

PACE Pre-Assessment Questionnaire

Assessment is for _____ Date of Birth _____
LAST FIRST MI

Sex: ☐ Male ☐ Female Race: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Native American ☐ Other: _____

Address _____ City _____ State _____ Zip _____

Email _____ Primary contact phone _____

Please check all the ways you heard about us:

☐ Web ☐ Magazine ☐ Newspaper ☐ Radio ☐ Television ☐ Referral (list) _____ ☐ Other: _____

Which prompted your call? _____ Details: _____

List occupation and employer of parent(s) or of adult client: _____

Check the education level obtained by the parent or guardian with the highest education level (or of adult client):

☐ Did not complete High School ☐ Completed High School ☐ 2-Year College Degree ☐ 4-Year College Degree ☐ Post-Graduate Degree

General Information

Give a brief statement of the primary reason for today's assessment:

What are your expectations of our programs?

Indicate any diagnosis/labels/disorders that have been used to describe this person:

☐ ADHD ☐ Autism Spectrum Disorder ☐ Dyslexia/Reading Problems ☐ Gifted/Talented ☐ Learning Disability ☐ Intellectual Disability

☐ Speech/Language Impairment ☐ Traumatic Brain Injury ☐ Other: _____

Learning and Medical History

Indicate any problems in the following areas:

<input type="radio"/> Reading	<input type="radio"/> Comprehension	<input type="radio"/> Reversals of letters or words	<input type="radio"/> Motivation/behavior
<input type="radio"/> Writing	<input type="radio"/> Avoidance of school or work	<input type="radio"/> Loses place/skips lines	<input type="radio"/> Low self-esteem
<input type="radio"/> Math	<input type="radio"/> Works too hard	<input type="radio"/> Poor memory	<input type="radio"/> Overly active
<input type="radio"/> Spelling.	<input type="radio"/> Slow work	<input type="radio"/> Attention/concentration	<input type="radio"/> Other: _____

List any past or current help, training, or tutoring utilized for the above problems: _____

Birth was ☐ premature ☐ late ☐ normal Birth weight: _____ Any complication during pregnancy or delivery? ☐ Yes ☐ No

List all major health problems to date: _____

Is the individual being assessed on any medication for ADD/ADHD? ☐ Yes ☐ No List current medications: _____

List any other factors that may affect his/her performance: _____

As a complimentary service, we share test results with other professionals you work with. Providing us with contact information will authorize us to share this data with them. Please provide the information you have available here:

Teacher's name, email, phone, school: _____

Physician's name, email, phone, address: _____

Other professional — name, email, phone, address: _____

Information for school-aged students

Mother's (Last, First, MI) _____ Phone (H) _____ (W) _____ (C) _____

Father's (Last, First, MI) _____ Phone (H) _____ (W) _____ (C) _____

Guardian's (Last, First, MI) _____ Phone (H) _____ (W) _____ (C) _____

Guardian's relationship to student: _____ List grade, school, and teacher: _____

Is the student achieving at expected levels in school? ☐ Yes ☐ No Comments: _____

Has the student ever repeated a grade? ☐ Yes ☐ No Please explain: _____

Type of classroom: ☐ Mainstream for all subjects ☐ Special classroom for all subjects ☐ Special classroom for some subjects

Additional Comments: _____

Learning & Behavior Rating Scale

Please read each of the following statements and rate this individual according to the following scale. Place your rating number in the provided space to the right of each statement. Be sure to rate every item.

