

## SCREENING QUESTIONNAIRE: CAN WE HELP YOUR CHILD?

For each question: rate your child by - **1** (this is never a problem), **2** (sometimes) or **3** (often)

	SCORE
1. My child has difficulty concentrating and paying attention.	
2. My child requires a lot of time to complete homework.	
3. My child complains of blurred vision, or double vision when reading.	
4. My child complains of eyestrain or headaches when reading.	
5. My child loses his / her place when reading or skips words or lines.	
6. My child has difficulty copying from the board.	
7. My child has difficulty with handwriting.	
8. My child reverses letters, numbers or confuses similar words.	
9. My child becomes tired or sleepy after short periods of time or his/her reading comprehension deteriorates with time.	
10. My child has struggled in school.	
<b>TOTAL SCORE</b>	

**ADD UP THE TOTAL SCORE FOR THE TEN QUESTIONS AND COMPARE IT TO THE GUIDELINES BELOW.**

**Score**

**What That Score Means**

10-12 Your child probably does **not** have a problem interfering with school performance.

13-18 Your child **may** have a problem interfering with school performance that we can help.

19-30 Your child **almost certainly** has a problem interfering with school performance that we can help.

If a child has a score greater than 12, it is strongly suggested that an evaluation be done to determine what is contributing to learning difficulties.

If a problem is detected, a therapy program may be recommended to eliminate the problem.

Contact us for further information

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