

**Meredith M. Sargent, Ph.D.**  
**Licensed Clinical Psychologist**  
**2950 Northup Way, Suite 204**  
**Bellevue, WA 98004**  
**425.739.4772 (phone)**  
**425.739.4778 (fax)**  
[msargentphd@gmail.com](mailto:msargentphd@gmail.com)

### Learning Evaluation – Adult

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Home Address: \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_  
Home # : \_\_\_\_\_ Cell#: \_\_\_\_\_ Work #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Current Needs

What questions would you like this evaluation to address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Date of last physical exam: \_\_\_\_\_ Email: \_\_\_\_\_

Referred by: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Learning History

Are you currently in school? \_\_\_\_\_ If so, where? \_\_\_\_\_  
If not, when were you last in school? \_\_\_\_\_ Where were you enrolled? \_\_\_\_\_  
\_\_\_\_\_  
What kind of grades do you usually receive/average grade point average? \_\_\_\_\_  
Were you ever home schooled? \_\_\_\_\_ Please specify what years/grades \_\_\_\_\_  
\_\_\_\_\_

Check off any of the following which you have attended:  
\_\_\_\_\_ Elementary School  
\_\_\_\_\_ Junior High/Middle School  
\_\_\_\_\_ Senior High School – Graduated/Date: \_\_\_\_\_  
\_\_\_\_\_ GED Date  
\_\_\_\_\_ Technical/Vocational School  
Area of Study: \_\_\_\_\_  
Date of Completion: \_\_\_\_\_

\_\_\_\_\_ College

Name of School: \_\_\_\_\_

Number of Years: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

Graduated/Date: \_\_\_\_\_

Major Area of Study: \_\_\_\_\_

What problems in learning have you noticed? Please specify in detail: \_\_\_\_\_

When were your learning problems first noticed? \_\_\_\_\_

Were you ever evaluated? \_\_\_\_\_ If so, when and where? \_\_\_\_\_

Results of that evaluation: \_\_\_\_\_

Did you receive special help in school or were you enrolled in special education classes? \_\_\_\_\_ If so, what kind? \_\_\_\_\_

Did you ever receive tutoring? \_\_\_\_\_ If so, please describe in detail when, where and in what areas: \_\_\_\_\_

Did you repeat any grades? \_\_\_\_\_ Which ones? \_\_\_\_\_

Were you ever told you had a learning disability? \_\_\_\_\_ When? \_\_\_\_\_ By Whom? \_\_\_\_\_

### Specific Learning Problems

Place an X by any of the following areas which are problem areas for you?

\_\_\_\_\_ Understanding spoken language

\_\_\_\_\_ Taking directions

\_\_\_\_\_ Taking notes

\_\_\_\_\_ Memory

\_\_\_\_\_ Reading \_\_\_\_\_ Writing \_\_\_\_\_ Spelling

\_\_\_\_\_ Arithmetic/Mathematics

\_\_\_\_\_ Making change \_\_\_\_\_ Keeping a checkbook \_\_\_\_\_ Reading maps

\_\_\_\_\_ Managing a budget

\_\_\_\_\_ Time orientation \_\_\_\_\_ Using a calendar

\_\_\_\_\_ Attention/distractibility

Other: \_\_\_\_\_

Are there any particular strategies that help you get around any specific learning problems? \_\_\_\_\_

\_\_\_\_\_

### **Work History**

Summarize your work history. Include any special problems you have had: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever had a vocational assessment or counseling? \_\_\_\_\_ If so, when and where? \_\_\_\_\_

What were the results? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Family History**

Parents' Educational Backgrounds: \_\_\_\_\_

\_\_\_\_\_

Have any learning problems been identified in your family? \_\_\_\_\_ What kind? \_\_\_\_\_

\_\_\_\_\_

What family members were identified as having learning problems? \_\_\_\_\_

\_\_\_\_\_

### **Medical History**

Have you had any serious or chronic illnesses? \_\_\_\_\_ Please describe in detail: \_\_\_\_\_

\_\_\_\_\_

Do you suffer from allergies? \_\_\_\_\_ If so, please specify in detail: \_\_\_\_\_

\_\_\_\_\_

Do you have any hearing or vision problems? \_\_\_\_\_ If yes, please describe in detail: \_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medication? \_\_\_\_\_ If yes, please specify in detail: \_\_\_\_\_

\_\_\_\_\_

How much alcohol do you drink in a week? \_\_\_\_\_

Have you used drugs recreationally? \_\_\_\_\_ If yes, please describe type and frequency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any additional information you would like to add?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_