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AUTHOR Cooper, Richard
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ABSTRACT

This document is designed to assist individuals administering the Cooper Screening of Information Processing (C-SIP), which is intended as a diagnostic teaching tool that allows teachers or others to determine, in a conversational setting, whether a person manifests any common characteristics of learning problems. After a brief introduction, a Quick Start section is provided for individuals who prefer to try using the test before reading about it in detail. The remainder of the guide is an in-depth explanation of the C-SIP that is organized according to the C-SIP's actual section headings, which are titled as follows: "Educational History"; "Attention"; "Motor Skills"; "Auditory"; "Right/Left Discrimination"; "Organizational Skills"; "Employment"; "Emotional"; "Social and Family"; "Oral Communication"; "Writing"; "Handwriting"; "Basic Math Skills"; "Math Skills"; "Math Vocabulary"; "Reading"; "Reading Comprehension"; "Vocabulary"; "Avoidance"; and "Goals" (an optional section). Each of the corresponding sections in the administrator's manual explains the following: the purpose of the given section of the C-SIP; things administrators should look for when asking the questions in the section; and special considerations in administering the questions in the given section to certain individuals (for example, individuals in certain age groups or with certain learning difficulties). The C-SIP test booklet is included. (MN)

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Cooper Screening of Information Processing

(C-SIP)

Administrator's Manual

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Richard Cooper, Ph.D.

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Introduction

The Cooper Screening of Information Processing was developed by Dr. Richard Cooper to provide teachers and other professionals with a way to determine if a person manifests any common characteristics of learning problems. The screening can be thought of as a diagnostic teaching tool. A teacher over time would obtain much of the same information as he or she got to know the student and observed the way the student learned and the errors which the student commonly made.

The screening is designed so that it can be used without extensive training. Some information about the student will be obtained by a person administering the screening for the first time, but much more information will be obtained after the person has administered the screening to many different students. Each time the person administers the screening the similarities and differences among students will become clearer.

This manual is divided into two parts 1) the quick start and 2) the in-depth explanation. The Quick Start section is for those who, like myself, prefer to try something and read about it later. The in-depth explanation is for those who like to read about something before trying it.

Ideally the Screening is administered individually, but parts of it can be administered to a group. However, the amount of information gained from a group administration will be less than when completed individually.

Individuals who have observed the administration of the Screening report that it flows more like a conversation than an assessment. This is because the administrator can add more questions to obtain clarification or more information about the topic being asked. Many times individuals being screened report that it did not feel like they were being tested.

The Screening usually takes about 45 to 50 minutes to administer, but, for individuals with very low self-awareness or very low basic skills, the screening may only take 15 or 20 minutes. However, the screening can take longer than an hour with individuals who need to explain everything.

QUICK START

1) Read through the screening and answer the questions for yourself. Record the total yes responses on the Screening Summary and note whether any of the sections correspond to your own weaknesses.

2) Administer the screening to a family member, friend or colleague to get a feeling for how it flows. It should be administered like a conversation. Some questions do not have a yes or no answer *Are you organized or disorganized?* Mark yes if the person is disorganized. Score the summary sheet, and think about how the results compare to what you know about the person.

3) Administer the screening to another person who you would not suspect of having any learning problems and compare the results to the results of the other person you screened.

4) Administer the screening to a student who you suspect has weak academic skills and compare the results to the other two that you administered.

5) Read this manual for a better understanding of each section of the screening.

What is the purpose of this section?

The first page is designed for the collection of personal and background information.

What to look for?

Watch for the reason the person has come for the assessment. This will set the tone and sequence of the screening. Individuals who have chosen to take the screening tend to be more open and the screening can be administered in the order it is laid out. The sequence may be different for individuals who are required to take the screening. These persons may try to answer the questions the way they think the person requiring the screening would like them to be answered. For example, a person who is referred by an employer may try to minimize any learning difficulties. I usually then administer the skills part of the screening first, beginning with handwriting. After we have completed the handwriting, math, reading and vocabulary sections, I go back and ask the questions in the other sections.

Special considerations:

For most people being screened the personal information provides only the factual information, however, occasionally individuals will manifest problems such as remembering their age, birth date, address, or phone number. Make notes about such problems.

The reason for the screening and who referred the person can provide valuable information about how to administer the screening. For example, an adult referred for a reading problem will have a different emphasis than the person who is referred by an employer who is concerned about low productivity. The administration of the screening for a child who is doing poorly in elementary school will differ from a college student who is struggling with a math course.

Cooper Screening For Information Processing

Evaluation Date ___/___/___ Client's Date of Birth ___/___/___ Age ___

Client's Name _____ Interviewer _____

Address _____ Agency _____

_____ S ___ M ___ D ___ W ___

City _____ State _____ Zip _____

Phone _____

Reason for the Screening _____

Referred by _____ at _____

What is the purpose of this section?

The Educational History Section is designed to provide an understanding of how much and what type of educational experiences the person has had. The amount of education the person has had will set the tone for the rest of the screening. For example if the person being screened was referred by a literacy council to determine how to best teach the person to read and the person dropped out of school during the 9th grade from special education classes, the questions may need to be re-worded to simpler language. The reading section would begin with line one, and the Level II vocabulary would be used and if the person has little trouble with that level, then Level III would also be used. In contrast, if the person is a college graduate, self-referred to determine why he or she is having difficulty on the job, the questions can be asked as written, the reading section may be spot checked, Level III vocabulary would be administered and much attention would be paid to work history, social skills and any thought process which was significant.

What to look for?

Through this section the administrator of the screening can get a sense for the person's attitude about school. Was it a good experience? Was it a frustrating experience?

Special considerations:

If the person attended many schools, it is not necessary to list them all. What is important is the type of schools the person attended, e.g. public or private, regular classes or special education. If the person dropped out of school, ask why and note the reason if the person provides it. Ask if the person remembers any labels, even informal ones, that were used to describe the person's school performance such as: dyslexic, learning disabled, slow learner, not living up to potential, good with their hands etc. Any other information about the person's educational history can be noted on page 12 (*Observations, Notes*)

Educational History

Current grade or last grade completed _____

Schools _____

Best Subject _____

Worst Subject _____

Did you drop out of high school before graduation? Yes _____

Did you like school? (Mark yes if the person disliked school.) Yes _____

Did you ever fail a subject or repeat a grade? Yes _____

Did you ever have to attend summer school to make up work? Yes _____

Did you have difficulty with English or Language Arts classes? Yes _____

Did you have difficulty with math classes? Yes _____

Were you ever in special education classes? Yes _____

Were you ever tested for a learning disability, ADD or other problems? Yes _____

If yes, at what age? _____

Were you ever labeled? (e.g. LD, ADD, dyslexic, brain damaged) Yes _____

emotionally disturbed, retarded, a behavioral problem, slow learner, etc.)

What Label (s) _____

Reported Problems _____

Summary of Educational History Yes Total # _____

What is the purpose of this section?

The purpose of the Attention Section is not to diagnose ADD but rather to determine if the person's mind is racing.

What to look for?

Watch for quick speech, restlessness and distractibility.

Special considerations:

The first four questions provide a sense to what degree attention can be a problem. A person answers yes to the first question and no to the other three obviously has less of an attention problem than the person who answers yes to the first four questions.

Attention

Were you an active child?	Yes _____
Were you ever called hyper or hyperactive, even informally?	Yes _____
Are you an active person now?	Yes _____
Do you have a high energy level compared to your peers?	Yes _____
Do you find your mind racing so you get too many ideas or thoughts at once?	Yes _____
Do you have many tasks, projects, going on at once?	Yes _____
Do you have a short attention span?	Yes _____
Do you have a tendency to day dream?	Yes _____
Do you leave doors and drawers open?	Yes _____
Are you easily distracted?	Yes _____
Summary of Attention Problems	Yes Total # _____

What is the purpose of this section?

The purpose of the Motor Skills Section is to determine if weak motor skills are a problem.

What to look for?

Watch for the persons movements and handwriting. Are they awkward or clumsy?

Special considerations:

If the person is not old enough to drive, ask about riding a bicycle. If the person is old enough but does not drive, ask why and make a note of the reason. Many adults with reading problems have never obtained a drivers license while others are afraid to drive because of poor motor skills. Only about 10% of the individuals I have screened have motor skill problems, but for them such difficulties can have a significant impact on their education and life.

Motor Skills

Do you have poor handwriting?	Yes _____
Did you avoid playing sports as a child?	Yes _____
Do you avoid playing sports now?	Yes _____
Do you find driving difficult?	Yes _____
Are you a poor driver?	Yes _____
Do you frequently drop or spill things?	Yes _____
Do you consider yourself clumsy?	Yes _____
Do you have problems with hand/eye coordination?	Yes _____
Summary of motor problems	Yes Total # _____

What is the purpose of this section?

The purpose of the Auditory Section is to determine if the person has difficulty with auditory perception and racing thoughts which limit auditory perception.

What to look for?

First pay attention to any words that the person might miss or misinterpret. Individuals with a racing mind will often exhibit triggering when rhyming e.g. *slow -- fast, quick -- fix*. Triggering is the term to describe the phenomenon of a person's thoughts jumping past the correct response to the next logical response or to the opposite response.

Special considerations:

The first question is usually answered with a definite yes or a questioning look. Those individuals who have this problem know it because it usually has caused the person difficulty in social situations. The person who does not have this problem wonders why you would ask such a question.

