



**WOODLAND COMMUNITY COLLEGE**  
**Department of Supportive Programs and Services (DSPS)**  
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## Intake Interview Questionnaire

Student Last Name \_\_\_\_\_ First \_\_\_\_\_ Student ID \_\_\_\_\_

DOB (MM/DD/YY) \_\_\_\_\_ Date \_\_\_\_\_

Are you a currently enrolled student?  Yes  No

At which campus do/will you take classes?  Woodland  Colusa  Clear Lake

Do you plan to take online classes?  Yes  No

If enrolled, how many units are you taking? \_\_\_\_\_ What is your major? \_\_\_\_\_

What classes are you taking? \_\_\_\_\_

What are your goals for college? \_\_\_\_\_

Have you previously attended other colleges/institutes, or served in the military? If so, please explain: \_\_\_\_\_

How many college units have you previously completed? \_\_\_\_\_

Describe the problems/challenges you experience with learning: \_\_\_\_\_

Check specific areas of difficulty that you experience:

**Reading**

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

**Writing**

- spelling
- handwriting
- organizing thoughts in writing
- grammar, punctuation, etc.

**Math**

- basic math
- fractions
- algebra
- other \_\_\_\_\_

Notes: \_\_\_\_\_

**Additional Health Information:**

Do you have vision problems?  Yes  No      Do you wear corrective lenses or contacts?  Yes  No

When was your last eye exam? \_\_\_\_\_

Do you have hearing problems?  Yes  No      Have you experienced a serious head injury?  Yes  No

**Have you ever been diagnosed for any of the following?**

- **Learning Disabilities**  Yes  No

If yes, please briefly explain (type, when, where): \_\_\_\_\_

- **Attention Deficit Disorder (ADD/ADHD)**  Yes  No

If yes, please briefly explain (at what age, grade level, etc.): \_\_\_\_\_

- **Physical Disability or Injury**  Yes  No

If yes, please briefly explain (type, severity, when): \_\_\_\_\_

- **Psychological Disability or Diagnosis**  Yes  No

If yes, please briefly explain (type, severity, when): \_\_\_\_\_

- **History of Substance Abuse**  Yes  No **Currently sober/clean?**  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 medication(s)? \_\_\_\_\_

Do any side effects of the prescribed medication(s) affect your learning or major life activities? \_\_\_\_\_

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

If yes, please indicate:  RSP or Tutorial  Special Day Class (SDC)  Other \_\_\_\_\_

**Have you received speech therapy?**  Yes  No If yes, at what age? \_\_\_\_\_

**Have others in your family been diagnosed with learning problems or learning disabilities?**  Yes  No

If yes, please briefly explain (whom, type, etc.): \_\_\_\_\_

**Please describe any current other personal or family issues that are impacting your education at this time:**

\_\_\_\_\_  
\_\_\_\_\_

**Additional Notes:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_