Name: ______________________________ SSN or Student ID#: __________

Semester/Year: ______________________ Date: __________________

WEST VALLEY COLLEGE
Disability and Educational Support Program
(DESP)
Intake/Interview Booklet
INTAKE INTERVIEW
Disability and Educational Support Program

STUDENTS: The Chancellor’s Office of the community college system is required to gather and maintain certain student information. This information is the ethnicity, gender, age, and disability status of students requesting services through the disabled student services program.

Providing this information is strictly voluntary for you. However, in order to receive funds the college is required to complete each item since this form is the only means which the college has for gathering the required information. For this reason, we ask your assistance in completing the form.

DESCRIPTIVE INFORMATION

Name (Print) ____________________________  Date ____________________________
Address ________________________________  Home Phone __________________________
City ____________________________  Zip __________________________
Can you be contacted at work?  □ Yes  □ No  Work Phone __________________________
Gender ________  Date of Birth ________  Place of Birth __________________________

List name of person to notify in case of emergency during the weekdays:
Name ____________________________  Relationship ____________________________  Phone ________________
Address ________________________________  City ____________________________  Zip ________________
E-mail Address ____________________________  Cell Phone ________________

REFERRAL INFORMATION

1. Who referred you to our program? ____________________________  (Name)  ________________  (Agency)  ________________

2. Why were you referred? ________________________________________________________________

3. In what academic areas have you experienced difficulty? (Check all that apply.)

   _____ Reading  _____ Understanding lectures
   _____ Spelling  _____ Comprehending concepts
   _____ Math  _____ Remembering information
   _____ Writing  _____ Completing assignments on time
   _____ Taking tests  _____ Organizing written work
   _____ Study skills  _____ Self-confidence in school
   _____ Taking notes  _____ Motivation
   _____ Time management
4. Describe your academic difficulties ____________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

5. Are or were you a client of the Department of Rehabilitation? □ Yes □ No
   • If yes, please identify:
     a. What is your disability according to Dept. of Rehab.? _______________________
     b. What is your Dept. of Rehab. Status?   □ Just Applied   □ Current   □ Closed
     c. Rehabilitation counselors name_________________________ Phone ______________
     d. What is your rehabilitation plan? _________________________________________

6. Are or were you receiving services from any of the following? (Check all that apply.)
   _____ DSP&S    _____ EOPS    _____ Cal Works    _____ Financial Aid
   _____ SSI      _____ SSDI     _____ San Andreas Regional Center
   _____ None     _____ Other Services __________________________________________

DEVELOPMENTAL HISTORY

7. Were there any medical or developmental problems before or after your birth or during the birth
   process? □ Yes □ No
   If yes, explain ___________________________________________________________

8. To your knowledge, was there anything unusual about your early development, e.g., delayed speech;
   late crawling or walking; problems using scissors, printing, or writing? □ Yes □ No
   If yes, explain ___________________________________________________________

9. Do you feel you grew up in a stimulating environment in terms of each of the following:
   a. frequent exposure to spoken language □ Yes □ No
   b. availability of books, magazines, or other print materials □ Yes □ No
   c. enrichment experiences (e.g., museums, libraries, etc.) □ Yes □ No
   Please explain ____________________________________________________________
FAMILY HISTORY

10. Does anyone in your family have a learning problem? □ Yes □ No
    • If yes, describe _____________________________________________________________
      _____________________________________________________________
      _____________________________________________________________

11. Does anyone in your family have any other type of disability (e.g., physical, emotional, vision or hearing impairment)? □ Yes □ No
    • If yes, describe _____________________________________________________________
      _____________________________________________________________
      _____________________________________________________________

12. Describe any family or personal issues that you feel have affected your learning in the past. 
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________

13. Describe any current family or personal issues that are impacting your education at this time.
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________

