

For Office Use

Payment: _____ NIS Meeting summary by: _____
 Date of diagnosis: _____ Report handed to the student on: _____
 Time: _____ The report was dispatched to the Faculty on: _____
 Diagnosis: _____ Temporary approval, dispatched on: _____
 Comments: _____



The University Center for the Diagnosis and Treatment of Learning Disabilities

Preliminary Questionnaire for the Applicant

I the undersigned _____ Gender: Male Female
 Surname: _____ First Name: _____

I. D. No.:

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Tel: _____ Mobile number: _____

Email address: _____

I confirm that I have applied to the University Center for the Diagnosis and Treatment of Learning Disabilities in order to undergo a diagnose and to obtain considered professional opinions regarding learning disabilities

I have read the "Applicant Information Page". I understand the manner of diagnosis and its terms and I agree with all that is stated therein.

It is clear to me that the adjustments are solely for my studies at Tel Aviv University .

I would like to submit the professional considered opinion to the following faculties:

1. _____
2. _____

Date _____ Signature _____

The University Center for the Diagnosis and Treatment of Learning Disabilities

Waiver of Confidentiality Declaration

To: The Diagnosis and Treatment of Learning Disabilities Section, Tel Aviv University.

I, _____, the undersigned, I. D. No. _____

hereby permit to submit, to the Faculty of: _____

any information relating to the counseling / diagnosis I underwent at your Center and / or the results of the tests.

Date: _____

Signature: _____

Commitment to the Diagnosis Process

- I hereby declare that all the details I will fill out on the questionnaire are correct and true.
- I undertake to cooperate during the diagnosis and express my true abilities without any intent whatsoever to deceive.
- I agree that the Counseling Center will review the exams and papers I submitted to the Faculty, as required.
- I undertake that I have not undergone an internal diagnosis, in the past, of Tel Aviv University or a diagnosis from a Learning Disability Expert .

Date: _____ Signature: _____

To: The Center for the Diagnosis and Treatment of Learning Disabilities, Tel Aviv University.

I, _____, the undersigned, I. D. No. _____

Am aware of the fact that the internal diagnosis is for internal purposes of Tel Aviv University **only**.

At the end of the diagnostic process, a textual report will be given that does not include the raw data of the diagnostic findings.

It is important to emphasize that the diagnostic report is textual and it is not possible to obtain the raw data of the diagnostic findings.

Date: _____

Signature: _____

Personal Details Questionnaire (Learning Disabilities)

Date of birth _____ Country of birth _____ Year of immigration _____

Address for the dispatch of the report:

_____ Street _____ No. _____ Town _____ Zip Code _____

Details regarding family (must be filled even if the father/mother is deceased)

_____ Country of birth of the father

_____ Country of birth of the mother

_____ Father's occupation

_____ Mother's occupation

Number of siblings in the family _____

_____ Marital status

_____ No. of Children

_____ Spouse's occupation

Does anyone in your family have any learning disability? If so, detail who and which.

Details Regarding Current Studies at the University

Date of commencement of University studies: _____

Studies for a degree: Bachelors / Masters / Doctorate

Year of Study: _____

Faculty: _____ Dept.: _____

Faculty: _____ Dept.: _____

Details Regarding Previous Academic Studies

University/College/Other)	Name and address of the educational institution	Department / Faculty:
Type of educational institution		

Average grade: _____ Years of schooling: _____ Date of completion: _____ Degree/certificate/without degree

Comments: _____

Details Regarding High School Studies

In Israel / abroad	Name and address of school	theoretical /professional/other
Graduated from high school		Type of high school

Matriculation grade: _____

	Weighted average	Psychometric examination score
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Comments: _____

Native Language: _____

IDF Military Service

- I served and was discharged
- I am still serving
- I am studying as part of the future reserve program.
- Exempt from compulsory service The reason: _____

Rank: _____

Position (provide details): _____

Have you been granted special service conditions due to any imitation? Provide details:

Occupation

Are you currently employed? Yes / No _____
Position at the place of work

Profession (if any): _____

Write down the jobs and positions you have performed (including positions you have performed in your military service) based on how satisfied you are with them.

