

Queen's University
Regional Assessment and
Resource Centre

Mackintosh-Corry Hall, B100
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RARC-Q

Screeener Questionnaire

This questionnaire is intended to provide the psychologists at the Regional Assessment and Resource Centre (RARC) with information prior to your initial interview. The information collected here and during the initial interview/screening tests will be used to decide whether a formal psychoeducational assessment is appropriate and, if it is, which tests should be administered. All the information you provide is strictly confidential and no one outside the RARC will have access to it without your knowledge and written consent.

It is important to provide the information requested in as much detail as possible. It may therefore be helpful to discuss the information with your family. Please make every attempt to obtain the documentation requested. If you have trouble answering any of the questions, or wonder about the purpose of a specific question, please discuss these concerns during the initial interview. **Please note that your initial appointment will not be scheduled until this form is returned.**

There is a charge for the assessment, unless you can *provide proof of financial need*. If a formal assessment for a learning disability is recommended and you decide you wish to be assessed, a non-refundable fee of \$1,700 will be charged at the conclusion of the assessment. Funding for this assessment may be obtained if you are eligible to receive even \$1.00 worth of OSAP or OSBP. Some private health insurance plans also cover some or all of the cost. If you do not have the ability to either access such services or have money to pay for the assessment, there is a sliding fee scale so that the charge is geared to your income level. Applications may be made on line at osap.gov.on.ca and students must apply by January 30th.

The assessment process involves tests of intellectual and thinking skills, academic abilities, memory, perceptual skills, and any other tests deemed appropriate. Testing typically takes approximately 8 hours, and you will be invited to complete this in a series of testing sessions, each lasting between 2 and 3 hours.

Some of the people you meet at the RARC will be Queen's graduate students. It helps us to assess *their* competence as trainees if we record testing sessions on video. We will not video anyone without his or her explicit consent, and you are under no obligation to agree to be recorded if you would rather not. Please indicate your preference in this regard by circling one statement:

I have no objection to being recorded on video during a testing session.

I do not want any of my testing sessions recorded on video.

Should you have any questions or concerns, please telephone 533-6311 and speak to any member of the RARC team.

Please sign here to acknowledge having read this information:

Name: _____ Date: _____

BACKGROUND INFORMATION

Name: _____
Student #: _____
Date of birth: _____
Local address: _____

Postal Code: _____
Local Phone #: _____
E-mail Address: _____

- | | | | | |
|----|---|-----|----|--------|
| 1. | Are you OSAP eligible? | Yes | No | Unsure |
| 2. | Are you currently registered with Disability Services? | Yes | No | Unsure |
| 3. | Have you ever received accommodations (special arrangements) in school in the past? | Yes | No | Unsure |

If yes, what were they?

4. a) What are the problems you experience? (i.e., how do you explain what your learning disability is?)

b) What accommodations/assistance do you think you need in order to succeed?

c) What do you hope to get from this assessment?

ACADEMIC RECORD

Please attach the most recent copy of your college or university transcript*. Is this summary attached?

Yes _____ No _____

If no, what attempts have been made to obtain your transcript?

*Your transcript is a cumulative record of all courses taken to date and is sent to you at the end of each semester.

5. What is your current program of study (e.g. Biology, Business)? _____
6. Number of courses completed to date at this college or university: _____
7. Indicate on how many of these courses you received a grade of:
A _____ B _____ C _____ D _____ F _____
8. For those courses in which you received a low or failing grade, please describe what you believe were contributing factors.
Examples:
 - *lack of background knowledge in the subject.*
 - *difficulty understanding abstract or conceptual material.*
 - *too much emphasis on memorization of details (names, definitions etc.).*
 - *professor's teaching style.*
 - *lack of studying and/or poor time management skills.*
 - *difficulty taking exams (e.g. anxiety, not enough time).*

9. Are you in danger of being asked to withdraw at the present time? Yes _____ No _____

If yes, please explain.

