

PATIENT INFORMATION

Date _____
Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ SS# _____
Birth Date ___/___/___ Age _____ Sex _____
 Married Single Divorced Widowed
Whom may we thank for referring you? _____
What name do you prefer to be called? _____
May we use your email for discounts and other special email-only offers? Yes No
Email _____

EMPLOYMENT INFO

Occupation _____
Employer _____
Address _____
Phone # _____

INSURED INFO

Insured Name _____
Relationship _____
DOB _____

Who is responsible for your bill, You and:

Spouse Health Insurance Workers' Comp. Auto Insurance Medicare

Previous scoliosis care: None Type of care & approximate date of last visit _____

CURRENT HEALTH CONDITION

Date Scoliosis First Diagnosed: _____ Physician Who Diagnosed: _____

Family With Scoliosis? Y / N If yes, who? _____ [Mark your areas of pain on figure]

Have you already had x-rays? Yes No

If yes, what was the Cobb angle measurement? _____

Do you currently have pain? Y / N

Where? _____

How would you describe the pain?

Sharp Dull Aching Burning Numb
 Throbbing Radiating Deep Other _____

Rate the pain on a scale of 1-10 (10 being unbearable pain):

Right Now 1---2---3---4---5---6---7---8---9---10

At Its Worst 1---2---3---4---5---6---7---8---9---10

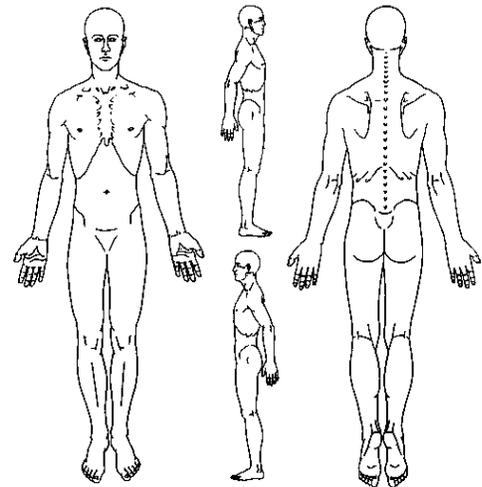
Have You Seen Other Doctors For Treatment? Yes No

Who? _____

Type of treatment? _____ Results? _____

Do you wear a shoe lift? Yes No

Do you suffer from any condition that is directly causing your scoliosis? (i.e. syringomyelia, connective tissue disorder, cerebral palsy)



Below is a list of diseases that may seem unrelated to the purpose of your appointment. However, these questions must be answered carefully as these problems can affect your overall course of care.

CHECK ANY OF THE FOLLOWING DISEASES YOU HAVE HAD

- | | | | | |
|------------------------------------|------------------------------------|-----------------------------------|---|--|
| <input type="checkbox"/> AIDS /HIV | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Gout | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Cancer | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Rheumatic Fever |

CHECK ANY YOU HAVE HAD IN THE PAST 6 MONTHS

Musculoskeletal Code

- General Stiffness
- General Weakness
- Swollen Joints
- Spinal Curvature
- Neck Pain
- Arm Pain
- Pain Between Shoulders
- Low Back Pain
- Foot Trouble
- Walking Problems
- Jaw Problems

Nervous System Code

- Nervous
- Numbness
- Dizziness
- Forgetfulness
- Depression
- Cold/Tingling Extremities
- Stress
- Twitching

General Code

- Fatigue
- Allergies
- Headache
- Loss of Sleep
- Weight Loss
- Fever
- Thyroid Problems

Gastrointestinal Code

- Poor/Excessive Appetite
- Excessive Thirst
- Vomiting
- Nausea
- Diarrhea
- Constipation
- Liver Problems
- Gall Bladder Problems
- Abdominal Cramps
- Gas/Bloating/Belching
- Heartburn
- Black/Bloody Stools
- Colitis

C-V-R Code

- Chest Pain
- Short Breath
- Asthma
- Blood Pressure Problems
- Irregular Heartbeat
- Heart Problems
- Lung Problems
- Varicose Veins
- Ankle Swelling
- Stroke

EENT Code

- Vision Problems
- Dental Problems
- Sore Throat
- Ear Aches
- Hearing Difficulty
- Stuffed Nose
- Frequent Colds
- Nose Bleeds
- Sinus Trouble
- Hoarseness

Genitourinary Code

- Bladder Trouble
- Painful/Excessive Urine
- Discolored Urine

For Women Only

- Cramps
- Irregular Cycle
- Painful Periods
- Pregnant (now)

Family History

The following members have a same or similar problem as I do:

- Father
- Mother
- Brother
- Sister
- Child
- Other _____

HEALTH HABITS

Exercise/Sports/Hobbies:

- 1) Type _____ Frequency _____ 2) Type _____ Frequency _____
 3) Type _____ Frequency _____ 4) Type _____ Frequency _____