WORK HISTORY

14. Are you currently employed □ Yes □ No
    If yes, please describe current employment:
    a. Where? ________________________________________________________________
    b. Job Duties? _____________________________________________________________
    c. Number of hours per week? _________ Job Title ________________________________
    d. What is your weekly work schedule? __________________________________________
    e. How long have you had this job? _______ Years _______ Months _______ Weeks

15. Describe any previous jobs, length of employment, and job duties. __________________________
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________
HEALTH INFORMATION

PHYSICIAN’S NAME: _______________________________ Phone: (____) _________

Address: _______________________________ City: _______________ Zip: ______

Disability (list all physical conditions – such as: CP, CVA, heart by-pass, etc): __________________________

____________________________________________________________________________________

Resulting limitations: ______________________________________________________________________

____________________________________________________________________________________

Allergic to the following medication(s) _______________________________________________________

16. Do you have vision problems □ Yes □ No

If yes, describe: _________________________________________________________________________

17. Do you wear glasses or contact lenses? □ Yes □ No

18. Have you had an eye exam within the last two years? □ Yes □ No

If yes, when? ___________________________________________________________________________

19. Do you have problems with hearing? □ Yes □ No

If yes, describe: _________________________________________________________________________

20. Did you have frequent ear infections or tubes in your ears? □ Yes □ No

21. Do you wear a hearing aid? □ Yes □ No

22. Have you had a hearing exam within the last five years? □ Yes □ No

If yes, when? __________________________________________________________________________

23. Are you on any medication at the present time? □ Yes □ No

• If yes, please identify:
  a. Name(s) of medication(s) ______________________________________________________________
  b. Dosage _____________________________________________________________________________
  c. For what condition(s) _____________________________________________________________________
  d. Side effects __________________________________________________________________________

24. Have you ever been on a long-term program of medication? □ Yes □ No

• If yes, describe _________________________________________________________________________
25. Do you have allergies or asthma? □ Yes  □ No
   If yes, please answer the following questions:
   a. Describe: ______________________________________________________________
   b. How do the allergies, asthma, and/or medications influence your class work? ____________________________

26. Have you ever had difficulties with any of the following:
   a. attention? □ Yes  □ No
   b. concentration? □ Yes  □ No
   c. hyperactivity? □ Yes  □ No
   • If yes, describe difficulties during each of the following:
     a. study time _____________________________________________________________
     b. lecture ______________________________________________________________
     c. tests ________________________________________________________________

27. Have you ever been evaluated for Attention Deficit (Hyperactivity) Disorder? □ Yes  □ No
   • If yes, when and by whom? ______________________________________________
     What were the results? __________________________________________________

28. Have you ever had a head injury’? □ Yes  □ No
   • If yes, at what age? ____________ Were you hospitalized? □ Yes  □ No
     Please explain __________________________________________________________

29. Have you ever been unconscious due to illness or injury? □ Yes  □ No
   • If yes, for how long? _____________________________________________________
     Please explain __________________________________________________________

30. Have you ever had seizures? □ Yes  □ No
   • If yes, specify when and describe: _________________________________________

31. Have you ever had a neurological exam (e.g., CAT scan, MRI)? □ Yes  □ No
   • If yes, please answer the following questions:
     a. at what age? ___________________________________________________________
     b. for what reason? ______________________________________________________
32. Have you ever had any serious injuries or illness? □ Yes □ No
   • If yes, specify when and please describe their impact on your education: __________________________

33. Do you have a history of mental health problems? □ Yes □ No
   • If yes, please answer the following questions:
     a. Were you ever hospitalized for mental health problems? □ Yes □ No
     b. Have you been treated as an outpatient? □ Yes □ No
     c. Have you participated in mental health counseling? □ Yes □ No

34. Do you have a history of substance abuse? □ Yes □ No
   • If yes, please answer the following questions:
     a. Were you ever hospitalized for substance abuse? □ Yes □ No
     b. Have you been treated as an outpatient? □ Yes □ No
     c. Have you participated in counseling for substance abuse? □ Yes □ No
     d. For how long have you maintained sobriety? __________________________