Compared to others of the same age and gender, this behavior:

- 0 - Occurs less often OR the question doesn't apply to the age of this person
- 1 - Occurs at about the same frequency
- 2 - Occurs slightly more
- 3 - Occurs considerably more
- 4 - Occurs significantly more

1. Is careless	<input type="text"/>
2. Fidgets or squirms	<input type="text"/>
3. Swears or uses obscene language	<input type="text"/>
4. Often asks to have things repeated	<input type="text"/>
5. Has difficulty maintaining attention	<input type="text"/>
6. Overreacts	<input type="text"/>
7. Loses temper	<input type="text"/>
8. Has poor study and work habits	<input type="text"/>
9. Has difficulty organizing activities	<input type="text"/>
10. Leaves seat in class	<input type="text"/>
11. Argues with adults	<input type="text"/>
12. Reverses letters or words	<input type="text"/>
13. Fails to follow through on tasks	<input type="text"/>
14. Runs or climbs excessively	<input type="text"/>
15. Refuses adults' requests or rules	<input type="text"/>
16. Feels schoolwork is too hard	<input type="text"/>
17. Takes a long time to complete tasks	<input type="text"/>
18. Has difficulty playing quietly	<input type="text"/>
19. Deliberately does things that annoy others	<input type="text"/>
20. Does not complete school assignments	<input type="text"/>
21. Avoids prolonged mental effort	<input type="text"/>
22. Answers questions before they are completed	<input type="text"/>
23. Blames others for mistakes	<input type="text"/>
24. Has difficulty remembering	<input type="text"/>
25. Is distracted by other activities	<input type="text"/>
26. Has difficulty waiting for turn	<input type="text"/>
27. Is angry and resentful	<input type="text"/>
28. Has difficulty learning math facts	<input type="text"/>
29. Does not listen	<input type="text"/>
30. Is touchy or easily annoyed by others	<input type="text"/>
31. Holds grudges and seeks revenge	<input type="text"/>
32. Has difficulty with abstract concepts and reasoning	<input type="text"/>

33. Poor spelling grades or test scores	<input type="text"/>
34. Worries about future events	<input type="text"/>
35. Poor reading comprehension	<input type="text"/>
36. Has poor handwriting	<input type="text"/>
37. Poor math grades or test scores	<input type="text"/>
38. Worries about past behaviors	<input type="text"/>
39. Makes spelling errors in written assignments	<input type="text"/>
40. Squints, blinks or rubs eyes when reading	<input type="text"/>
41. Dislikes school	<input type="text"/>
42. Is concerned about what others will think	<input type="text"/>
43. Has difficulty sounding out unknown words	<input type="text"/>
44. Has difficulty hearing	<input type="text"/>
45. Makes grammatical errors	<input type="text"/>
46. Is overly concerned about himself/herself	<input type="text"/>
47. Had ear infections or speech problems in the past	<input type="text"/>
48. Has poor coordination	<input type="text"/>
49. Poor reading grades or test scores	<input type="text"/>
50. Needs reassurance in many areas of life	<input type="text"/>
51. Needs words repeated when taking spelling tests	<input type="text"/>
52. Has speech difficulties	<input type="text"/>
53. Receives low test scores	<input type="text"/>
54. Complains about physical discomforts	<input type="text"/>
55. Avoids reading	<input type="text"/>
56. Complains about eye strain or fatigue	<input type="text"/>
57. Has difficulty writing a paper	<input type="text"/>
58. Appears tense or unable to relax	<input type="text"/>
59. Reading is slow or choppy	<input type="text"/>
60. Is bothered by loud sounds	<input type="text"/>
61. Has poor vocabulary	<input type="text"/>
62. Fears taking tests	<input type="text"/>
63. Has difficulty reading or spelling phonetically	<input type="text"/>
64. Skips words or lines when reading	<input type="text"/>

- Neuro-Development Delay (NDD) Checklist -

Check a box if one or more items in the list opposite the box apply.

Risk Factors

Pregnancy (for child) complicated by:

- ☐ Threatened miscarriage? Illness or fever? Severe morning sickness? Accident or fall? Surgery? Medications? High blood pressure? Excess fluid retention? Extended bed rest? Viral infection? Prolonged stress?

Labor:

- ☐ Prolonged or rapid? Caesarian? Forceps? Fetal distress? Complications? Induced?

