997) under contract with Nancie Payne, Senior Consultant, Payne & Associated, Olympia, Washington.

The Learning Needs Screening is not a diagnostic tool and should not be used to determine the existence of a disability.

ADDITIONAL QUESTIONS WHICH MAY BE ASKED:

GLASSES:

Does the client need or wear glasses? Yes No

Last examination was within two years? Yes No

HEARING:

Does the client need or wear a hearing aid? Yes No

MEDICAL/PHYSICAL:

Has the client experienced any of the following:

- multiple, chronic ear infections Yes No
- multiple, chronic sinus problems Yes No
- serious accidents resulting in head trauma Yes No
- prolonged, high fevers Yes No
- diabetes Yes No
- severe allergies Yes No
- frequent headaches Yes No
- concussion or head injury Yes No
- convulsions or seizures Yes No
- long-term substance abuse problems Yes No
- serious health problems Yes No

Is the client taking any medications that would affect the way he/she is functioning? Yes No

If yes, what is the client taking? _____

How often? _____

Does the client need medical or follow-up services? Yes No

Referrals needed/made: _____

LEARNING NEEDS SCREENING

Client Copy

How many years of schooling have you had?

Check all earned:

- High School Diploma
- GED
- Technical/Vocational Certificate
- Other (specify):

What kind of job would you like to get?

Do you have any experience in this area?

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

What would help?

The following questions are about your school and life experiences.

We're trying to find out how it was for you (or your family members) when you were in school or how some of these issues might affect your life now. Your responses to these questions will help identify resources and services you might need to be successful securing employment.

1. *Did you have any problems learning in middle school or junior high school?*

2. *Do any family members have learning problems?*

3. *Do you have difficulty working with numbers in columns?*

4. *Do you have trouble judging distances?*
5. *Do you have problems working from a test booklet to an answer sheet?*
6. *Do you have difficulty or experience problems mixing arithmetic signs (+/x)?*
7. *Did you have any problems learning in elementary school?*
8. *Do you have any difficulty remembering how to spell simple words you know?*
9. *Do you have difficulty filling out forms?*
10. *Did you (do you) experience difficulty memorizing numbers?*
11. *Do you have trouble adding and subtracting small numbers in your head?*
12. *Do you have difficulty or experience problems taking notes?*
13. *Were you ever in a special program or given extra help in school?*