Auditory

Do you find yourself listening to more than one conversation at a time?	Yes _____
<i>Rhyme the word:</i>	
<i>CAT</i> _____	
<i>SLOW</i> _____	
<i>QUICK</i> _____	
Person has difficulty rhyming?	Yes _____
Do you often mishear words that are said to you?	Yes _____
Do you misinterpret what is said to you?	Yes _____
Do you take things that are said too literally or miss double meaning or jokes?	Yes _____
Do you have difficulty paying attention to long conversations or lectures?	Yes _____
Do you have difficulty hearing what one person is saying when there are a lot of people talking?	Yes _____
Does your mind race ahead thinking about the first things that was said to you so you do not hear or pay attention to the rest of what was said?	Yes _____
Do you have difficulty with spelling?	Yes _____
Do you have difficulty reading (decoding or sounding out) unfamiliar words?	Yes _____
Summary of Auditory Problems	Yes Total # _____

Right/Left Discrimination

Page 3, Part 1

What is the purpose of this section?

The purpose of the Right/Left Discrimination Section is to determine if the person makes reversals, confusibles or has difficulties with directions or “either/or” relationships.

What to look for?

Some people have a clue to remember right or left, like a ring, a watch or the feeling of the hand the person writes with. If they need a clue, then mark yes to the first question.

Special considerations:

1) If a person responds that he/she does not know if reversals were a problem as a child, but has or evidences this problem (handwriting sample), then you can check “yes” for the problem as a child. 2) If a person does not use a screwdriver, you can ask if he/she needs to stop and think which way turn the handles to adjust the temperature in a shower. 3) You do not have to ask if the person stops at green lights if the person does not drive or has answered no to most of the questions.

Right/Left Discrimination

Do you confuse you right and left?	Yes _____
Check: How do you know your right and left? _____	
Did you reverse letters or numbers as a child?	Yes _____
Do you reverse letters or numbers now, or get phone numbers wrong?	Yes _____
Do you have to stop and think when someone tells you to turn right or left?	Yes _____
Do you have difficulty making choices (what to eat, where to go, what to do)?	Yes _____
Do you have to stop and think which way to loosen a screw that is tight?	Yes _____
Do you point one way when you mean the other or say the opposite as you point?	Yes _____
Do you have difficulty with North, South, East and West?	Yes _____
Do you find <i>True and False</i> questions difficult or do you read too much into questions?	Yes _____
Do you find the same is true for some multiple choice questions, or have difficulty deciding between two answers which are similar?	Yes _____
Do you find yourself stopping for green lights?	Yes _____
Do you get lost in large buildings, malls or parking lots?	Yes _____
Do you have difficulty reading maps or have to turn them to match the direction you are traveling?	Yes _____
Summary of Right/Left Discrimination	Yes Total # _____

What is the purpose of this section?

The purpose of this section is to determine if the person has difficulty with organization.

What to look for?

Watch for evidence of disorganization such as disorganized personal effects or papers, coming late or other things which indicate that the person may be disorganized.

Special considerations:

If the person does not write much, you should skip the question of writing. If the person's communication is disorganized, then, even if the person states that oral communication is organized, mark it as a "yes" answer.

Organizational Skills

Are you organized or disorganized? disorganized	Yes _____
Do you tend to collect too many things?	Yes _____
Is your living or work space messy or disorganized?	Yes _____
Do you misplace or lose things, especially little things such as keys, combs glasses, pens, pencils, homework, tools, utensils, etc.?	Yes _____
Are you often late?	Yes _____
Do you have difficulty planning or using free or unstructured time?	Yes _____
Do you have difficulty organizing your ideas when you write?	Yes _____
Do you have difficulty organizing your ideas when you speak?	Yes _____
Summary of Organizational Skills	Yes Total # _____

What is the purpose of this section?

This section is designed to collect information about a person's work history and any problems which may be related.

What to look for?

Make note of the jobs the person has had, not necessarily a detailed work history, but rather the types of jobs. Ask about and note any patterns of problems obtaining or maintaining employment.

Special considerations:

Some individuals may not be forthcoming about employment problems. Obtain any information you can but stop if you note the person becoming uncomfortable or unwilling to provide details about problems in the workplace.

Employment	
Are you employed or unemployed? unemployed	Yes _____
Do you have difficulty learning new jobs?	Yes _____
Do you have difficulty completing tasks on the job?	Yes _____
Have you ever been fired because of such problems?	Yes _____
Are you or have you been a client of Vocational Rehabilitation?	Yes _____
What types of jobs have you had?	
Summary of Employment	Yes Total # _____

What is the purpose of this section?

This section is not meant to be an in depth analysis of a person's emotional state but rather to alert the administrator of any emotional issues which may affect learning.

What to look for?

Watch for test or performance anxiety, nervousness, crying, hostility or anger. Make note of any such behaviors.

Special considerations:

When asked about medications, some individuals will provide a detailed list of prescription drugs. A listing of these is not necessary. Many individuals who have problems with drugs and alcohol will not be honest about their usage. Others will indicate that they have had difficulties in the past. If you know the person well and know that the person has difficulties with drugs and alcohol, don't challenge him/her but make a note about the unwillingness to answer. These questions are to understand if substance abuse has contributed to the person's difficulty with school but the information is not that significant and pursuing it may result in the person not being forthcoming with other information.

Emotional

Are you a moody person?	Yes _____
Are you a nervous person? (more than most)	Yes _____
Are you a worrier?	Yes _____
Any problems with alcohol?	Yes _____
Any problems with drugs?	Yes _____
Do you, or have you suffered from test anxiety?	Yes _____
Have you ever gone blank, or froze, on a test?	Yes _____
Have you ever been on medication for psychological reasons? (e.g. depression, anxiety, etc.)	Yes _____
Have you ever been hospitalized for psychological reasons?	Yes _____
Did you ever have a severe head injury? If yes, at what age? _____	
Did you have problems in school before the injury? _____	Yes _____
Summary of Emotional	Yes Total # _____

What is the purpose of this section?

The Social and Family Section is designed to identify any interpersonal difficulties which interfere with the person's functioning and whether other family members have now or had in the past any difficulties learning.

What to look for?

Some individuals with learning differences have difficulty with social skills, while others have excellent social skills which enable them to either appropriately seek assistance or to inappropriately con people. This screening will not provide you with information about the latter but it can give some indication that the former is a possibility.

Special considerations:

Many individuals do not know if their parents had any difficulties in school, so do not expect a detailed answer. If the person hesitates, assure him/her that it is not unusual for parents to not discuss such things with their children and move on.

Social and Family

Are you shy or outgoing? shy	Yes _____
Do you have difficulty making friends?	Yes _____
Would you say you have only a few friends?	Yes _____
Do you have difficulty getting along with members of the opposite sex?	Yes _____
Would you consider yourself a social person or a loner? loner	Yes _____
Do you have any children?	
If yes, how many? _____ ages? _____	
Do they or did they have any learning problems or difficulties in school?	Yes _____
Do you have any siblings?	
If yes, how many? Brothers _____ Sisters _____	
Do they or did they have any learning problems or difficulties in school?	Yes _____
Your father's occupation? _____	
Did he have any learning problems or difficulties in school?	Yes _____
Your mother's occupation? _____	
Did she have any learning problems or difficulties in school?	Yes _____
Summary of Social and Family	Yes Total # _____

What is the purpose of this section?

The Oral Communication Section is designed to identify any significant problems with speaking.

What to look for?

In addition to the person's own understanding of his/her oral communication skills, the administrator should watch for the use of simple words and sentences, incorrect grammar, awkward sentence structure, a tendency to change subject or go off on tangents. Note any mispronunciations.

Special considerations:

If the person reports that he/she does not talk too much but goes on and on answering the questions in this screening, you would mark a yes for that question.

Oral Communication

Do you believe that your speaking vocabulary is smaller than others?	Yes _____
When you speak, do people have difficulty understanding what you are trying to communicate to them?	Yes _____
Are there any words which you have difficulty pronouncing or get you tongue-tied?	Yes _____
Do you have a tendency to ramble, changing the topic often?	Yes _____
Do you talk too much? (Check: Does the person talk too much or take too long to answers these questions?)	Yes _____
Do you interrupt others?	Yes _____
Summary of Oral Communication	Yes Total # _____

What is the purpose of this section?

The section is designed to understand the person's ability to express thoughts in writing.

What to look for?

Make note of the type of writing the person normally does. Ask what the person may have written today, yesterday or this week. Individuals with limited spelling and writing skills do not write much. Such a person may have only written his or her name in the last week.

Special considerations:

If the person does not write much or uses only simple sentences or less, mark all the questions as "yes" and go to the next section. In this way writing will show up as a problem on the screening summary rather than being missed. If you are unsure of the person's writing ability, you can change the order of the screening and have the person provide the handwriting sample. Examine the writing sample and determine whether to ask the questions in the Writing section. If the person is unable to write the letters of the alphabet or complete a sentence, you can skip Writing Section. Remember to mark all the questions with "yes".

Writing

Do you have difficulty with spelling?	Yes _____
Do you write a lot or only what you have to? Only what one must	Yes _____
Is expressing your thoughts and ideas in writing difficult for you?	Yes _____
Do you have difficulty deciding what to write about?	Yes _____
Do you have difficulty taking notes?	Yes _____
<i>Spelling</i> ____ <i>Handwriting</i> ____ <i>Main Idea</i> ____ <i>Can't write and listen</i> ____	
Do you speak better than you write?	Yes _____
Do you find that when you write some of your sentences are incomplete?	Yes _____
Do you often write run-on sentences?	Yes _____
Do you have difficulty with grammar or with the less-used grammar rules?	Yes _____
Do you have difficulty with punctuation (e.g. commas, semicolons, etc)?	Yes _____
Do you skip words when you write?	Yes _____
Do you procrastinate on writing assignments?	Yes _____
Summary of Writing	Yes Total # _____

What is the purpose of this section?

The purpose of the handwriting sample is to check a number of things; legibility, size of letters, spacing, spelling, sentence structure and drawing. Paper without lines is used purposefully to note spacing and slanting.

What to look for?

Watch for triggers, thinking a letter or number and writing another one. Also watch how quickly the person writes and note very slow or very fast handwriting.

