**Learning Disorder and Neuropsychological Questions**

Does your child struggle with:

1. Problem solving or reasoning? YES / NO
   1. If yes, please describe how. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Please give examples of difficulties with these behaviors. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Please list situations when these behaviors seem least problematic. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. When did these issues begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Please describe how this impacts your child’s daily functioning. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Speed of thinking? YES / NO
   1. If yes, please describe how. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Please give examples of difficulties with these behaviors. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Please list situations when these behaviors seem least problematic. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. When did these issues begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Please describe how this impacts your child’s daily functioning. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Concentration? YES / NO
   1. If yes, please describe how. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. When did these issues begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Please describe how this impacts your child’s daily functioning. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Memory? YES / NO
   1. If yes, please describe how. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. When did these issues begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Please describe how this impacts your child’s daily functioning. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Speaking? YES / NO
   1. If yes, please describe how. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. When did these issues begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Please describe how this impacts your child’s daily functioning. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Listening? YES / NO
   1. If yes, please describe how. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Please give examples of difficulties with these behaviors. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Please list situations when these behaviors seem least problematic. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. When did these issues begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Please describe how this impacts your child’s daily functioning. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Writing? YES / NO
   1. If yes, please describe how. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Please give examples of difficulties with these behaviors. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Please list situations when these behaviors seem least problematic. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. When did these issues begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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1. Reading? YES / NO
   1. If yes, please describe how. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Please give examples of difficulties with these behaviors. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Please list situations when these behaviors seem least problematic. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. When did these issues begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Please describe how this impacts your child’s daily functioning. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Strength or coordination? YES / NO
   1. If yes, please describe how. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Please give examples of difficulties with these behaviors. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Please list situations when these behaviors seem least problematic. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. When did these issues begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Please describe how this impacts your child’s daily functioning. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Vision? YES / NO
   1. If yes, please describe how. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Please give examples of difficulties with these behaviors. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Please list situations when these behaviors seem least problematic. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. When did these issues begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Please describe how this impacts your child’s daily functioning. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Spatial ability or sense of direction? YES / NO
   1. If yes, please describe how. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Please give examples of difficulties with these behaviors. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Please list situations when these behaviors seem least problematic. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Please list situations when these behaviors seem most problematic. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. When did these issues begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Please describe how this impacts your child’s daily functioning. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Hearing, touch, or smell? YES / NO
   1. If yes, please describe how. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Please list situations when these behaviors seem most problematic. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. When did these issues begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Please describe how this impacts your child’s daily functioning. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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