10. Have you attended any post-secondary institutions prior to coming to this college or university? Yes _____ No _____

If yes, please provide details.

Have you attached a transcript from that institution? Yes _____ No _____

11. Were you registered with the Special Needs Office? Yes _____ No _____

12. If yes, did you receive any accommodations? Yes _____ No _____

If yes, please provide details.

EDUCATIONAL HISTORY

Elementary School

Please attach copies of your elementary school report cards where available*. Have you attached these copies?

Yes _____ No _____

If no, what attempts have been made to obtain them?

*See Appendix for information on obtaining your school records.

When completing this section you will find it helpful to both talk to family members and refer to your report cards. As it is very important that we obtain accurate information regarding past academic difficulties as a young child, we strongly encourage you to discuss these questions with family members or someone who knew you well as a child.

13. a) Did you discuss the questions in this section with a parent?

Yes _____ No _____

If not, explain why.

13. b) What difficulties in learning did you experience in elementary school? Please use your own words.

Examples

- *learning to read/write/do math/spell etc.*
- *learning new concepts.*
- *expressing your thoughts on paper.*
- *expressing yourself verbally (speaking).*

14. What comments did teachers make *frequently* about you? Be specific. Consider both academic and behaviour, as well as positive and negative statements.

15. Did you receive any "extra help" while in elementary School (e.g., tutoring, resource room assistance)? Yes _____ No _____

If yes, please provide details.

16. Have you ever repeated a grade? Yes _____ No _____

If yes, please provide details.

17. Was there any "special testing" done because of learning difficulties in elementary school? Yes _____ No _____

If yes, what kind of testing was done, and by whom?

Do you have any reports from this testing? Yes _____ No _____

If yes, are these reports attached? Yes _____ No _____

Did you receive any accommodations as a result of this testing? Yes _____ No _____

If yes, please provide details.

Examples:

- *extra time to write exams.*
- *exams to be written in the resource room.*

18. Have you ever been told that you had a "learning disability"?

Yes _____ No _____

If yes, what were you told, and by whom?

19. Have you ever been tested for an attention deficit disorder (AD/HD)?

Yes _____ No _____

If yes, please give dates and details.

Do you have any reports from this testing?

Yes _____ No _____

If yes, are these reports attached?

Yes _____ No _____

20. Have you ever been prescribed medication for an attention deficit disorder (e.g., Ritalin)?

Yes _____ No _____

If yes, please provide the name of the medication as well as the dates and duration of use.

Did the medication help with attention and concentration?

Yes _____ No _____

What significant side effects did you have? (e.g., loss of appetite, sleep disturbances)

23. Throughout high school, were you given an opportunity to retake tests or rewrite essays in an effort to increase your marks? Yes _____ No _____

If yes, please discuss.

24. In what subjects were you most successful in high school? What grade did you get in these subjects?

To what do you attribute this success? Please be specific.

Examples:

- *high interest in the subject.*
- *good background knowledge in the subject.*
- *teacher was very supportive.*
- *small classes.*
- *there were mainly assignments and few exams.*

25. In high school what subjects did you find the most difficult? What grades did you get in these subjects?

To what do you attribute these difficulties? Please be specific.

Examples:

- *little interest in the subject.*
- *weak background knowledge in the subject.*
- *the teacher's teaching style did not match your learning style.*
- *lack of studying.*
- *difficulty getting the exams done in the time given.*
- *a lot of reading.*
- *difficulty understanding or remembering the material.*

26. Was there any "special testing" done in high school because of learning difficulties? Yes _____ No _____

If yes, what kind of testing was done, and by whom?

Do you have any reports from this testing? Yes _____ No _____

If yes, are these reports attached? Yes _____ No _____

Did you receive any accommodations in high school because of learning difficulties? Yes _____ No _____

If yes, please provide details.

Examples:

- *extra time to write exams*
- *exams to be written in the resource room (or some other quiet environment)*
- *marks were not deducted for spelling etc.*
- *opportunity to write a paper in place of an exam, to do a presentation in place of an essay, etc.*

If yes, please describe the accommodations received and indicate how beneficial the accommodations were in helping you compensate for your difficulty (e.g., not at all helpful somewhat helpful, very helpful).