Special considerations: If the person cannot write a sentence, skip it. If the person becomes too frustrated with the alphabet, move on. If the person's sentence or drawing are difficult to read or understand, ask what the person was trying to write or draw and write that on *Notable Observations*.

Handwriting

Turn to the handwriting sample page and have the person do the following:

Print your full name.

Write your full name in cursive, script, sign your name.

Write a sentence about why you are here.

If not able to write that, can you write a sentence about anything.

(If the person is not able to write anything, move to the next item.)

Write or print the alphabet.

Write the numbers 1 to 20.

Draw a picture.

- | | |
|--|-----------|
| Is the person's handwriting slanted up or down the page? | Yes _____ |
| Is the person's handwriting difficult to read? | Yes _____ |
| Are the letters oversized for his/her age? | Yes _____ |
| Is the alphabet incomplete? | Yes _____ |
| Does the person mix capital and small letters? | Yes _____ |
| Are there any reversals? | Yes _____ |
| Does the sentence have any errors? Spelling ___ Missing words ___ Incomplete ___ | Yes _____ |
| Does the person write the second digit before the 1 when writing the teen numbers? | Yes _____ |
| Does the person hold the pen or pencil in an unusual way? | Yes _____ |
| Is the person's drawing disproportionate, too simple, very unusual? | Yes _____ |

Notable observations _____

Summary of Handwriting

Yes Total # _____

What is the purpose of this section?

The Basic Math Skills Section is designed to determine how a person processes math facts and sample the skill level. Rather than a paper and pencil test, this assessment of basic math skills is oral so that the administrator can observe and question the person about how he or she arrives at the answers.

What to look for?

Watch for counting and guessing. Any hesitation indicates that the person does not know the number facts by automatic recall.

Special considerations:

If the person responds without hesitation, mark the A ___ for Automatic Recall. Otherwise ask the person how he or she arrived at the answer and mark the appropriate category: D___ Delay in Automatic Recall, LD___ Long Delay, NR___ Number Relationship, G___ Guessing, CF___ Counting on Fingers, CH___ Counting in Head.

For those individuals who are suspected of not knowing the number facts listed in this section, young children or individuals with significant disabilities, ask a different set of number facts. For example, instead of $9 + 7$ ask $5 + 5$ and instead of 8×7 ask 2×8 . If the person knows these number facts ask others which are more difficult.

Basic Math Skills

Do you often count on your fingers or in your head?	Yes _____
Does the person have difficulty with the addition facts?	Yes _____
Check: $9 + 7$ _____ *A___ D___ LD___ NR___ G___ CF___ CH___	
$8 + 6$ _____ *A___ D___ LD___ NR___ G___ CF___ CH___	
Does the person have difficulty with subtraction facts?	Yes _____
Check: $17 - 9$ _____ *A___ D___ LD___ NR___ G___ CF___ CH___	
$12 - 5$ _____ *A___ D___ LD___ NR___ G___ CF___ CH___	
Did you have difficulty learning the multiplication tables?	Yes _____
Does the person have difficulty with multiplication facts?	Yes _____
Check: 8×7 _____ *A___ D___ LD___ NR___ G___ CF___ CH___	
7×6 _____ *A___ D___ LD___ NR___ G___ CF___ CH___	
9×6 _____ *A___ D___ LD___ NR___ G___ CF___ CH___	
Summary of Basic Math Skills	Yes Total # _____

A___ Automatic Recall, D___ Delay in Automatic Recall, LD___ Long Delay, NR___ Number Relationship, G___ Guessing, CF___ Counting on Fingers, CH___ Counting in Head.

What is the purpose of this section?

The section is designed to assess the person's knowledge of arithmetic and higher math skills. Like the Basic Math Skills, this section is done orally rather than in writing.

What to look for?

Watch for the person stating that he or she does not have difficulty with various math operations. For example, if you suspect that the person does not know how to complete fraction operations, but he or she has stated that fractions are no problems, you can write an addition problem with mixed denominators and ask the person to complete the problem. This will show whether the person indeed knows how to complete such operations or just did not know what was meant by that math skill.

Special considerations:

If the person has difficulty with basic math skills, you can skip this section and mark the questions "yes". If the person has not taken algebra and other higher level math, mark these questions with "yes".

Math Skills

Was it difficult for you to learn long division?	Yes _____
Is it still difficult for you?	Yes _____
Was it difficult for you to learn fractions?	Yes _____
Is it still difficult for you?	Yes _____
Was it difficult for you to learn decimals?	Yes _____
Is it still difficult for you?	Yes _____
Was it difficult for you to learn percentages?	Yes _____
Is it still difficult for you?	Yes _____
Was it difficult for you to learn positive and negative numbers?	Yes _____
Is it still difficult for you?	Yes _____
Were word problems difficult?	Yes _____
Have you taken algebra? If yes, did you have difficulty with algebra?	Yes _____
Have you taken geometry? If yes, did you have difficulty with geometry?	Yes _____
Have you taken other math? _____ If yes, did you have difficulty with it?	Yes _____
Summary of Math Skills	Yes Total # _____

What is the purpose of this section?

The Math Vocabulary Section is designed to determine the person's understanding of math concepts.

What to look for?

Watch for the person who knows what the terms means but is unable to give a definition. You can have the person give an example or use the word in a sentence. Make a note about the person's difficulty defining terms.

Special considerations:

Individuals who are very young or have low academic ability, the administrator should use the optional terms. An example of an incorrect definition is *answer* for the word *equal*, or *letter* for the word *variable*.

Math Vocabulary			
Does the person have difficulty defining: <i>(For young children or adults with limited ability use the terms in parenthesis)</i>			
EQUAL	(Equal)	_____	Yes _____
AVERAGE	(Add)	_____	Yes _____
UNIT	(Subtract)	_____	Yes _____
VARIABLE	(Multiply)	_____	Yes _____
COMPOUND INTEREST	(Divide)	_____	Yes _____
Summary of Math Vocabulary			Yes Total # _____

What is the purpose of this section?

The first part of the reading section is to determine if the person enjoys reading or finds it a chore. The second part is to note reading errors which are common for individuals with reading problems.

What to look for?

Watch for frustration and try to reduce it by assuring the person that you need to observe the reading errors in order to understand the reading problem.

Special considerations:

Tell the person being screened that you are not interested in the words he or she knows, but rather you want to see what the person does with words which he or she does not know. This gives the person permission to make mistakes and reduces anxiety. The administrator should make an estimate of the person's reading ability based on the information obtained so far from the screening. Ask the individual to start on a particular line based on that estimate.

Reading

Do you read a lot or only what you have to? Only what you have to
Do you like to read? dislikes reading Yes _____
Yes _____
Are you embarrassed to read out loud? Yes _____
Do you tilt your head when you read or study? Yes _____

Have the person read from the progressive reading list starting where you think the person will begin to have difficulty.

Does the person have poor word attack skills? Yes _____
Does the person have poor phonic skills? Yes _____
Does the person leave off word endings? Yes _____
Does the person add endings to words? Yes _____
Does the person leave off or change prefixes? Yes _____
Does the person misread many words? Yes _____

Have the person read something from a book, newspaper, magazine.

Does the person add words? Yes _____
Does the person skip words? Yes _____
Does the person evidence Flickering? (*misreading of "a-the", "in-on" etc.*) Yes _____
Does the person substitute words for similar words? Yes _____
Does the person read synonyms for some words? Yes _____
Does the person have difficulty pronouncing words? Yes _____
Does the person ignore punctuation? Yes _____
Does the person have a tracking problem? Yes _____
Does the person use a finger or a marker as a guide? Yes _____
Does the person skip lines? Yes _____

Summary of Reading Yes Total # _____

What is the purpose of this section?

The Reading Comprehension Section is designed to identify problems with reading comprehension. It is not a traditional reading test but rather a self-assessment of what the person knows about his or her reading comprehension.

What to look for?

Watch for the person not understanding the questions and just responding to get past the questions. Try explaining the concepts in another way, and if the person still does not understand, make a note to that effect.

Special considerations:

The administrator does not have to ask the questions in this section if the individual has very low reading skills. Mark the questions as “yes” which will indicate a reading problem on the Screening Summary.

Reading Comprehension

Do you have difficulty paraphrasing, or summarizing in your own words, what you read?	Yes	_____
Do you find yourself reading whole pages without knowing what you read?	Yes	_____
Are you distracted by some of the words on the page (Fireworks)?	Yes	_____
Do you have difficulty identifying the main idea when you read?	Yes	_____
Do you have difficulty finding details when you read?	Yes	_____
Do you have difficulty going back and finding something that you read?	Yes	_____
Are you easily distracted when you read?	Yes	_____
Do you find reading textbooks difficult?	Yes	_____
Do you find that there are many words you don't know the meaning of when you read?	Yes	_____
Do you need to read things more than once?	Yes	_____
Summary of Reading Comprehension	Yes Total #	_____

What is the purpose of this section?

The Vocabulary Section is designed to determine the person's understanding of the meaning of words and his/her ability to explain or define the words.

What to look for?

Watch for the person who appears to know the meaning of the word but is not able to give a definition. Ask the individual to use the word in a sentence or give an example of the concept. If the person can use the word in a sentence but is not able to define it, mark the "S". If the person is able to give an example of the concept associated with the word, make a note of it.

Special considerations:

When administering the Vocabulary Section, the administrator makes an educated guess, based on the information gathered so far, about which level of words to ask the person being screened. Although the screening summary is designed for reporting only one level, more than one section can be administered to a person for various reasons. The most common is a person with an unexpected weak vocabulary. For example, a college student who is unable to define many of the words in Level III. To understand his problem with vocabulary, the administrator might ask for the definitions in Level II and maybe Level I. If the person had difficulty with words in the other levels, the administrator would place a mark in the right hand column on the Screening Summary.

Vocabulary

Does the person have difficulty defining the following words?

(There are three sets of words. They are for different age or ability groups or to provide the administrator with many words to check a person who evidences particular difficulty with vocabulary. If the person cannot define the word but can use it in a sentence, mark "S" instead of Yes.)

Level I

LAKE	_____	S _____	Yes _____
SLOW	_____	S _____	Yes _____
CAPTURE	_____	S _____	Yes _____
SMOKE	_____	S _____	Yes _____
REVERSE	_____	S _____	Yes _____
BEAUTIFUL	_____	S _____	Yes _____
DEVELOP	_____	S _____	Yes _____
BIOLOGY	_____	S _____	Yes _____
CAUTION	_____	S _____	Yes _____
NECESSARY	_____	S _____	Yes _____

LEVEL II

SECTION	_____	S _____	Yes _____
PASSIVE	_____	S _____	Yes _____
DEDICATE	_____	S _____	Yes _____
MOTIVE	_____	S _____	Yes _____
FOREIGN	_____	S _____	Yes _____
ARTIFICIAL	_____	S _____	Yes _____
DEVISE	_____	S _____	Yes _____
PHILOSOPHY	_____	S _____	Yes _____
INNOVATION	_____	S _____	Yes _____
PRECISE	_____	S _____	Yes _____

LEVEL III

THEORY	_____	S _____	Yes _____
RELUCTANT	_____	S _____	Yes _____
TRANQUILIZE	_____	S _____	Yes _____
DILEMMA	_____	S _____	Yes _____
UNANIMOUS	_____	S _____	Yes _____
EXTENSIVE	_____	S _____	Yes _____
CONTEMPLATE	_____	S _____	Yes _____
ANTHROPOLOGY	_____	S _____	Yes _____
RENAISSANCE	_____	S _____	Yes _____
COLLECTIVE	_____	S _____	Yes _____

Is the person's vocabulary underdeveloped? Yes _____

Is the person's vocabulary ambiguous? Yes _____

Does the person define with another part of speech? (e.g. tranquilize - pill) Yes _____

Summary of Vocabulary

Yes Total # _____

What is the purpose of this section?

The purpose of the Avoidance Section is to identify if there are any areas of the person's life or schooling which are avoided.

What to look for?

Watch for the person not understanding the questions. If the individual appears confused, give a few examples of avoidance such as a person who dislikes sports avoids playing and watching sports.

Special considerations:

Although we all avoid something, it may not be significant or part of our consciousness. So if the person cannot think of anything, move on. If the person reports getting angry or frustrated by school or learning, note what the person gets upset about. For example, the person might state the he or she gets angry when teachers do not explain things enough or gets frustrated when he or she does not understand as quickly as everyone else.

Avoidance

Is there anything or are there any activities that you completely avoid? If yes, what? _____	Yes ____
Is there anything you are very fearful of in any area of your life? If yes, what? _____	Yes ____
Is there anything, in any area of your life, you really dislike to do? If yes, what? _____	Yes ____
Is there anything, in any area of your life, that you are unable to do? If yes, what? _____	Yes ____
Are there any school (academic) subjects you are fearful of? If yes, what? _____	Yes ____
Are there any school (academic) subjects you really dislike? If yes, what? _____	Yes ____
Are there any school (academic) subjects that you are unable to do? If yes, what? _____	Yes ____
Do you ever get angry about school work? If yes, about what? _____ Angry with: myself ____ the subject matter ____ teachers ____ school ____	Yes ____
Do you or did you clown around a lot in school? If yes, explain _____	Yes ____
Summary of Avoidance	Yes Total # ____

What is the purpose of this section?

The purpose of the Goals Section is to determine if the person has plans for the future and whether they are realistic.

What to look for?

Watch for very unrealistic goals or plans which might be negatively affected by the learning differences which the person exhibits.

Special considerations:

This is an optional section which may not be appropriate for young children or adults who are not interested in making changes in their lives.

Optional Section
GOALS

What are your goals? Short Range _____

Long Range _____

What do you want from this assessment? _____

What are your career plans? _____

Do you plan to continue your education? How? _____

Where? _____

What is the purpose of this section?

The purpose of the Progressive Reading List is to evaluate the level of the person's reading and note the types of errors, if any.

What to look for?

Watch for reversals or the mis-reading of words which are similar, the dropping, changing or adding of prefixes and suffixes, mispronunciations,

Special considerations: The words the person can read with ease are not important to this section so the administrator does not need to have the person read all the words on this page. For example a college student who has requested the screening because of a math problem may be asked to read the last five lines. If no errors were noted, it can be assumed that the person can read all the words on the page. However, if that same student struggles with the words on line 19, the administrator should ask the person to read some of the previous lines and note any errors. Another example would be the person referred for a screening because of a reading problem. The administrator should begin with the first line and if no errors are observed skip a couple of lines. Continue in this manner until the person exhibits errors. Make note of those errors and provide the person with hints about the words which the person does not know. Make notes as to how the person does with these hints. For example if the person does not recognize or cannot decode the word *shark* on line 4, tell the person that *it lives in the ocean*. This context clue is enough for some readers to recognize the word. Mark a C above the word to indicate that the person got the word with a context clue. If the person still does not know the word, put an x on the C and give another hint like *it lives in the ocean and might bite swimmers*. If the person gets the word with this clue mark another C. If the person still does not know the word mark an x on the second C and move to the next word. Another example of help would be to give the person the initial sound of the word. If such a hint is used mark an H (for Help) if the person is able to read the word. If the person is not able to read the word with this hint, place an x on the H.

If the person mis-reads a word, write the word the person said above the word. An example would be reading *went* for *want* or *play* for *pay*.

These notes will help the administrator understand the person's reading problems when the screening summary is being prepared.

1 cat stop not the bug sleep my tell do him
2 mad car sent back then down meet pay goes
3 start river bet under fishing clocks how street spent
4 hear want better match such round shark bone
5 heavy pea grave between maze knot beat beer
6 where paws earth point press foggy spike simple
7 burn rather thumb subtract yourselves harvest traveler
8 weather soil bolt slice fixture heard singer transfer
9 dodge tease passenger impact snorkel troop ward
10 reserve cute compute quench hasty practical torment
11 kennel motive council lagoon scripture haunt furrow
12 suitable artificial avert aggressive delicious avalanche
13 invitation beseech penetration scholarship promoted
14 theory protrude hearth mechanical bewilder savored foreign
15 receptionist licorice schedule repulsively perplexity
16 reluctant abrupt anticipate carbohydrate boisterous
17 tranquilize antiseptic philosophy prophecy dominant
18 emancipate immunization perceptual conscious aromatic
19 percussion quavered anonymous momentous aquatics
20 psychology utilization skepticism anecdote logistics
21 renaissance intricate appendicitis onyx innuendo
22 precocious asphyxiate scythe ricochet schism
23 plagiarize effervesce indigenous facetious chamois

What is the purpose of this section?

This page is designed to obtain a sample of the person's handwriting without lines to guide the writing. See Appendix for samples of individuals' handwriting.

What to look for ?

- Unusually sized letters
- Illegible handwriting
- Too much or too little spacing between letters or numbers
- Slanting up or down
- Triggers (thinking a number or letter and writing the next one)
- Incomplete sentence
- Misspellings
- Incomplete or mis-ordered alphabet
- Hesitation or orally repeating the alphabet
- Extra or repeated letters in the alphabet
- Writing to the edge of the page
- Missing numbers
- Writing the second number before the one for teen numbers
- Drawing which is very sophisticated or very simple
- Drawing which is oversized or runs into other things
- Drawing which is unusual, has strange perspective or shape

Special Considerations:

These errors are usually reflections of the weaknesses and phenomena which correspond to the other sections in this screening. For example poor handwriting corresponds to Motor Skills and reversals to Right/Left Discrimination.

On this page the administrator can note any unusual behaviors, talents, attitudes and any other information which the person may exhibit or provide. Some examples would include:

Talking too much or having trouble staying on the topic.

Distracted by the surroundings

Becoming hostile

Refuses to cooperate

Crying or being upset when responding to a particular question

Good art or music ability

Observations, Notes

What is the purpose of this section?

The purpose of this page is to obtain a profile of the person's thoughts and basic skills. This summary does not provide a numerical score but rather a visual profile of the number of marks in the columns. See the appendix for copies of completed screening summaries.

How to Score the Cooper Screening of Information Processing

Add up the yes answers in each section and place a mark in the appropriate column. Individuals with severe or significant learning problems will have many marks in the right hand column. Individuals with less significant problems or learning differences will have more marks in the left hand or middle column. Individuals who have few marks on the screening summary probably do not have a learning difference, problem or disability.

Since the screening is not a diagnostic instrument for learning disabilities but rather a first step in a process which might lead to a diagnosis of a disability, individuals who have many marks in the right hand column should be referred for further testing.

Screening Summary

Name _____ Date _____

Educational History	3 - 4 _____	5 - 6 _____	7 - 9 _____
Attention	2 - 3 _____	4 - 6 _____	7 - 10 _____
Motor Skills	2 - 3 _____	4 - 6 _____	7 - 8 _____
Auditory	2 - 3 _____	4 - 6 _____	7 - 10 _____
Right/Left Discrimination	3 - 5 _____	6 - 8 _____	9 - 13 _____
Organizational Skills	1 - 2 _____	3 - 4 _____	5 - 8 _____
Employment	1 _____	2 - 3 _____	4 - 5 _____
Emotional	2 - 3 _____	4 - 5 _____	6 - 10 _____
Social and Family	3 - 4 _____	5 - 6 _____	7 - 9 _____
Oral Communication	1 - 2 _____	3 - 4 _____	5 - 6 _____
Writing Skills	2 - 4 _____	5 - 7 _____	8 - 12 _____
Handwriting	2 - 3 _____	4 - 6 _____	7 - 10 _____
Basic Math Skills		1 - 2 _____	3 - 5 _____
Math Skills	1 - 2 _____	3 - 6 _____	7 - 14 _____
Math Vocabulary	1 _____	2 - 3 _____	4 - 5 _____
Reading Skills	3 - 7 _____	8 - 12 _____	13 - 20 _____
Reading Comprehension	3 - 4 _____	5 - 6 _____	7 - 10 _____
Vocabulary	2 - 3 _____	5 - 6 _____	7 - 13 _____
Avoidance	2 - 3 _____	4 - 6 _____	7 - 9 _____
Reading List (Number correct or with little hesitation)			
	100 - 126 _____	21 - 99 _____	1 - 20 _____

Educational/Employment Plan

Page 14 -- Part 1

What is the purpose of this section?

The purpose of the Educational and Employment Plan page is to have a place to write down some initial impressions of the person's plan.

Educational/Employment Plan

Reading

Spelling

Writing

Vocabulary

Math

Organization

Study Skills

Adaptations/Modifications/Assistive Devices

Page 14 -- Part 2

What is the purpose of this section?

The purpose of the Adaptations/Modifications/Assistive Devices page is to have a place to write down some initial impressions of what types of assistance the person may need.

Adaptations/Modifications/Assistive Devices

Appendix

Handwriting Samples and Screening Summaries

This is the handwriting sample of Alex, an 8 year old boy. It took him a long time to write the alphabet and numbers. The small letters *e*, *g*, *m*, *n*, and *o* reflect his attention problems, losing concentration, which corresponds his score on the attention section. The *z* reflects his right/left discrimination problem which is moderate not severe.

This is the handwriting sample of Aimee, a 22 year old female. The only problem which appears on the handwriting sample is a minor problem with spacing between letters and numbers. This is the result of her writing very quickly. Her difficulties include attention and right/left discrimination problems. These also have reduced her math skills and ability to express herself in writing.

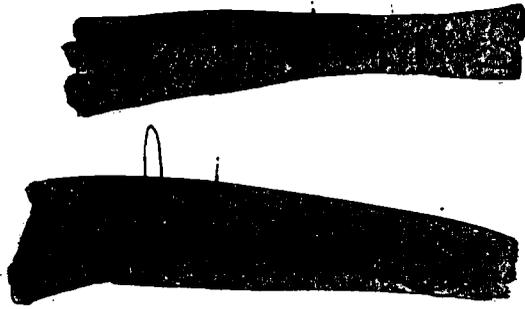
This is the handwriting sample of Debbie, a 32 year old female. Note the incomplete sentence and alphabet. Her screening summary indicate a significant learning problem in most areas except for motor skills, thus legible handwriting but very weak basic skills except in reading.

This is the handwriting sample of Chris, a 49 year old male who has a significant reading problem. Note that there is no sentence because the administrator realized that the person's writing skills were so low that he would not be able to write a sentence. The alphabet is incomplete. The screening summary indicated a limited education and a significant auditory problem. The errors on the numbers were probably the result of his writing the numbers quickly after being frustrated by the alphabet.

This is the handwriting sample of Doris, a 50 year old female who has a significant reading problem. She did write a sentence but her ability to express herself in writing is very limited. The alphabet was incomplete because the administrator saw the person was very frustrated. The screening summary shows a limited education, auditory problems, difficulties with oral communication and weak basic academic skills. This person has worked very little during her life because of her limited skills.

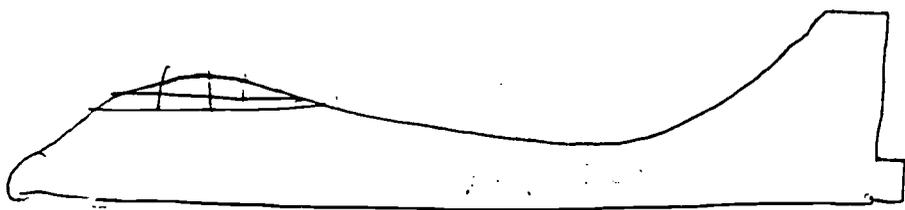
Handwriting Sample Page

Alex
alex



Monkeys eat ice cream

A B C D E F G H I J
K L M N O P Q R S T
U V W X Y Z
1 2 3 4 5 6 7 8 9
10 11 12 13 14 15 16
17 18 19 20



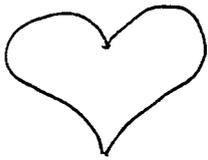
Handwriting Sample Page

Aimee [REDACTED]

Aimee [REDACTED]

I'm here to see Dr. Cooper today because
I'm not passing my nursing exams.

ABCDEFGHIJKLMNOPQRSTUVWXYZ
123456789101112131415161718
19 20



BEST COPY AVAILABLE

Handwriting Sample Page

Debbie [REDACTED]

Debbie [REDACTED]

To find out why I have trouble with math

Abcdefghijklmnopqrstuvwxyz

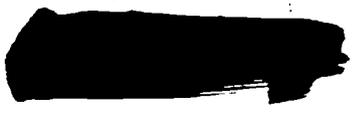
12345678910 11 12 13 14 15 16 17 18 19 20

EB

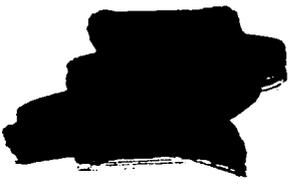
BEST COPY AVAILABLE

Handwriting Sample Page

CHRISTY



Conf



A B C D E F G H I J K L O P R

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20



BEST COPY AVAILABLE

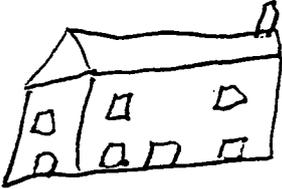
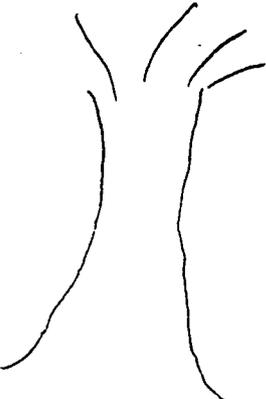
DORIS [REDACTED]

Doris [REDACTED]

I have read work.

A B C D E

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20



BEST COPY AVAILABLE

Screening Summary

Name Alex Date _____

Educational History	3 - 4 <input checked="" type="checkbox"/>	5 - 6 _____	7 - 9 _____
Attention	2 - 3 _____	4 - 6 _____	7 - 10 <input checked="" type="checkbox"/>
Motor Skills	2 - 3 _____	4 - 6 _____	7 - 8 _____
Auditory	2 - 3 _____	4 - 6 <input checked="" type="checkbox"/>	7 - 10 _____
Right/Left Discrimination	3 - 5 _____	6 - 8 <input checked="" type="checkbox"/>	9 - 13 _____
Organizational Skills	1 - 2 _____	3 - 4 _____	5 - 8 <input checked="" type="checkbox"/>
Employment	1 _____	2 - 3 _____	4 - 5 _____
Emotional	2 - 3 <input checked="" type="checkbox"/>	4 - 5 _____	6 - 10 _____
Social and Family	3 - 4 _____	5 - 6 _____	7 - 9 _____
Oral Communication	1 - 2 <input checked="" type="checkbox"/>	3 - 4 _____	5 - 6 _____
Writing Skills	2 - 4 _____	5 - 7 _____	8 - 12 <input checked="" type="checkbox"/>
Handwriting	2 - 3 _____	4 - 6 _____	7 - 10 <input checked="" type="checkbox"/>
Basic Math Skills		1 - 2 <input checked="" type="checkbox"/>	3 - 5 _____
Math Skills	1 - 2 _____	3 - 6 _____	7 - 14 _____
Math Vocabulary	1 _____	2 - 3 _____	4 - 5 _____
Reading Skills	3 - 7 <input checked="" type="checkbox"/>	8 - 12 _____	13 - 20 _____
Reading Comprehension	3 - 4 <input checked="" type="checkbox"/>	5 - 6 _____	7 - 10 _____
Vocabulary	2 - 3 _____	5 - 6 _____	7 - 13 _____
Avoidance	2 - 3 _____	4 - 6 _____	7 - 9 _____
Reading List (Number correct or with little hesitation)			
	100 - 126 _____	21 - 99 <input checked="" type="checkbox"/>	1 - 20 _____

Screening Summary

Name Aimee Date _____

Educational History	3 - 4 <input checked="" type="checkbox"/>	5 - 6 _____	7 - 9 _____
Attention	2 - 3 _____	4 - 6 _____	7 - 10 <input checked="" type="checkbox"/>
Motor Skills	2 - 3 <input checked="" type="checkbox"/>	4 - 6 _____	7 - 8 _____
Auditory	2 - 3 _____	4 - 6 <input checked="" type="checkbox"/>	7 - 10 _____
Right/Left Discrimination	3 - 5 _____	6 - 8 _____	9 - 13 <input checked="" type="checkbox"/>
Organizational Skills	1 - 2 <input checked="" type="checkbox"/>	3 - 4 _____	5 - 8 _____
Employment	1 _____	2 - 3 _____	4 - 5 _____
Emotional	2 - 3 _____	4 - 5 <input checked="" type="checkbox"/>	6 - 10 _____
Social and Family	3 - 4 _____	5 - 6 _____	7 - 9 _____
Oral Communication	1 - 2 <input checked="" type="checkbox"/>	3 - 4 _____	5 - 6 _____
Writing Skills	2 - 4 _____	5 - 7 _____	8 - 12 <input checked="" type="checkbox"/>
Handwriting	2 - 3 _____	4 - 6 _____	7 - 10 _____
Basic Math Skills		1 - 2 <input checked="" type="checkbox"/>	3 - 5 _____
Math Skills	1 - 2 _____	3 - 6 _____	7 - 14 <input checked="" type="checkbox"/>
Math Vocabulary	1 _____	2 - 3 _____	4 - 5 <input checked="" type="checkbox"/>
Reading Skills	3 - 7 <input checked="" type="checkbox"/>	8 - 12 _____	13 - 20 _____
Reading Comprehension	3 - 4 _____	5 - 6 _____	7 - 10 <input checked="" type="checkbox"/>
Vocabulary	2 - 3 _____	5 - 6 <input checked="" type="checkbox"/>	7 - 13 _____
Avoidance	2 - 3 _____	4 - 6 <input checked="" type="checkbox"/>	7 - 9 _____
Reading List (Number correct or with little hesitation)	100 - 126 <input checked="" type="checkbox"/>	21 - 99 _____	1 - 20 _____

Screening Summary

Name Debbie Date _____

Educational History	3 - 4 _____	5 - 6 _____	7 - 9 <input checked="" type="checkbox"/>
Attention	2 - 3 _____	4 - 6 _____	7 - 10 <input checked="" type="checkbox"/>
Motor Skills	2 - 3 <input checked="" type="checkbox"/>	4 - 6 _____	7 - 8 _____
Auditory	2 - 3 _____	4 - 6 _____	7 - 10 <input checked="" type="checkbox"/>
Right/Left Discrimination	3 - 5 _____	6 - 8 _____	9 - 13 <input checked="" type="checkbox"/>
Organizational Skills	1 - 2 _____	3 - 4 _____	5 - 8 <input checked="" type="checkbox"/>
Employment	1 _____	2 - 3 _____	4 - 5 <input checked="" type="checkbox"/>
Emotional	2 - 3 _____	4 - 5 _____	6 - 10 <input checked="" type="checkbox"/>
Social and Family	3 - 4 _____	5 - 6 _____	7 - 9 <input checked="" type="checkbox"/>
Oral Communication	1 - 2 _____	3 - 4 _____	5 - 6 <input checked="" type="checkbox"/>
Writing Skills	2 - 4 _____	5 - 7 _____	8 - 12 <input checked="" type="checkbox"/>
Handwriting	2 - 3 <input checked="" type="checkbox"/>	4 - 6 _____	7 - 10 _____
Basic Math Skills		1 - 2 _____	3 - 5 <input checked="" type="checkbox"/>
Math Skills	1 - 2 _____	3 - 6 _____	7 - 14 <input checked="" type="checkbox"/>
Math Vocabulary	1 _____	2 - 3 _____	4 - 5 <input checked="" type="checkbox"/>
Reading Skills	3 - 7 <input checked="" type="checkbox"/>	8 - 12 _____	13 - 20 _____
Reading Comprehension	3 - 4 _____	5 - 6 <input checked="" type="checkbox"/>	7 - 10 _____
Vocabulary	2 - 3 _____	5 - 6 <input checked="" type="checkbox"/>	7 - 13 _____
Avoidance	2 - 3 <input checked="" type="checkbox"/>	4 - 6 _____	7 - 9 _____
Reading List (Number correct or with little hesitation)			
	100 - 126 <input checked="" type="checkbox"/>	21 - 99 _____	1 - 20 _____

Screening Summary

Name Chris Date _____

Educational History	3 - 4 _____	5 - 6 _____	7 - 9 <input checked="" type="checkbox"/>
Attention	2 - 3 _____	4 - 6 _____	7 - 10 _____
Motor Skills	2 - 3 _____	4 - 6 _____	7 - 8 _____
Auditory	2 - 3 _____	4 - 6 _____	7 - 10 <input checked="" type="checkbox"/>
Right/Left Discrimination	3 - 5 _____	6 - 8 <input checked="" type="checkbox"/>	9 - 13 _____
Organizational Skills	1 - 2 _____	3 - 4 _____	5 - 8 _____
Employment	1 _____	2 - 3 _____	4 - 5 _____
Emotional	2 - 3 <input checked="" type="checkbox"/>	4 - 5 _____	6 - 10 _____
Social and Family	3 - 4 <input checked="" type="checkbox"/>	5 - 6 _____	7 - 9 _____
Oral Communication	1 - 2 _____	3 - 4 <input checked="" type="checkbox"/>	5 - 6 _____
Writing Skills	2 - 4 _____	5 - 7 _____	8 - 12 <input checked="" type="checkbox"/>
Handwriting	2 - 3 _____	4 - 6 <input checked="" type="checkbox"/>	7 - 10 _____
Basic Math Skills		1 - 2 _____	3 - 5 <input checked="" type="checkbox"/>
Math Skills	1 - 2 _____	3 - 6 _____	7 - 14 <input checked="" type="checkbox"/>
Math Vocabulary	1 _____	2 - 3 _____	4 - 5 <input checked="" type="checkbox"/>
Reading Skills	3 - 7 _____	8 - 12 _____	13 - 20 <input checked="" type="checkbox"/>
Reading Comprehension	3 - 4 _____	5 - 6 _____	7 - 10 <input checked="" type="checkbox"/>
Vocabulary	2 - 3 _____	5 - 6 <input checked="" type="checkbox"/>	7 - 13 _____
Avoidance	2 - 3 _____	4 - 6 _____	7 - 9 _____
Reading List (Number correct or with little hesitation)			
	100 - 126 _____	21 - 99 _____	1 - 20 <input checked="" type="checkbox"/>

Screening Summary

Name Doris Date _____

Educational History	3 - 4 _____	5 - 6 _____	7 - 9 <input checked="" type="checkbox"/>
Attention	2 - 3 <input checked="" type="checkbox"/>	4 - 6 _____	7 - 10 _____
Motor Skills	2 - 3 <input checked="" type="checkbox"/>	4 - 6 _____	7 - 8 _____
Auditory	2 - 3 _____	4 - 6 _____	7 - 10 <input checked="" type="checkbox"/>
Right/Left Discrimination	3 - 5 _____	6 - 8 <input checked="" type="checkbox"/>	9 - 13 _____
Organizational Skills	1 - 2 <input checked="" type="checkbox"/>	3 - 4 _____	5 - 8 _____
Employment	1 _____	2 - 3 _____	4 - 5 <input checked="" type="checkbox"/>
Emotional	2 - 3 _____	4 - 5 <input checked="" type="checkbox"/>	6 - 10 _____
Social and Family	3 - 4 <input checked="" type="checkbox"/>	5 - 8 _____	9 - 11 _____
Oral Communication	1 - 2 _____	3 - 4 _____	5 - 6 <input checked="" type="checkbox"/>
Writing Skills	2 - 4 _____	5 - 7 _____	8 - 12 <input checked="" type="checkbox"/>
Handwriting	2 - 3 _____	4 - 6 <input checked="" type="checkbox"/>	7 - 9 _____
Basic Math Skills		1 - 2 _____	3 - 5 <input checked="" type="checkbox"/>
Math Skills	1 - 2 _____	3 - 6 _____	7 - 14 <input checked="" type="checkbox"/>
Math Vocabulary	1 _____	2 - 3 _____	4 - 5 <input checked="" type="checkbox"/>
Reading Skills	3 - 7 _____	8 - 12 _____	13 - 20 <input checked="" type="checkbox"/>
Reading Comprehension	3 - 4 _____	5 - 6 _____	7 - 9 <input checked="" type="checkbox"/>
Vocabulary	2 - 3 _____	4 - 6 _____	7 - 12 <input checked="" type="checkbox"/>
Avoidance	3 - 4 _____	5 - 7 _____	8 - 9 _____
Reading List (Number correct or with little hesitation.)			
	100 - 126 _____	21 - 99 _____	1 - 20 <input checked="" type="checkbox"/>

Cooper Screening of Information Processing (C-SIP)

Name _____

This screening was developed by Dr. Richard Cooper as part of two 353 projects in 1992, one in Pennsylvania and one in South Carolina. It is not meant to be a standardized test but rather a diagnostic teaching instrument. This screening is not designed to enable teachers to diagnose learning disabilities, but it may be the first stage of an evaluation process which ultimately results in such a diagnosis. A student who answers yes to the majority of the questions on the screening may have a learning disability. This student should be referred for further testing.

The best results are obtained from students who have a good and honest knowledge of themselves. Sometimes adult students will not understand the severity of their own difficulties. For example, when asking a student about spelling, the student might believe that spelling is not a problem because he or she can write simple sentences. However, when compared to others, the student might indeed have a spelling problem. In those cases, the administrator of the screening needs to make a judgment rather than simply record the student's response. The more one uses this screening, the more information one can obtain from it about the students. The screening takes about 50 minutes to administer for most individuals. It takes less time to administer to students with very low skills or who have limited self-awareness, and it takes more time to administer to those students who talk a great deal and try to explain each answer.

Date _____

Learning disAbilities Resources (free catalog 1-800-869-8336) has a video tape of Dr. Cooper administering the C-SIP to a student followed by an explanation of the process. If you have questions about the screening and how to administer it, you can call Dr. Cooper at 610-446-6126 or contact him through our web site (www.learningdifferences.com).

Cooper Screening of Information Processing

Evaluation Date ___/___/___ Client's Date of Birth ___/___/___ Age ___

Client's Name _____ Interviewer _____

Address _____ Agency _____

_____ Martial Status S ___ M ___ D ___ W ___

City _____ State _____ Zip _____

Phone _____

Reason for the Screening _____

Referred by _____ at _____

Educational History

Current grade or last grade completed _____

Schools _____

Best Subject _____

Worst Subject _____

- Did you drop out of high school before graduation? Yes ___
- Did you like school? (Mark yes if the person disliked school.) Yes ___
- Did you ever fail a subject or repeat a grade? Yes ___
- Did you ever have to attend summer school to make up work? Yes ___
- Did you have difficulty with English or Language Arts classes? Yes ___
- Did you have difficulty with math classes? Yes ___
- Were you ever in special education classes? Yes ___
- Were you ever tested for a learning disability, ADD or other problems? Yes ___
- If yes, at what age? _____
- Were you ever labeled? (e.g. LD, ADD, dyslexic, brain damaged, emotionally disturbed, retarded, a behavioral problem, slow learner, etc.) Yes ___

What Label (s) _____

Reported Problems _____

Summary of Educational History

Yes Total # ___

Attention

- Were you an active child? Yes ___
Were you ever called hyper or hyperactive, even informally? Yes ___
- Are you an active person now? Yes ___
Do you have a high energy level compared to your peers? Yes ___
- Do you find your mind racing so you get too many ideas or thoughts at once? Yes ___
Do you have many tasks, projects, going on at once? Yes ___
- Do you have a short attention span? Yes ___
Do you have a tendency to day dream? Yes ___
- Do you leave doors and drawers open? Yes ___
Are you easily distracted? Yes ___
- Summary of Attention Problems Yes Total # ___

Motor Skills

- Do you have poor handwriting? Yes ___
Did you avoid playing sports as a child? Yes ___
- Do you avoid playing sports now? Yes ___
Do you find driving difficult? Yes ___
- Are you a poor driver? Yes ___
Do you frequently drop or spill things? Yes ___
- Do you consider yourself clumsy? Yes ___
Do you have problems with hand/eye coordination? Yes ___
- Summary of motor problems Yes Total # ___

Auditory

- Do you find yourself listening to more than one conversation at a time? Yes ___
Rhyme the word:
CAT _____
SLOW _____
QUICK _____
- Person has difficulty rhyming? Yes ___
- Do you often mishear words that are said to you? Yes ___
Do you misinterpret what is said to you? Yes ___
- Do you take things that are said too literally or miss double meaning or jokes? Yes ___
Do you have difficulty paying attention to long conversations or lectures? Yes ___
- Do you have difficulty hearing what one person is saying when there are a lot of people talking? Yes ___
Does your mind race ahead thinking about the first things that was said to you so you do not hear or pay attention to the rest of what was said? Yes ___
- Do you have difficulty with spelling? Yes ___
Do you have difficulty reading (decoding or sounding out) unfamiliar words? Yes ___
- Summary of Auditory Problems Yes Total # ___

Right/Left Discrimination

- Do you confuse you right and left? Yes _____
Check: How do you know your right and left? _____
Did you reverse letters or numbers as a child? Yes _____
Do you reverse letters or numbers now, or get phone numbers wrong? Yes _____
Do you have to stop and think when someone tells you to turn right or left? Yes _____
Do you have difficulty making choices (what to eat, where to go, what to do)? Yes _____
Do you have to stop and think which way to loosen a screw that is tight? Yes _____
Do you point one way when you mean the other or say the opposite as you point? Yes _____
Do you have difficulty with North, South, East and West? Yes _____
Do you find *True and False* questions difficult or do you read too much into questions? Yes _____
Do you find the same is true for some multiple choice questions, or have difficulty deciding between two answers which are similar? Yes _____
Do you find yourself stopping for green lights? Yes _____
Do you get lost in large buildings, malls or parking lots? Yes _____
Do you have difficulty reading maps or have to turn them to match the direction you are traveling? Yes _____
Summary of Right/Left Discrimination Yes Total # _____

Organizational Skills

- Are you organized or disorganized? disorganized Yes _____
Do you tend to collect too many things? Yes _____
Is your living or work space messy or disorganized? Yes _____
Do you misplace or lose things, especially little things such as keys, combs glasses, pens, pencils, homework, tools, utensils, etc.? Yes _____
Are you often late? Yes _____
Do you have difficulty planning or using free or unstructured time? Yes _____
Do you have difficulty organizing your ideas when you write? Yes _____
Do you have difficulty organizing your ideas when you speak? Yes _____
Summary of Organizational Skills Yes Total # _____

Employment

- Are you employed or unemployed? unemployed Yes _____
Do you have difficulty learning new jobs? Yes _____
Do you have difficulty completing tasks on the job? Yes _____
Have you ever been fired because of such problems? Yes _____
Are you or have you been a client of Vocational Rehabilitation? Yes _____
What types of jobs have you had? _____

Summary of Employment

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Yes Total # _____

Emotional

- Are you a moody person? Yes _____
Are you a nervous person? (more than most) Yes _____
Are you a worrier? Yes _____
Any problems with alcohol? Yes _____
Any problems with drugs? Yes _____
Do you, or have you suffered from test anxiety? Yes _____
Have you ever gone blank, or froze, on a test? Yes _____
Have you ever been on medication for psychological reasons?
(e.g. depression, anxiety, etc.) Yes _____
Have you ever been hospitalized for psychological reasons? Yes _____
Did you ever have a severe head injury? If yes, at what age? _____
Did you have problems in school before the injury? _____ Yes _____
- Summary of Emotional Yes Total # _____

Social and Family

- Are you shy or outgoing? shy Yes _____
Do you have difficulty making friends? Yes _____
Would you say you have only a few friends? Yes _____
Do you have difficulty getting along with members of the opposite sex? Yes _____
Would you consider yourself a social person or a loner? loner Yes _____
Do you have any children? Yes _____
If yes, how many? _____ ages? _____
Do they or did they have any learning problems or difficulties in school? Yes _____
Do you have any siblings? Yes _____
If yes, how many? Brothers _____ Sisters _____
Do they or did they have any learning problems or difficulties in school? Yes _____
Your father's occupation? _____
Did he have any learning problems or difficulties in school? Yes _____
Your mother's occupation? _____
Did she have any learning problems or difficulties in school? Yes _____
- Summary of Social and Family Yes Total # _____

Oral Communication

- Do you believe that your speaking vocabulary is smaller than others? Yes _____
When you speak, do people have difficulty understanding what you
are trying to communicate to them? Yes _____
Are there any words which you have difficulty pronouncing or get you tongue-tied? Yes _____
Do you have a tendency to ramble, changing the topic often? Yes _____
Do you talk too much? (Check: Does the person talk too much or take too long
to answers these questions?) Yes _____
Do you interrupt others? Yes _____
- Summary of Oral Communication Yes Total # _____

Writing

- Do you have difficulty with spelling? Yes ___
Do you write a lot or only what you have to? Only what one must Yes ___
Is expressing your thoughts and ideas in writing difficult for you? Yes ___
Do you have difficulty deciding what to write about? Yes ___
Do you have difficulty taking notes? Yes ___
Spelling ___ Handwriting ___ Main Idea ___ Can't write and listen ___
Do you speak better than you write? Yes ___
Do you find that when you write some of your sentences are incomplete? Yes ___
Do you often write run-on sentences? Yes ___
Do you have difficulty with grammar or with the less-used grammar rules? Yes ___
Do you have difficulty with punctuation (e.g. commas, semicolons, etc)? Yes ___
Do you skip words when you write? Yes ___
Do you procrastinate on writing assignments? Yes ___

Summary of Writing

Yes Total # ___

Handwriting

Turn to the handwriting sample page and have the person do the following:

Print your full name.

Write your full name in cursive, script, sign your name.

Write a sentence about why you are here.

If not able to write that, can you write a sentence about anything.

(If the person is not able to write anything, move to the next item.)

Write or print the alphabet.

Write the numbers 1 to 20.

Draw a picture.

- Is the person's handwriting slanted up or down the page? Yes ___
Is the person's handwriting difficult to read? Yes ___
Are the letters oversized for his/her age? Yes ___
Is the alphabet incomplete? Yes ___
Does the person mix capital and small letters? Yes ___
Are there any reversals? Yes ___
Does the sentence have any errors? Spelling ___ Missing words ___ Incomplete ___ Yes ___
Does the person write the second digit before the 1 when writing the teen numbers? Yes ___
Does the person hold the pen or pencil in an unusual way? Yes ___
Is the person's drawing disproportionate, too simple, very unusual? Yes ___

Notable observations _____

Summary of Handwriting

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Yes Total # ___

Basic Math Skills

Do you often count on your fingers or in your head?	Yes <input type="checkbox"/>
Does the person have difficulty with the addition facts?	Yes <input type="checkbox"/>
Check: 9 + 7 _____ *A_ D_ LD_ NR_ G_ CF_ CH_	
8 + 6 _____ *A_ D_ LD_ NR_ G_ CF_ CH_	
Does the person have difficulty with subtraction facts?	Yes <input type="checkbox"/>
Check: 17 - 9 _____ *A_ D_ LD_ NR_ G_ CF_ CH_	
12 - 5 _____ *A_ D_ LD_ NR_ G_ CF_ CH_	
Did you have difficulty learning the multiplication tables?	Yes <input type="checkbox"/>
Does the person have difficulty with multiplication facts?	Yes <input type="checkbox"/>
Check: 8 x 7 _____ *A_ D_ LD_ NR_ G_ CF_ CH_	
7 x 6 _____ *A_ D_ LD_ NR_ G_ CF_ CH_	
9 x 6 _____ *A_ D_ LD_ NR_ G_ CF_ CH_	
Summary of Basic Math Skills	Yes Total # <input type="checkbox"/>

Math Skills

Was it difficult for you to learn long division?	Yes <input type="checkbox"/>
Is it still difficult for you?	Yes <input type="checkbox"/>
Was it difficult for you to learn fractions?	Yes <input type="checkbox"/>
Is it still difficult for you?	Yes <input type="checkbox"/>
Was it difficult for you to learn decimals?	Yes <input type="checkbox"/>
Is it still difficult for you?	Yes <input type="checkbox"/>
Was it difficult for you to learn percentages?	Yes <input type="checkbox"/>
Is it still difficult for you?	Yes <input type="checkbox"/>
Was it difficult for you to learn positive and negative numbers?	Yes <input type="checkbox"/>
Is it still difficult for you?	Yes <input type="checkbox"/>
Were word problems difficult?	Yes <input type="checkbox"/>
Have you taken algebra? If yes, did you have difficulty with algebra?	Yes <input type="checkbox"/>
Have you taken geometry? If yes, did you have difficulty with geometry?	Yes <input type="checkbox"/>
Have you taken other math? _____ If yes, did you have difficulty with it?	Yes <input type="checkbox"/>
Summary of Math Skills	Yes Total # <input type="checkbox"/>

Math Vocabulary

Does the person have difficulty defining: *(For young children or adults with limited ability use the terms in parenthesis)*

EQUAL	(Equal)	_____	Yes <input type="checkbox"/>
AVERAGE	(Add)	_____	Yes <input type="checkbox"/>
UNIT	(Subtract)	_____	Yes <input type="checkbox"/>
VARIABLE	(Multiply)	_____	Yes <input type="checkbox"/>
COMPOUND INTEREST	(Divide)	_____	Yes <input type="checkbox"/>
Summary of Math Vocabulary			Yes Total # <input type="checkbox"/>

*Automatic Recall__ Delay in Auto Recall__ Long Delay__ Number Relationship__
 Counting on Fingers__ Counting in Head__

Reading

- Do you read a lot or only what you have to? Only what you have to
Do you like to read? dislikes reading Yes _____
Are you embarrassed to read out loud? Yes _____
Do you tilt your head when you read or study? Yes _____

Have the person read from the progressive reading list starting where you think the person will begin to have difficulty.

- Does the person have poor word attack skills? Yes _____
Does the person have poor phonic skills? Yes _____
Does the person leave off word endings? Yes _____
Does the person add endings to words? Yes _____
Does the person leave off or change prefixes? Yes _____
Does the person misread many words? Yes _____

Have the person read something from a book, newspaper, magazine.

- Does the person add words? Yes _____
Does the person skip words? Yes _____
Does the person evidence Flickering? (*misreading of "a-the", "in-on" etc.*) Yes _____
Does the person substitute words for similar words? Yes _____
Does the person read synonyms for some words? Yes _____
Does the person have difficulty pronouncing words? Yes _____
Does the person ignore punctuation? Yes _____
Does the person have a tracking problem? Yes _____
Does the person use a finger or a marker as a guide? Yes _____
Does the person skip lines? Yes _____

Summary of Reading Yes Total # _____

Reading Comprehension

- Do you have difficulty paraphrasing, or summarizing in your own words, what you read? Yes _____
Do you find yourself reading whole pages without knowing what you read? Yes _____
Are you distracted by some of the words on the page (Fireworks)? Yes _____
Do you have difficulty identifying the main idea when you read? Yes _____
Do you have difficulty finding details when you read? Yes _____
Do you have difficulty going back and finding something that you read? Yes _____
Are you easily distracted when you read? Yes _____
Do you find reading textbooks difficult? Yes _____
Do you find that there are many words you don't know the meaning of when you read? Yes _____
Do you need to read things more than once? Yes _____

Summary of Reading Comprehension Yes Total # _____

Vocabulary

Does the person have difficulty defining the following words?

(There are three sets of words. They are for different age or ability groups or to provide the administrator with many words to check a person who evidences particular difficulty with vocabulary. If the person cannot define the word but can use it in a sentence, mark "S" instead of Yes.)

Level I

LAKE	_____	S _____	Yes _____
SLOW	_____	S _____	Yes _____
CAPTURE	_____	S _____	Yes _____
SMOKE	_____	S _____	Yes _____
REVERSE	_____	S _____	Yes _____
BEAUTIFUL	_____	S _____	Yes _____
DEVELOP	_____	S _____	Yes _____
BIOLOGY	_____	S _____	Yes _____
CAUTION	_____	S _____	Yes _____
NECESSARY	_____	S _____	Yes _____

LEVEL II

SECTION	_____	S _____	Yes _____
PASSIVE	_____	S _____	Yes _____
DEDICATE	_____	S _____	Yes _____
MOTIVE	_____	S _____	Yes _____
FOREIGN	_____	S _____	Yes _____
ARTIFICIAL	_____	S _____	Yes _____
DEVISE	_____	S _____	Yes _____
PHILOSOPHY	_____	S _____	Yes _____
INNOVATION	_____	S _____	Yes _____
PRECISE	_____	S _____	Yes _____

LEVEL III

THEORY	_____	S _____	Yes _____
RELUCTANT	_____	S _____	Yes _____
TRANQUILIZE	_____	S _____	Yes _____
DILEMMA	_____	S _____	Yes _____
UNANIMOUS	_____	S _____	Yes _____
EXTENSIVE	_____	S _____	Yes _____
CONTEMPLATE	_____	S _____	Yes _____
ANTHROPOLOGY	_____	S _____	Yes _____
RENAISSANCE	_____	S _____	Yes _____
COLLECTIVE	_____	S _____	Yes _____

Is the person's vocabulary underdeveloped? Yes _____

Is the person's vocabulary ambiguous? Yes _____

Does the person define with another part of speech? (e.g. tranquilize - pill) Yes _____

Summary of Vocabulary

Yes Total # _____

Avoidance

- Is there anything or are there any activities that you completely avoid? Yes ____
If yes, what? _____
- Is there anything you are very fearful of in any area of your life? Yes ____
If yes, what? _____
- Is there anything, in any area of your life, you really dislike to do? Yes ____
If yes, what? _____
- Is there anything, in any area of your life, that you are unable to do? Yes ____
If yes, what? _____
- Are there any school (academic) subjects you are fearful of? Yes ____
If yes, what? _____
- Are there any school (academic) subjects you really dislike? Yes ____
If yes, what? _____
- Are there any school (academic) subjects that you are unable to do? Yes ____
If yes, what? _____
- Do you ever get angry about school work? Yes ____
If yes, about what? _____
Angry with: myself ____ the subject matter ____ teachers ____ school ____
- Do you or did you clown around a lot in school? Yes ____
If yes, explain _____
- Summary of Avoidance Yes Total # ____

Optional Section GOALS

What are your goals? Short Range _____

Long Range _____

What do you want from this assessment? _____

What are your career plans? _____

Do you plan to continue your education? How? _____

Where? _____ 60 _____

1 cat stop not the bug sleep my tell do him
2 mad car sent back then down meet pay goes
3 start river bet under fishing clocks how street spent
4 hear want better match such round shark bone
5 heavy pea grave between maze knot beat beer
6 where paws earth point press foggy spike simple
7 burn rather thumb subtract yourselves harvest traveler
8 weather soil bolt slice fixture heard singer transfer
9 dodge tease passenger impact snorkel troop ward
0 reserve cute compute quench hasty practical torment
1 kennel motive council lagoon scripture haunt furrow
2 suitable artificial avert aggressive delicious avalanche
3 invitation beseech penetration scholarship promoted
4 theory protrude hearth mechanical bewilder savored foreign
5 receptionist licorice schedule repulsively perplexity
6 reluctant abrupt anticipate carbohydrate boisterous
7 tranquilize antiseptic philosophy prophecy dominant
8 emancipate immunization perceptual conscious aromatic
9 percussion quavered anonymous momentous aquatics
0 psychology utilization skepticism anecdote logistics
1 renaissance intricate appendicitis onyx innuendo
2 precocious asphyxiate scythe ricochet schism
3 plagiarize effervesce indigenous facetious chamois

Handwriting Sample Page

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Observations, Notes

Screening Summary

Name _____ Date _____

Educational History	3 - 4 _____	5 - 6 _____	7 - 9 _____
Attention	2 - 3 _____	4 - 6 _____	7 - 10 _____
Motor Skills	2 - 3 _____	4 - 6 _____	7 - 8 _____
Auditory	2 - 3 _____	4 - 6 _____	7 - 10 _____
Right/Left Discrimination	3 - 5 _____	6 - 8 _____	9 - 13 _____
Organizational Skills	1 - 2 _____	3 - 4 _____	5 - 8 _____
Employment	1 _____	2 - 3 _____	4 - 5 _____
Emotional	2 - 3 _____	4 - 5 _____	6 - 10 _____
Social and Family	3 - 4 _____	5 - 6 _____	7 - 9 _____
Oral Communication	1 - 2 _____	3 - 4 _____	5 - 6 _____
Writing Skills	2 - 4 _____	5 - 7 _____	8 - 12 _____
Handwriting	2 - 3 _____	4 - 6 _____	7 - 10 _____
Basic Math Skills		1 - 2 _____	3 - 5 _____
Math Skills	1 - 2 _____	3 - 6 _____	7 - 14 _____
Math Vocabulary	1 _____	2 - 3 _____	4 - 5 _____
Reading Skills	3 - 7 _____	8 - 12 _____	13 - 20 _____
Reading Comprehension	3 - 4 _____	5 - 6 _____	7 - 10 _____
Vocabulary	2 - 3 _____	5 - 6 _____	7 - 13 _____
Avoidance	2 - 3 _____	4 - 6 _____	7 - 9 _____
Reading List (Number correct or with little hesitation)			
	100 - 126 _____	21 - 99 _____	1 - 20 _____

Educational/Employment Plan

Reading

Spelling

Writing

Vocabulary

Math

Organization

Study Skills

Adaptations/Modifications/Assistive Devices

**Produced by Richard Cooper, Ph.D.
Learning disAbilities Resources
P.O.. Box 716
Bryn Mawr, PA 19010
610-446-6126
www.learningdifferences.com**



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Signature: Cheryl L. Keenan	Printed Name/Position/Title: Cheryl L. Keenan, Director
Organization/Address: PA Department of Education, 333 Market St., 12th Floor, Harrisburg, PA 1712	Telephone: (717) 772-3733 FAX: (717) 783-0583
E-Mail Address: ckeenan@state.pa.us	Date: 3/20/00

(over)