The first one you specify will be your last job and so on.

Next to each job, write down the amount of time you have worked in the same job.

	<u>Occupation / Job</u>	<u>Duration of occupation</u>	<u>Comments</u>
1.	_____	_____	_____
2.	_____	_____	_____

Have you ever undergone a diagnosis in the past? Yes / No

When was / were the diagnosis conducted? _____

By whom? _____

Within which **structure**? _____

Do you have a document with the exam results? If so, please provide details: _____

Reason for referral to a diagnosis in the past and if there is no previous diagnosis, the reason for the current referral:

■ How does the difficulty in the field of study affect / influence you?

■ Has the difficulty been treated in the past? Yes / No please provide details.

■ Briefly describe the difficulties in studies at the University that you encounter due to the deficiency:

■ When was the problem first detected? _____

■ How did you sit for the Matriculation Examination?

- A. As usual
- B. With a time extension.
- C. Orally.
- D. Other - provide details _____
- E. Do you possess authorizations of such? If so, please provide details:

■ How did you sit for the Psychometric Examination?

- 1. As usual
- 2. With a time extension.
- 3. Other - provide details _____

■ What are you requesting as part of your University studies?

■ Comments

Questionnaire for Detecting Learning Disabilities

Surname: _____ First Name: _____ Date: _____

Instructions

Please reply "yes" or "no" by placing an X in the appropriate box next to each sentence. If you are not sure, select a response that generally reflects the situation with respect to you.

Yes No

- 1/1. My handwriting is hard to read.
- 2/2. Reading a page in a book takes longer than usual.
- 3/9. I am unable to prepare for the examinations effectively.
- 4/4. I read slowly in English.
- 5/5. I sometimes find that I do not remember what I read a short while ago.
- 6/2. I need to read again and again - in order to understand a written passage.
- 7/1. I write with multiple spelling errors.
- 8/5. I put a lot of effort into summarizing a passage I have read.
- 9/8. I have visual difficulties / deficiencies. Provide details:
-
- 10/9. In examinations, I am unable to maintain concentration for long periods of time.
- 11/2. I read slowly
- 12/4. I have difficulty understanding English text.
- 13/5. I cannot sit long in one place.
- 14/9. I always am short on time in examinations
- 15/1. I exchange and / or omit letters when writing.
- 16/2. I have difficulty in remembering texts that I have read.
- 17/3. I exchange numbers and signs in calculations and in writing.
- 18/5. It is very difficult for me to concentrate on my studies [lecture / reading / writing].
- 19/1. It is difficult for me to concentrate on the lesson when I try to write down the lecture.
- 20/6. From the beginning I had difficulty reading and / or writing.
- 21/9. I sometimes find that I did not read / understood the examination instructions properly.

- 22/1. When writing - I get confused by similar words.
- 23/2. When I read it, it is difficult for me to detect the main theme.
- 24/3. The subject of mathematics has always been difficult for me compared to other subjects.
- 25/5. I have to take many breaks while I study.
- 26/9. In examinations, I lose points due to silly mistakes and a lack of attention.
- 27/1. I write slowly.
- 28/3. It is difficult for me to remember formulas and / or sequences of arithmetical operations.
- 29/5. I make stupid mistakes in exams [in calculations, in writing].
- 30/6. It is generally difficult for me to maintain order and organization in things [in the room,
in

the satchel, etc.].

- 31/7. I did not succeed in achieving results pursuant to my capability
- 32/9. During an examination I cannot remember the material I knew prior to the examination.
- 33/2. It is difficult for me to read new and unfamiliar words.
- 34/9. In the examination, I have difficulty in expressing my knowledge even though I

know

the material.

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For Office Use

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