EDUCATIONAL INFORMATION

35. As far as you can recall, when did you first start having problems in school?

36. Why do you think you have had problems in school? (Check all that apply.)
   □ Specific learning disability □ Tasks too difficult □ Bad luck
   □ Home environment □ Lack of interest in school □ Limited ability
   □ Emotional problems □ Lack of opportunity □ Poor attendance
   □ Economic disadvantage □ Other (specify): __________________________

37. Did you frequently change schools in elementary or secondary school? □ Yes □ No
   • If yes, explain: __________________________

38. Did you ever stay back or repeat a grade in school? □ Yes □ No
   • If yes, what grade(s) and why? __________________________
39. Were you ever tested for eligibility in special education prior to college? □ Yes □ No
   • If yes, when and why? ____________________________

40. Have you ever been in special education, remedial, or gifted classes? □ Yes □ No
   • If yes, what type of classes? (Check all that apply.)
     □ Special Day Class □ Resource Program □ Remedial Class
     □ Speech and Language services □ Gifted □ Other _________
   • If you were in special education or remedial classes, in what high school classes were you mainstreamed? ____________________________

41. What other school-related activities or issues influenced your achievement (e.g., sports, clubs, etc.)? ____________________________________________

42. Did you drop out of school between kindergarten and 12th grade? □ Yes □ No
   • If yes, please answer the following questions:
     a. in what grade(s)? ____________________________
     b. for what reasons? ____________________________
     c. did you complete a GED? If yes, when? ____________________________

43. Are you a high school graduate? □ Yes □ No
   • If yes, a. list name and location of high school: ____________________________
     b. date of graduation: ____________________________

44. Have you attended any other college or university? □ Yes □ No
   If yes, where? ____________________________________________

45. For how many semesters/quarters have you attended college? ____________________________

46. How many units have you earned? ____________________________

47. In how many units (hours) are you currently enrolled? _____ Units (hours)

48. Are you required to take a certain number of units? □ Yes □ No
   • If yes, how many units and why? ____________________________

49. Are you on academic probation or dismissal? □ Yes □ No
   • If yes, why? ____________________________
50. Are you on progress probation or dismissal?  □ Yes  □ No
   • If yes, why? ____________________________________________

51. Describe any problems you are experiencing with your current classes. How much time do you spend each week (including Saturday and Sunday) studying and preparing for each of these classes?

<table>
<thead>
<tr>
<th>Class</th>
<th>Describe Difficulties</th>
<th>Weekly Study Time</th>
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52. Have you discussed your difficulties with the instructor or with a counselor?  □ Yes  □ No

53. What college support services have you used? List the college(s), the service you received and the length of time used. ____________________________________________

54. In what type(s) of classes have you done well? ____________________________________________

55. What are your goals for attending college? ____________________________________________

   College Major ____________________  College Counselor ____________________

56. List the highest level English, math, reading, and study skills courses you have completed (including high school if appropriate.)

<table>
<thead>
<tr>
<th>Class</th>
<th>Level (basic skills, advanced, grade level, algebra, etc)</th>
<th>Grade Received</th>
<th>Date Completed</th>
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<tbody>
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<td>English:</td>
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<td>Study Skills:</td>
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CULTURAL AND LINGUISTIC INFORMATION

(In completing this section it may be appropriate to consult with family members who may have more in-depth information.)

57. Where were you born? __________________________________________

58. How long have you lived in the United States? ________________________

59. Do you periodically move back and forth to the United States? □ Yes □ No
   • If yes, describe: __________________________________________

60. Were you raised in the culture of the United States? (includes exposure to schools, television, libraries, etc.) □ Yes □ No

61. Is English your first and only language? □ Yes □ No
   • If no, please answer the following questions:
     a. What other language(s) do you speak? _________________________
     b. What other language(s) do you read? __________________________
     c. What other language(s) do you write? __________________________
     d. What language did you learn first? _____________________________
     e. What is your primary language? _________________________________
     f. In which language do you feel you communicate best? ____________