Birth:

- ☐ More than two weeks early or late?
- ☐ Weight less than 5 lbs.?
- ☐ A blue baby? Difficulties for child? With breathing? Heavily bruised? Low Apgar score? Distorted skull? Infection? Jaundice?

Infancy:

- ☐ Feeding problems in the first six months?
- ☐ Walking or talking began after 18 months?
- ☐ Unusual/severe reactions to immunization?
- ☐ During first 18 months: Illness involving high fever? Delirium? Convulsions?

Family History:

- ☐ Reading/writing difficulties? Learning disorders? Motion sickness? Underachievers?

Common Manifestations

Oculomotor (Eye):

- ☐ Liked being read to, but resisted active reading? Difficulty with reading right from the start? Did well first learning to read, but later began to avoid Reading? Never read for pleasure?
- ☐ Loses comprehension and concentration when reading a short time? Eye discomfort and/or headache from reading or study? Frequent breaks when reading? Frequent headaches, especially on school days?

Fine Motor Coordination:

- ☐ Slow learning to button clothes or tie shoelaces? Resisted or avoided drawing, cutting or coloring? Trouble coloring within lines?
- ☐ Writing deteriorates after only a few pages? Excessive writing pressure? Has "odd" grip? Hand or arm discomfort from writing? Avoids writing tasks? Written expression poor when compared to verbal skills?

- ☐ Difficulty when learning to write? Avoids cursive, preferring to print? Writing began well, but developed poorly? Reverted to printing in later grades?

Vestibular (Balance and Motion):

- ☐ Travel sickness, fatigue or headaches while riding or reading in the car?
- ☐ Late learning to ride two-wheeled bicycle? Dislikes swings, positions with head back washing hair or fast amusement rides?

Spatial and Time Perception:

- ☐ Difficulty learning to tell time or read analog clock? Unable to accurately judge time? Time-related concepts — slow down, hurry up — "don't compute?" Often late?
- ☐ Poor spatial orientation or directional sense? Difficulty with right from left? Poor organizational skills? Can't recognize normal social "space?" Conflict with peers? Misreads social interactions? Few friends: relates more readily to younger children?

Coordination:

- ☐ By the age of 8-10, hand/eye coordination difficulties? Problems catching a ball?
- ☐ Poor coordination? Difficulty with sports, physical education or gymnastics?
- ☐ With fatigue, coordination deteriorates, becomes clumsy or spills things?

Other:

- ☐ Wet bed, even occasionally, after age 5?
- ☐ First 8-10 years of life, frequent "ear, nose, and throat" problems — colds, ear infections, sinus infections or bronchitis? .
- ☐ Severe headaches, may become migraines?
- ☐ Problems with speech; subtle, appearing only when tired? Mixing up of words? Must think or concentrate on what to say
- ☐ Difficulty concentrating, short attention span, only when reading or writing? Takes frequent breaks doing homework?
- ☐ Struggles constantly, needing an inordinate amount of work to maintain average or evening passing grades? Studies longer than peers who receive similar grades?
- ☐ Poor torso and body flexibility? Difficulty sitting cross legged or touching toes?

Listening Skills Questionnaire

Date: _____ Client: _____ . Age : _____

Filled-out By: _____ Relationship / Title: _____

Developmental and Environmental History (Please check if applicable)

- | | |
|--|--|
| <input type="checkbox"/> History of ear infections
<input type="checkbox"/> Delayed speech or language development
<input type="checkbox"/> Exposure to loud sounds such as gunfire or loud concerts
<input type="checkbox"/> Concussion or head trauma | <input type="checkbox"/> Delayed motor development
<input type="checkbox"/> Emotional trauma, including dangerous or frightening experiences
<input type="checkbox"/> Ringing in one or both ears (which? _____)
<input type="checkbox"/> Headaches |
|--|--|

This questionnaire is designed to provide information about the client's auditory processing skills and the effect that they are having on language, communication, behavior, learning, and motor skills.

