



LEARNING NEEDS SELF ASSESSMENT

Name _____

Date _____

Date of Birth _____

1. In order to meet your learning needs, please check the factors that may affect your learning:

- | | | | | |
|--------------------------------|----------|-----------------|-----------|---------------|
| Culture | Language | Reading ability | Emotional | Speech |
| Vision | Hearing | Motor Skills | Religion | Special Needs |
| Desire and motivation to learn | | | None | |

Other/Comment: _____

2. Please check the people who you may want to help you with learning.

- | | | | | |
|--------|--------|---------------------|--------|-----------|
| No One | Spouse | Other Family Member | Friend | Caregiver |
|--------|--------|---------------------|--------|-----------|

3. People prefer different ways of learning. Please check the ones you would choose.

- | | |
|---------------------------|----------|
| Written handout | Pictures |
| Face-to-face explanations | Videos |

Other (specify) _____

Reviewed or completed by:

Relationship: _____