



### STRUCTURED INTERVIEW - LEARNING DISABILITIES

Therapist:

Assessment date:

No Subject:

**ENTREVISTA LEARNING DISABILITIES ADULTOS**

Name and lastname: .....

Date of birth: ..... Genre: .....

Educational level: .....

Socioeconomical level: .....

Worker: YES/NO                      Field of work:.....                      Years working:.....

Parents age:.....                      Parents educational level:.....

Parents with previous or current disorders:

Emotional YES/NO                      Social YES/NO                      Behaviour YES/NO                      Learning YES/NO                      Other.....

No brothers or sisters:.....                      Age of brothers or sisters :.....

Brothers or sisters with previous or current disorders:

Emotional YES/NO                      Social YES/NO                      Behaviour YES/NO                      Learning YES/NO                      Other.....

Problems at/during birth YES/NO What kind?: .....

Previous psychological evaluation? YES/NO

Previous diagnosis YES/NO What kind?: .....                      Age of diagnosis .....

Previous special educational needs? YES/NO What kind?: .....

Previous official educational support? YES/NO What kind?: .....

Repeat any academic year? YES/NO                      Which one?: .....

Previous developmental disorder? YES/NO                      Cognitive: YES/NO                      Motor: YES/NO                      Sensory: YES/NO

Previous or current chronic illness or medical issue: YES/NO Which one?: .....

Are you taking any drug or under Pharmacotherapy? YES/NO Which one?: .....



**SPECIFIC LEARNING DISORDERS ACCORDING TO DSM-5**

**A. Tell me which of the following symptoms or difficulties you have/ had at least during the last 6 months despite the provision of extra help or targeted instruction:**

<b>1. Impairment in reading</b>		<b>YES</b>			<b>NO</b>
Word reading accuracy	Mild	Moderate	Severe		
Reading rate or fluency	Mild	Moderate	Severe		
Reading comprehension	Mild	Moderate	Severe		
<b>2. Impairment in written expression</b>		<b>YES</b>			<b>NO</b>
Spelling accuracy	Mild	Moderate	Severe		
Grammar and punctuation accuracy	Mild	Moderate	Severe		
Clarity or organization of written expression	Mild	Moderate	Severe		
<b>3. Impairment in mathematics</b>		<b>YES</b>			<b>NO</b>
Number sense	Mild	Moderate	Severe		
Memorization of arithmetic facts	Mild	Moderate	Severe		
Accurate or fluent calculation	Mild	Moderate	Severe		
Accurate math reasoning	Mild	Moderate	Severe		

\* At least "yes" in one ítem → Continue

**B. Your academic achievement is/was significantly lower than most students of the same age OR you achieve/achieved good results due to unusually high levels of effort and ongoing support YES/NO**

**C. The difficulties arise in the early years of schooling YES/NO What age?.....**

**D. Tell me if you have/had:**

	<b>YES</b>	<b>NO</b>
Auditory impairment		
Visual acuity problems		
Mental disorders		
To face psychosocial adversity		
You recieve/ recieved an inadequate academic instruction		
Intellectual disability		

\*In all ítems "No" → Continue

In some ítem "Yes" → Ask for more information about it (e.g. its implications, treatments, etc.)

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