MEDICAL HISTORY

27. To the best of your knowledge, did your mother experience any problems during her pregnancy with you (e.g. accident, illness)? Yes _____ No _____

If yes, explain.

28. What did you weigh at birth? _____

29. As a child, did you ever experience anything other than the normal childhood illnesses (e.g. did you ever have seizures, very high fever for a long time, polio, etc.)? Yes _____ No _____

If yes, please give details.

30. Have you ever had a head injury where you hit your head and lost consciousness? Yes _____ No _____

If yes, when and how?

31. List any medical conditions from which you presently suffer.

32. If you are taking medication(s), please give the names, dosage, and reason for taking.

33. Do you have, or have you had in the past, problems with any of the following?

	YES	No		YES	No
hearing	_____	_____	allergies	_____	_____
vision	_____	_____	drug abuse	_____	_____
head injury	_____	_____	alcohol abuse	_____	_____

If yes, please describe.

34. Have you ever experienced emotional or psychological difficulties (e.g., depression, anxiety)? Yes _____ No _____

If yes, please describe.

Did you receive any treatment? Please explain.

35. Are you having any difficulties with stress, anxiety, depression or other problems now? Yes _____ No _____

If yes, please describe.

FAMILY HISTORY

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

37. What is your country of birth? _____

If you were born outside of Canada, at what age did you move to Canada? _____

What effect did this have on your learning (if any)?

38. Parent's occupation: Mother _____

Father _____

39. Parent's education: Mother _____

Father _____

40. Do you have any siblings? Yes _____ No _____

If yes, please indicate their age and educational level.

41. Does anyone in your family have learning difficulties? Yes _____ No _____

If so, whom? Is it a "diagnosed" learning disability?

Did they receive any special help for these difficulties? Yes _____ No _____

42. Does anyone in your family have an attention-deficit disorder (AD/HD)? Yes _____ No _____

If so, whom? Is it a "diagnosed" disorder?

43. How would you describe growing up in your family?

44. What are your relationships like with your family now?

LATERALITY

45. Are you right or left-handed? Right _____ Left _____

46. Do you do everything with that hand? Yes _____ No _____

47. Do you have trouble telling right and left? Yes _____ No _____

If yes, how do you cope?

CAREER GOAL

48. Are you currently employed? Yes _____ No _____

If yes, please describe your job, including number of hours per week.

49. Please list any other jobs you had in the past and how long you were employed:

50. Are you planning to attend graduate school? Yes ____ No ____ Unsure ____

51. What is your career goal, if any?

52. What are the academic requirements for this career?

53. How committed are you to this career? Somewhat ____ Quite ____ Extremely ____

54. What are your alternate career goals, if any?

AREAS OF STRENGTH

NON-ACADEMIC STRENGTHS

Please discuss your non-academic strengths (e.g., social skills, sports, musical talent, artistic ability, etc.).

Please write a short story of at least one page on the topic of your choice. You may write about anything you wish, but you must **write it**, and use this page.

SCREENING CHECKLIST FOR SUSPECTED LEARNING DISABILITIES

- 0 - describes me **ALMOST NEVER**
- 1 - describes me **SOMETIMES**
- 2 - describes me **OFTEN, or TO A VERY LARGE DEGREE**

PART A - ACADEMIC DEFICITS

READING

	Almost Never	Sometimes	Often
<u>Speed</u>			
I would describe myself as a slow reader as compared to other students....	0	1	2
<u>Decoding</u>			
It is difficult for me to "sound out" unfamiliar words.....	0	1	2
I frequently understand a passage better if someone reads it to me, than if I read it silently to myself.....	0	1	2
I have always been a very poor "oral reader"	0	1	2
<u>Comprehension</u>			
I have difficulty finding the "main idea" when I read, and/or distinguishing between the main idea and the supporting detail.....	0	1	2
I often need to read material several times before I understand it.....	0	1	2
I frequently have difficulty with the vocabulary of what I read (interpreting the meaning of the words).....	0	1	2

