



DSPS Intake Interview Supplement Woodland Community College

Name: _____ ID# _____ Date: _____

Are you currently enrolled at Yuba/Woodland/Clear Lake College? Yes__ No__

How many units are you enrolled in? _____

What classes are you taking at Woodland Community College:

What is your major? _____

What are your goals for college?

Have you attended other colleges?

Explain the problems/challenges you are experiencing:

Check specific areas of difficulty:

Reading

- word recognition
- remembering what you read
- getting the main idea
- having to re-read often

Writing

- spelling
- handwriting
- organizing thoughts in writing
- mechanics of English
(grammar, punctuation, etc.)

Math

- basic math
- fractions
- algebra
- other

Notes: _____

Additional Health Information:

Do you have vision problems? Yes ___ No ___

If yes, do you wear corrective lenses or contacts? Yes ___ No ___

When was your last eye exam? _____

Do you have hearing problems? Yes ___ No ___

Have you ever been hospitalized for a major head injury? Yes ___ No ___

Have you ever been diagnosed for any of the following?

Learning Disabilities Yes ___ No ___
If yes, where and when? _____

Attention Deficit Disorder (ADD/ADHD) Yes ___ No ___
If yes, at what age? _____

Physical Disability or Injury Yes ___ No ___
If yes, what is your disability/injury? _____

Psychological Disability Yes ___ No ___
If yes, what is your diagnosis? _____

History of Substance Abuse Yes ___ No ___
Period of time sober/clean _____ years _____ months

Notes: _____

Are you currently in individual or group counseling? Yes ___ No ___

Notes: _____

Are you currently seeing a physician/psychiatrist? Yes ___ No ___
Are you currently taking prescribed medication(s) for any of the above? Yes ___ No ___

If yes, what are you taking and how long have you been using the medications?

If yes, how do side effects of the prescribed medications affect your learning or other major life activities?

Have you ever attended Special Education or remedial classes in school? Yes ___ No ___

Notes: _____

If yes, please indicate: RSP ___ Special Day Class ___ Other _____

Have you received speech therapy? Yes ___ No ___ If yes, age? _____

Does anyone in your family have a learning problem? Yes ___ No ___

Notes: _____

Describe any current family or personal issues which are impacting your education at this time:

Additional Notes:

