

Is there a history of learning disabilities in the family? _____

Explain: _____

What areas do you feel are your strengths?

Have you experienced any problems in your job which seem to be related to your educational weaknesses?

Explain: _____

In what areas do you feel you need the most help?

How did you hear about the program?

Religious Affiliation: _____

C. MEDICAL/DEVELOPMENTAL HISTORY

Check where applicable:

_____ Recent eye exam

_____ Asthma

_____ Wear glasses

_____ Seizures

_____ Recent hearing exam

_____ Head injury

_____ Hearing difficulty

_____ Stroke/Heart problems

_____ History of ear problems

_____ Right handed

_____ Speech problems

_____ Left handed

Comments: _____

Are you presently on medication? _____

If yes, please identify type and dosage. Explain any effects of medication on behavior/personality:

Is this medication for a specified duration or one which is taken continually?

PERMISSION FOR TESTING/REPORTING

The Discovery Program of IL, LLC would be pleased to arrange a psycho-educational assessment for you. If you choose this option, a separate check for \$600 payable to Discovery Program of IL, LLC must accompany this application.

- I give permission for Discovery Program of IL, LLC to arrange a complete psycho-educational assessment.
- I choose the above option and have enclosed check for \$600.

Signature

Date