	Almost Never	Sometimes	Often
I have trouble reading "between the lines" for meaning, and/or understanding what the author is implying.....	0	1	2

Visual spatial skills

I follow along, with my finger or pencil when I read.....	0	1	2
I lose my place, or skip words or lines when I read.....	0	1	2
I read words or letters out of order, e.g., "turn over" vs. "over turn", "grill" vs. "girl".....	0	1	2
I have difficulty focusing on the page, e.g., the words "swim around".....	0	1	2
Fluorescent lighting often bothers my eyes.....	0	1	2

History of difficulty

I have had difficulty with reading from an early age.....	0	1	2
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WRITTEN LANGUAGE

Spelling

No matter how hard I try, I have frequent spelling errors.....	0	1	2
I often misspell the same words, as well as large words.....	0	1	2
I can misspell the same word several ways.....	0	1	2
I have had difficulty with my spelling from an early age.....	0	1	2

	Almost Never	Sometimes	Often
<u>Written expression</u>			
I express myself better when speaking than I do when writing.....	0	1	2
I have difficulty putting my thoughts on paper.....	0	1	2
I have difficulty with sentence structure and/or poor grammar.....	0	1	2
I have been told that my essays are poorly organized, or have thoughts out of order.....	0	1	2
My essays are typically short for the purpose.....	0	1	2

Visual spatial skills

My written work is poorly organized on the page.....	0	1	2
I sometimes reverse letters or numbers when I write, e.g., b=d; 41=14; who=how.....	0	1	2
I frequently lose my place when copying from the blackboard or overhead..	0	1	2

History of difficulty

I have had difficulty with written language from an early age.....	0	1	2
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MATHEMATICS

Calculations

As a child, I had difficulty mastering basic arithmetic facts (+ - x ÷).....	0	1	2
I use a calculator or paper and pencil instead of doing simple calculations in my head.....	0	1	2
"Correct method, wrong answer" can be used to describe me.....	0	1	2

Concepts

	Almost Never	Sometimes	Often
I have difficulty with abstract concepts in math , e.g., symbols, ratio, proportion.....	0	1	2
I have difficulty working with fractions, decimals, and percentages.....	0	1	2
I have always had difficulty understanding definitions and vocabulary in math, e.g., inverse, probability, greater than.....	0	1	2
I have difficulty understanding and remembering rules and procedures in math.....	0	1	2

Reasoning/Problem Solving

I have difficulty with math reasoning (problem solving) in math.....	0	1	2
I frequently resort to "trial and error" when attempting to solve a math problem.....	0	1	2
I have difficulty reading and understanding "word problems" because I can't always "find the math".....	0	1	2
I have difficulty remembering the sequence of operations in math.....	0	1	2

History of Difficulty

I have had difficulty with math from an early age.....	0	1	2
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SPOKEN LANGUAGE

I express myself better in writing than I do when speaking.....	0	1	2
I know what I want to say, but often have difficulty expressing my thoughts and ideas when I speak.....	0	1	2
I often have difficulty finding "the right word" when speaking.....	0	1	2

	Almost Never	Sometimes	Often
I frequently mispronounce words.....	0	1	2
I have had difficulty with spoken language from an early age.....	0	1	2

PART B - PROCESSING DEFICITS

MEMORY DEFICITS

I have difficulty memorizing facts or details, e.g., dates names, formulae...	0	1	2
I forget much of what I read as soon as I read it.....	0	1	2
I forget most of what I studied soon after the exam.....	0	1	2
I have difficulty remembering what I hear in lectures.....	0	1	2
If I don't "write it down", I will forget it.....	0	1	2
I tend to forget appointments and other commitments.....	0	1	2
I forget what my parents or others ask me to do.....	0	1	2
I frequently lose or leave things behind, e.g., keys.....	0	1	2
I have had difficulty with memory from an early age.....	0	1	2

LANGUAGE PROCESSING

Reasoning

I frequently have difficulty understanding and/or using logic.....	0	1	2
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	Almost Never	Sometimes	Often
I have difficulty with "cause and effect" reasoning.....	0	1	2
I have difficulty with hypothetical thinking, e.g., if...then.....	0	1	2

Conceptualization

I have difficulty understanding abstract concepts, theories, and ideas.....	0	1	2
I often require concrete demonstrations before I understand something.....	0	1	2
My friends and family often tell me that my thinking is rigid and concrete....	0	1	2

Integration

I have difficulty organizing my thoughts and ideas.....	0	1	2
I have difficulty concentrating on more than one thing at a time.....	0	1	2
I can come to intelligent conclusions, but it often takes me longer than it does for many people.....	0	1	2
I am not good at "thinking on my feet".....	0	1	2
I often find it hard to identify the essential requirements of a task.....	0	1	2

AUDITORY PROCESSING

My parents or teachers have complained because "I don't seem to listen"..	0	1	2
I sometimes misunderstand what I hear, e.g., "rain gear" vs. "reindeer".....	0	1	2
I have difficulty filtering out background noises, e.g., in lectures, restaurants.....	0	1	2
I often have to ask others to repeat what they said.....	0	1	2

VISUAL PROCESSING DEFICITS

	Almost Never	Sometimes	Often
I often have difficulty visualizing what something looks like.....	0	1	2
I have never enjoyed doing jigsaw puzzles.....	0	1	2
I sometimes find it hard to see perspective, 3D shapes.....	0	1	2
I have difficulty describing events in their proper order (either oral or written).....	0	1	2
I have a hard time following sequential instructions.....	0	1	2
As a child, I often was confused about the concepts of "in front of/ behind", "before/after", "yesterday/tomorrow".....	0	1	2

SPATIAL DEFICITS

I get lost easily when I am driving, or in the mall shopping.....	0	1	2
I sometimes become disoriented when my familiar environment is rearranged.....	0	1	2
I sometimes cannot see something that is right in front of me, e.g., my keys on my desk.....	0	1	2
My desk and/or my room is so disorganized that I cannot find anything.....	0	1	2
I confuse "left/right".....	0	1	2

MOTOR DEFICITS

I consider myself clumsy, awkward and/or accident-prone.....	0	1	2
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	Almost Never	Sometimes	Often
No matter how hard I try, my handwriting looks sloppy or immature.....	0	1	2
I prefer to print.....	0	1	2
As a child, I had difficulty learning to tie my shoes, do up buttons, and/or use scissors.....	0	1	2

TEMPORAL DEFICITS

No matter how hard I try, my assignments are often late.....	0	1	2
I have trouble being "on time" for class or appointments.....	0	1	2
I tend to over-commit myself.....	0	1	2
No matter how good my intentions are, I end up doing "all-nighters" before exams, or when papers are due.....	0	1	2

SOCIAL SKILLS DEFICITS

I have difficulty "reading" people, interpreting body language, and facial expressions.....	0	1	2
I often miss the message behind sarcasm, teasing or jokes.....	0	1	2
I find it difficult to look people in the eye when talking.....	0	1	2
As a child, I preferred friends that were younger or older than I.....	0	1	2
I have always felt "different", as if I don't fit in.....	0	1	2

PART C - SELF-ESTEEM/CONFIDENCE

SELF-ESTEEM/CONFIDENCE

	Almost Never	Sometimes	Often
My self-esteem is low with respect to scholastic competence.....	0	1	2
My self-esteem is low with respect to intellectual ability.....	0	1	2
My self-esteem is low with respect to creativity.....	0	1	2
My self-esteem is low with respect to job competence.....	0	1	2
My self-esteem is low with respect to athletic competence.....	0	1	2
My self-esteem is low with respect to relationships with peers.....	0	1	2
My self-esteem is low with respect to relationships with parents.....	0	1	2
I have often been told that I could do better, if only I tried.....	0	1	2
I was teased or isolated a lot as a child.....	0	1	2
I have always felt frustrated and angry because of an inability to do well in school.....	0	1	2