Sleep: Hours/night ____ Sleep quality _____ Do you sleep on your: Back Side Stomach

Smoking/Drinking/Diet: (how much and how often)

Tea/Coffee _____ Liquor/Beer _____ Cigarettes/Tobacco _____

OCCUPATIONAL INFORMATION

Job involves: Sitting Standing How long? _____

Bending Stooping Twisting Turning Lifting - How much weight? _____

Physical activity at work: Sedentary Light manual labor Heavy labor

Do any work activities aggravate your complaints? _____

Please list ALL previous accidents and falls

What _____ When _____

What _____ When _____

What _____ When _____

Please list ALL medications and/or vitamins you take

Name _____ For What _____ Name _____ For What _____
Name _____ For What _____ Name _____ For What _____
Name _____ For What _____ Name _____ For What _____

Please list ALL surgeries, hospitalizations, fractures/dislocations you have had

Type _____ When _____
Type _____ When _____
Type _____ When _____

Please number the following outcome objectives in order of importance (1 being most important):

- Knowledge of scoliosis Improve torso appearance Improve stamina
- Reduce pain Increase quality of life Improve mobility
- Improve posture control Psychological well being Reduce disability
- Better breathing Reduce need for frequent clinic treatment as adult
- Reduce progression in adulthood

Scoliosis can be considered a lifelong disease process. In order for conservative, non-surgical scoliosis treatments to work effectively, ongoing lifetime care must be undertaken by the patient. Otherwise, medical research demonstrates that scoliosis will get worse by 1-2 degrees per year for the remainder of the patient’s life if nothing is done to reverse the process.

While Doctor(s) is waiting for payment for all of the fees, I agree to provide the office with information and forms regarding any source of potential payment, to assist in any way I can, and:

1. I hereby assign to Doctor(s) my rights to receive payments from negligent parties or from insurance companies responsible for my claim.
2. I hereby authorize the direct payment to Doctor(s) of any sum I now or hereafter owe you by my attorney out of proceeds of any settlement of my case and by any insurance company obligated to make payment to me or you based in whole or in part upon the charges made for your services.
3. You are authorized to release any information including the diagnosis and records of any such treatment to any insurance company, attorney or claims adjustor to process any claim for reimbursement of charges incurred.
4. I hereby assign and transfer to you the cause of action that exists in my favor, including the right to proceed via AAA Arbitration or Superior Court, against the insurance company or third party responsible for this claim to collect any unpaid bills. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY.

I also understand some of the procedures incorporated into my scoliosis treatment may be deemed experimental by some insurance for use in pediatric and adolescent cases because they are so new. All reasonable and necessary fees incurred by me at this clinic for treatment and/or rehabilitation equipment are my responsibility regardless whether my health insurance pays any portion of it.

METHOD OF PAYMENT

Cash Check Credit/Debit

Our policy requires payment in full for all services rendered at the time of visit, unless other arrangements have been made with the office. I understand the above information and guarantee this form was completed correctly and to the best of my knowledge and I understand it is my responsibility to inform this office of any changes in my medical status.

Signature _____ Date _____



SRS-22r Patient Questionnaire

Patient Name: _____ Date of Birth: _____
 First MI Last Mo Day Yr

Today's Date: _____ Age: _____
 Mo Day Yr Yrs Mo

Medical Record #: _____

INSTRUCTIONS: We are carefully evaluating the condition of your back and it is **IMPORTANT THAT YOU ANSWER EACH OF THESE QUESTIONS YOURSELF.** Please **CIRCLE THE ONE BEST ANSWER TO EACH QUESTION.**

1. Which one of the following best describes the amount of pain you have experienced during the past 6 months?

- None
- Mild
- Moderate
- Moderate to severe
- Severe

2. Which one of the following best describes the amount of pain you have experienced over the last month?

- None
- Mild
- Moderate
- Moderate to severe
- Severe

3. During the past 6 months have you been a very nervous person?

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

4.. If you had to spend the rest of your life with your back shape as it is right now, how would you feel about it?

- Very happy
- Somewhat happy
- Neither happy nor unhappy
- Somewhat unhappy
- Very unhappy

5. What is your current level of activity?

- Bedridden
- Primarily no activity
- Light labor and light sports
- Moderate labor and moderate sports
- Full activities without restriction

6. How do you look in clothes?

- Very good
- Good
- Fair
- Bad
- Very bad

7. In the past 6 months have you felt so down in the dumps that nothing could cheer you up?

- Very often
- Often
- Sometimes
- Rarely
- Never

8. Do you experience back pain when at rest?

- Very often
- Often
- Sometimes
- Rarely
- Never

9. What is your current level of work/school activity?

- 100% normal
- 75% normal
- 50% normal
- 25% normal
- 0% normal

(CONTINUED ON NEXT PAGE) 3

10. Which of the following best describes the appearance of your trunk; defined as the human body except for the head and extremities?