Please respond to each of the following based on how this individual compares with others of similar age and background.

Response Choices

- 0: Not a problem
 1: Seldom
 2: Sometimes
 3: Often
 4: Very Often

Ability to Understand What People Say

Needs to have information or instructions repeated	
Says, "Huh?" or "What?"	
Confuses similar sounding words	
Has difficulty understanding discussions	
Has difficulty following conversations	
Has difficulty remembering / following more than one or two directions	
Has trouble understanding humor / jokes	

Listening Skills; Auditory Memory

Easily distractible when listening	
Short auditory attention span	
Oversensitive to certain sounds	
Tires easily	
Becomes sleepy when listening to speakers	
Feels that people talk too fast	
Gets confused in noisy situations	

Trouble with sound discrimination (phonemic awareness)	
Daydreams or tunes out in class	
Difficulty hearing and understanding in background noise such as TV, others talking, music, children playing etc.	
Difficulty hearing and understanding in a quiet room; others may be present but are being quiet	
Difficulty listening when there is also some other form of input (such as watching speaker's face, a demonstration or illustration, listening to another read, and reading along	
Trouble immediately recalling spoken information	
Trouble recalling spoken information (such as instructions, word spelling, numbers, etc.) when delayed recollection is required (1 hour or more)	
Trouble remembering order or sequence of spoken information	

Oral Communication Skills

Delay in speech or language development	
Has a slow or delayed response	
Monotone voice quality	
Speech lacks fluency and rhythm	
Difficulty with word retrieval (finding the words he/she wants to say)	
Uses "Um" when speaking	
Uses vague language	
Confuses prepositional words such as "on" and "in"	

Difficulty speaking in complete sentences	
Poor grammar	
Difficulty organizing and expressing thoughts	
Tendency to ramble when retelling or explaining	
Uses few descriptive words	
Difficulty summarizing	
Difficulty reconstructing a story in appropriate order	
Difficulty giving a meaningful account of the events of the day	
Difficulty speaking in front of the class or a group	
Difficulty getting started with open-ended questions	
Loses his/her way in sentences or fails to finish longer sentences	
Speaks mostly in phrases or single sentences. Does not elaborate	
Trouble articulating, or saying, certain sounds	
Avoids typical interactions with strangers in noisy environments such as ordering at a fast food counter	
Trouble talking on the phone	
Trouble rephrasing a point if he/she is not understood the first time	
Difficulty using humor	

Academic/School and Work Skills

Difficulty with phonics	
Difficulty with reading fluency	
Difficulty with reading comprehension	
Difficulty with spelling	
Can memorize words for spelling tests but cannot retain over time	
Difficulty remembering questions when called upon in class or meetings	
Difficulty with math concepts	
Difficulty with math calculations and math facts	
Difficulty with written expression	
Difficulty with writing mechanics (capitalization, punctuation, etc.)	

Behavior and Social Skills

Low frustration tolerance	
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Poor self-image or low self-esteem	
Difficulty making or keeping friends	
Withdraws from or avoids social interactions	
Mood swings or moodiness	
Tendency towards irritability	
Tends to be anxious or tense	
Low motivation	
Difficulty getting started	
Difficulty completing tasks	
Poor planning and organization skills	
Difficulty with time concepts and punctuality	
Difficulty "reading" body language, facial expressions, and tone of voice.	
Tends to be forgetful	
Lacks tact	
Difficulty making judgments and generalizing to new situations	

Energy Level

Excessively tired at the end of the day	
Procrastinates	
Hyperactive	
Tendency towards depression	
Trouble getting self going in the morning	
Very slow moving	

Motor Skills

Poor balance or coordination	
Tends to be clumsy or awkward	
Excessive body movement when speaking	
Poor posture, including slouching and slumping	
Confusion with right and left	
Confusion about location and direction	
Poor sense of rhythm	
Poor handwriting	
Poor athletic skills	