SCREENING CHECKLIST FOR ATTENTION DEFICIT/HYPERACTIVITY DISORDER

This checklist examines difficulties that you may be experiencing with attention, concentration and/or distractibility. While some of the questions may be similar to those previously answered, this checklist looks more closely at these issues. Please answer each question as honestly and as accurately as possible by indicating the degree to which the statement describes you as follows:

- 1 - **DOES NOT DESCRIBE ME AT ALL**
- 2 - describes me **TO A SLIGHT DEGREE**
- 3 - describes me **TO A MODERATE DEGREE**
- 4 - describes me **TO A LARGE DEGREE**
- 5 - describes me **TO A VERY LARGE DEGREE**

ATTENTION

	Not at all	Slight Degree	Moderate Degree	Large Degree	Very Large Degree
I often have difficulty focusing my attention and concentrating except when I am very interested in something.....	1	2	3	4	5
I have a short attention span and need to be brought back to the task at hand.....	1	2	3	4	5
I frequently "tune in and out" during lectures, or when others are speaking.....	1	2	3	4	5
I notice insignificant details of an event, but often miss the most important and significant details.....	1	2	3	4	5
When reading, often my eyes scan the words, but my mind is somewhere else.....	1	2	3	4	5

	Not at all	Slight Degree	Moderate Degree	Large Degree	Very Large Degree
As a child, teachers frequently commented that I "daydreamed" a lot, or I had problems paying attention in school.....	1	2	3	4	5

DISTRACTIBILITY

I am easily distracted by noise, movement or clutter.....	1	2	3	4	5
I am constantly noticing or thinking of things unrelated to the task I am doing.....	1	2	3	4	5
I often lack attention to detail.....	1	2	3	4	5
I jump from topic to topic in conversation.....	1	2	3	4	5
As a child, teachers often commented that I was easily distracted.....	1	2	3	4	5

HYPERFOCUSING

At times I get "stuck" on one thought or project, and have difficulty moving on to other things.....	1	2	3	4	5
Sometimes I become so involved in what I'm doing that I completely lose track of time.....	1	2	3	4	5
Sometimes people talk to me when I'm engrossed in something and I don't hear them.....	1	2	3	4	5

IMPULSIVITY

I tend to "go with my feelings" and often don't think before I act.....	1	2	3	4	5
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	Not at all	Slight Degree	Moderate Degree	Large Degree	Very Large Degree
I interrupt others in conversation or I often blurt out answers to questions before they have been completed.....	1	2	3	4	5
As a child, I got into trouble in school for talking or misbehaving.....	1	2	3	4	5

HYPERACTIVITY

I am often restless - fidgeting, drumming my fingers, jiggling my foot, squirming in my chair, playing with my hands or hair, etc.....	1	2	3	4	5
I often talk excessively.....	1	2	3	4	5
I have difficulty waiting in line or waiting my turn in group situations....	1	2	3	4	5
My parents and/or teachers considered me hyperactive as a child. (ran about and climbed on things, difficulty staying seated, moved about excessively during sleep, always on the go).....	1	2	3	4	5

ORGANIZATION

I can never find anything on my desk or in my room because it is so disorganized.....	1	2	3	4	5
I try to get organized, but it often does not last very long.....	1	2	3	4	5
I become overwhelmed if I have too many choices.....	1	2	3	4	5
I have difficulty managing money (bills, check book a mess, spending unnecessarily, many "late" fees).....	1	2	3	4	5

TIME MANAGEMENT

	Not at all	Slight Degree	Moderate Degree	Large Degree	Very Large Degree
I have trouble being on time - I miss deadlines and/or appointments..	1	2	3	4	5
I tend to over commit myself.....	1	2	3	4	5
I am a notorious procrastinator.....	1	2	3	4	5
I am unrealistic about how long something will take.....	1	2	3	4	5

