

Six Steps to Academic Success (SSAS)
University Center for the Development of Language and Literacy (UCLL)

Program Application and Case History Form

IDENTIFYING INFORMATION

Name: _____

Address: _____

Field of Study: _____

Topics of interest for reading: _____

Name of person who referred you to this clinic: _____

Today's Date _____

Age: _____ Sex: ___ M ___ F

Birthdate: _____

Phone #: _____

Cell #: _____

E-mail: _____

BACKGROUND INFORMATION

Has anyone in the family had a history of speech, language, or reading difficulties? ___ Yes ___ No

Please explain: _____

I am concerned about my:

___ understanding of language

___ reading

___ math

___ ability to communicate

___ writing

___ social interaction

___ speech

___ spelling

___ academic success

SPEECH, LANGUAGE AND LEARNING INFORMATION

1. Please describe your concern about your language, literacy, and/or learning abilities.

2. When were your difficulties first noted? _____

3. Has the problem ___ improved ___ worsened ___ remained the same? Please explain:

4. Are there situations in which you have particular difficulty?

___ Yes ___ No If yes, please describe: _____

5. Are you bilingual? ____ Yes ____ No Other Language: _____

What is the primary language used at home? _____

What is the primary language used at work? _____

6. How have your language-learning difficulties affected the following?

Social interactions with peers: _____

Willingness to talk to others: _____

Participation in the classroom: _____

Academic success: _____

Work performance: _____

7. Do you feel that your self-esteem has been affected by your language or learning abilities?

____ Yes ____ No If yes, please describe: _____

8. Has your hearing been tested? ____ Yes ____ No

If yes, please provide date and result of testing: _____

9. a) Please describe what you do well. _____

b) Please describe your interests. _____

c) Please describe your strengths. _____

10. Are you currently enrolled in language therapy and/or tutoring? ____ Yes ____ No

If yes, has it helped? _____

of sessions weekly: _____ Length of each session: _____

11. Please describe any other related services that you currently receive. _____

➤ **How much can you afford to contribute to this program (the cost is \$150):** _____