



**Please return the completed form to [sdrc@csudh.edu](mailto:sdrc@csudh.edu) or to Welch Hall D-180.**

**Date:** \_\_\_\_\_

*Learning Disability Assessment Questionnaire*

**Student Name:** \_\_\_\_\_ **ID #:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Are you registered with the SDRC? Y or N**

**Have you been assessed for a disability before? Y or N**

If so, when and by whom? \_\_\_\_\_

**Do you have documentation of a disability? Y or N**

If yes, please provide a copy.

**Have you met the math course requirement? Y or N If no, number of attempts? \_\_\_\_\_**

**Current GPA and Academic standing:** \_\_\_\_\_

**Primary Concern/Need:**

\_\_\_\_\_

**How can the SDRC office best support you?**

\_\_\_\_\_

*Briefly share how you learn.*

**Learning Strengths:**

\_\_\_\_\_

**Learning Weaknesses:**

\_\_\_\_\_

**What strategies help you learn best?**

\_\_\_\_\_

**What makes learning most challenging for you?**

\_\_\_\_\_