SOCIAL/INTERPERSONAL RELATIONSHIPS

I have trouble making friends and/or maintaining relationships.....	1	2	3	4	5
As a child, I had trouble getting along with other children.....	1	2	3	4	5
As a child, I was considered "immature".....	1	2	3	4	5

SELF-DISCIPLINE

I have difficulty sticking to my plans for "self-improvement".....	1	2	3	4	5
I have taken up and dropped many activities and/or interests.....	1	2	3	4	5
I can't tear myself away from projects I like, even when I know I will be late for something important, or will let someone down.....	1	2	3	4	5
It is difficult for me to stay inside and study when my friends invite me to go out.....	1	2	3	4	5

SLEEP PROBLEMS

	Not at all	Slight Degree	Moderate Degree	Large Degree	Very Large Degree
I have very irregular sleep patterns.....	1	2	3	4	5
Falling asleep at night is difficult for me - my mind does not want to shut down.....	1	2	3	4	5
I often oversleep or have difficulty waking up in the morning – I need coffee, or activity before I am fully awake.....	1	2	3	4	5
Sitting in class or studying, I quickly feel tired, no matter how much sleep I had the night before.....	1	2	3	4	5

SEARCH FOR HIGH STIMULATION

I drink four or more cups of coffee or cola drinks a day.....	1	2	3	4	5
I have a tendency toward addictive behaviour - food, alcohol, drugs, work.....	1	2	3	4	5
I am a risk taker (driving too fast and/or recklessly, gambling, etc.)....	1	2	3	4	5
I like doing many things at one time.....	1	2	3	4	5
I often find myself in high stress situations, such as not leaving myself sufficient time to study, or leaving an important assignment at the last minute.....	1	2	3	4	5

FRUSTRATION TOLERANCE

I become easily frustrated.....	1	2	3	4	5
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	Not at all	Slight Degree	Moderate Degree	Large Degree	Very Large Degree
I give up easily if I can't figure out how to do something.....	1	2	3	4	5
I have been called impatient.....	1	2	3	4	5
I make a big deal out of little things and/or am accused of overreacting.....	1	2	3	4	5

ANGER CONTROL

I have a short fuse and anger easily.....	1	2	3	4	5
I have, or have wanted to, punch holes in walls or doors out of anger..	1	2	3	4	5
I fought frequently as a child.....	1	2	3	4	5

EMOTIONS

My moods change frequently.....	1	2	3	4	5
I become depressed much more readily and to a greater degree than other people when I encounter loss, frustration, or defeat.....	1	2	3	4	5
I have a "thin skin".....	1	2	3	4	5
As a child I was often teased for becoming upset.....	1	2	3	4	5
I have taken medication for anxiety or depression.....	1	2	3	4	5
I am afraid that I will "never get my act together".....	1	2	3	4	5
I tend to put myself down.....	1	2	3	4	5
I have a chronic sense of underachievement.....	1	2	3	4	5
I have been told that I am "unmotivated", "lazy", "stupid", "bad".....	1	2	3	4	5

OPPOSITIONAL BEHAVIOR

	Not at all	Slight Degree	Moderate Degree	Large Degree	Very Large Degree
I have been called "stubborn", "wilful", "difficult".....	1	2	3	4	5
I don't like being told what to do.....	1	2	3	4	5
I have difficulty going through established channels, or following proper procedure.....	1	2	3	4	5

FAMILY HISTORY

(Includes parents, grandparents, siblings, aunts, uncles, cousins, etc.)

