

IMPACT Ministries

Symptom Checklist – Learning Concerns

Student's Name: _____ Grade: _____ Date of Concern: _____

Birthdate/Age: _____ Referring Teacher: _____ Rm. _____

Any grades repeated: _____ Has the student been tested for learning Disabilities? _____

(Check any symptoms seen or exhibited during classtime)

- ___ A. **Reading, (low reading ability, staggered reading fluency, comprehension problems, other _____.)**
- ___ B. **Math (difficulty remembering facts, process and understanding of concepts, other _____.)**
- ___ C. **Attention/distraction (unable to finish assignments, distracted easily, difficulty in focusing into lecture, or assignments)**
- ___ D. **Completing task, time management (unusually slow at task, Or in writing, or in completing an assignment)**
- ___ E. **Impulsivity (anger control, verbal outbursts, actions)**
- ___ F. **Fine-motor coordination (difficulty seen in the physical process and mechanics of writing, difficulty in using hands to coordinate desires)**
- ___ G. **Language processing/ comprehension (seems to not understand verbal language, speaks disjointed, no continuity in conversation)**
- ___ H. **Visual Perception (cannot copy accurately, frequent misreading of words, cannot seem to write out math problems accurately, when writing out math problems, has difficulty keeping columns straight, difficulty with spacing.)**
- ___ I. **Auditory Perception (has difficulty understanding a series of verbal directions, cannot seem to recall simple verbal commands, seems like he is not listening, confuses verbal instruction, does better with written material & directions)**
- ___ J. **Excessive Hyperactivity (jumps from one task to another, unable to concentrate for a period of time like that of his peers, in need of movement; rock, tap, feet constantly moving, drops pencil often, need to get out of seat for any reason.)**

- ___ K. Independent Work**
 ___ Cannot work without supervision
 ___ Cannot focus, highly distracted
 ___ Has difficulty finding materials, loses, forgets...
 ___ Works very slowly
 ___ Cannot get started

- ___ L. Memory Skills**
 ___ Cannot recall general information
 ___ Cannot recall simple procedures and ideas
 ___ Cannot reproduce on paper prior to visual experiences
 ___ Cannot recall instructions heard, always asking for a repeat

- ___ M. Hypo-active**
 ___ Always seems dazed
 ___ Daydreamer
 ___ Quiet, seems to be 5 minutes behind everyone
 ___ Tired, lethargic

- ___ N. Focuses on Everything**
 ___ Distracted auditorially
 ___ Distracted visually
 ___ Attention on everything but where it should be
 ___ Cannot seem to focus long enough on task to complete it

Subject	Excellent	Good	Fair	Poor	Attendance	Comments
Reading						
Math						
Spelling						
Language						
History						
Science						
Bible						

Any additional insights: _____

I have contacted the family about this referral to the IMPACT ministries. ___Yes ___no.