Other family members demonstrate one or more of these behaviours - continually restless, easily distracted, disorganized, hot-tempered, impulsive and/or moody.....	1	2	3	4	5
There is a family history of learning problems.....	1	2	3	4	5
There is a family history of alcoholism, substance abuse, depression and/or mood disorders.....	1	2	3	4	5

EARLY HISTORY

I have had difficulty with concentration, short attention span and distractibility since an early age.....	1	2	3	4	5
I have had difficulty with impulsivity and/or hyperactivity since an early age.....	1	2	3	4	5
There is a history of not living up to my potential in school. Comments on report cards may read – "could do better if tried".....	1	2	3	4	5

Retrospective checklist for symptoms of ADHD

NOTE-Parent or other adult who knew you as a child must complete this.

Person who completed this form: Mother____ Father____ Other(please specify)_____

Please rate the following statements concerning your child with respect to him/her **between ages 5-12**. Rating scale is as follows:

0=never

1=very rarely (once or twice a year)

2=occasionally (once a month)

3=often (once a week)

4=almost always (more than once a week)

5=daily

Behaviours to be rated	0	1	2	3	4	5
Failed to give close attention to details						
Made careless errors/mistakes in schoolwork, work, or other activities						
Had difficulty sustaining attention to a work related task						
Had difficulty sustaining attention to play activities						
Did not seem to listen to what was being said to him/her						
Did not follow through on instructions (e.g. Was told to complete a task, but got sidetracked and forgot what he/she was to do)						
Daydreamed, spent time thinking his/her own thoughts						
Failed to finish schoolwork, chores or duties in the home (not because he/she was being deliberately stubborn or oppositional)						
Avoided or strongly disliked tasks (such as schoolwork or homework) that required sustained mental effort						
Lost items necessary for required task (e.g. School assignments, pencils, books, tools, toys)						
Easily distracted from a task by external events, sounds, sights						
Forgetful in daily activities (e.g. forgot mittens at school, forgot boots at school, forgot to wear mittens to school)						
Fidgety and restless (hands or feet or squirmed)						
Left seat (classroom, dinner table, etc) where remaining seated was expected						
Ran about or climbed excessively in situations where it was inappropriate (e.g. Church, shopping centre, grandparent's house)						
Complained of feeling very restless and unhappy with having to sit still						
Had difficulty playing quietly or engaging in quiet leisure activities						
Talked excessively						
Acted as if driven by a motor. Could not remain still						
Interrupted conversations or would intrude on the conversations of others						
Blurted out answers to questions before the question was finished						
Had difficulty taking turns and waiting						
Was abused or victimized						

APPENDIX

OBTAINING DOCUMENTATION

Report Cards/Ontario Student Transcripts

Your parents may have kept these documents in a safe place. If you are not able to obtain them from your family, it may be possible to obtain copies from your **ONTARIO SCHOOL RECORD (OSR)**. (see below).

What is the Ontario School record? The OSR is the ongoing, confidential record of a student's educational progress through schools in Ontario. The collection of this information is authorized by the Education Act and the Freedom of Information and Privacy Act. An OSR is established for each student who enrolls in an elementary or secondary school that is operated by a public or separate school board in Ontario. School boards are responsible for ensuring compliance with Ministry of Education and Training policies regarding OSR.

Where is the OSR kept? A student's OSR is filed in the office at the last school attended in Ontario.

Who has access to the OSR? All adult students (and the parents of students under the age of 18) have the right to examine the OSR and to receive a copy of its contents if they desire.

What does the OSR contain? An OSR consists of the OSR folder, various supporting documentation and other information. In the OSR the following information is included:

- report cards
- a documentation file, if required, which might include such material as an educational or psychoeducational assessment report
- the Ontario Student Transcript, which is the cumulative record of a student's successful completion of secondary school courses
- any additional information considered relevant for the improvement of instruction of the student.

If any part of this documentation file has been removed from the OSR and stored in another location, for whatever reason, the Principal must direct the parent or adult student requesting the report to the originator. In the case of a psycho-educational assessment report, it may be stored as the Psychological Services Department within that school board.

Unofficial Summary of Academic Record

A copy of your Academic Record is sent to you from the college or university each semester. If you do not have a copy, one can be obtained from the Record's Office at your institution. If you have not yet completed your first semester, this record will not be available to you.