- Very good
- Good
- Fair
- Poor
- Very Poor

11. Which one of the following best describes your pain medication use for back pain?

- None
- Non-narcotics weekly or less (e.g., aspirin, Tylenol, Ibuprofen)
- Non-narcotics daily
- Narcotics weekly or less (e.g. Tylenol III, Lorcet, Percocet)
- Narcotics daily

12. Does your back limit your ability to do things around the house?

- Never
- Rarely
- Sometimes
- Often
- Very Often

13. Have you felt calm and peaceful during the past 6 months?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

14. Do you feel that your back condition affects your personal relationships?

- None
- Slightly
- Mildly
- Moderately
- Severely

15. Are you and/or your family experiencing financial difficulties because of your back?

- Severely
- Moderately
- Mildly
- Slightly
- None

16. In the past 6 months have you felt down hearted and blue?

- Never
- Rarely
- Sometimes
- Often
- Very often

17. In the last 3 months have you taken any days off of work, including household work, or school because of back pain?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 or more days

18. Does your back condition limit your going out with friends/family?

- Never
- Rarely
- Sometimes
- Often
- Very often

19. Do you feel attractive with your current back condition?

- Yes, very
- Yes, somewhat
- Neither attractive nor unattractive
- No, not very much
- No, not at all

20. Have you been a happy person during the past 6 months?

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

21. Are you satisfied with the results of your back management?

Very satisfied

Satisfied

Neither satisfied nor unsatisfied

Unsatisfied

Very unsatisfied

22. Would you have the same management again if you had the same condition?

Definitely yes

Probably yes

Not sure

Probably not

Definitely not

Thank you for completing this questionnaire. Please comment if you wish.

Functional Medicine Laboratory Testing Informed Consent

The purpose of functional medicine laboratory testing in our office is to evaluate nutritional, biochemical, or physiological imbalance and to determine any need for medical referral. These lab tests in our office are not intended to diagnose disease. This office utilizes conventional lab tests as well as functional medicine assessment.

Functional medicine assessment is designed to assist our doctors and other healthcare providers in finding the underlying causes of your condition. Functional medicine has evolved through the efforts of scientists and clinicians from the fields of clinical nutrition, molecular biology, biochemistry, physiology, conventional medicine, and a wide array of scientific disciplines. Functional medicine evaluates the body as a whole, with special attention to the relationship of one body system to another and the nutrient imbalances and toxic overload that may adversely affect these relationships.

Your conventional medical physician may or may not agree with the necessity for—or our interpretation of—these tests. If you have any questions or concerns, please discuss them with our doctors.

I have read and understand the above:

Signature

Date

Witness

Date

Hemispheric Dominance Test – Activity 2

Purpose: The brain is divided into two hemispheres, the right and the left. Each side is associated with different characteristics. After taking this short test, you will calculate whether you are right brained or left brained (that is, which of your brain hemispheres is dominant). This can say a lot about you!

Assignment:

Answer the following questions as best you can! Pick the answer that is MOST like you.

- _____ 1. My locker at school is:
 - a. orderly and neat, easy to find everything quickly
 - b. disorganized and messy, hard to find things quickly

- _____ 2. During school time, I:
 - a. am often late for class, lunch, or meetings
 - b. am rarely late for class, lunch, or meetings

- _____ 3. In social studies, I best remember:
 - a. map work
 - b. historical dates and names

- _____ 4. When I make a study schedule for homework, I:
 - a. usually follow it closely
 - b. hardly ever follow it

- _____ 5. When I go to the movies, I like to sit on the:
 - a. right side of the theater
 - b. left side of the theater

- _____ 6. I prefer to:
 - a. solve equations with algebra
 - b. work with graphs in geometry

- _____ 7. I am better at remembering people's:
 - a. names
 - b. faces

- _____ 8. When putting something together, I usually:
 - a. follow the written directions and do it right
 - b. try to do it on my own and then follow directions

- _____ 9. I am most interested in what:
 - a. could be possible or the very unusual solutions
 - b. is real and can be explained

- _____ 10. When I watch or listen to a speaker, I tend to:
 - a. concentrate on exactly what they are saying
 - b. concentrate on how they say something (gestures, tone of voice, etc.)

- _____ 11. When I am explaining something to someone, I:
 - a. am very clear and orderly in my expectation
 - b. have some difficulties in being clear and orderly

- _____ 12. I enjoy doing things most when they are:
 - a. well planned and happen as expected
 - b. unplanned and happen spontaneously

- _____ 13. I mostly enjoy doing assignments that are:
 a. open ended and have lots of options and independent choices
 b. structured and have a clear beginning and ending
- _____ 14. In doing long term assignments, I usually:
 a. begin immediately and finish on schedule
 b. wait until the last minute to do it
- _____ 15. When I make important decisions, I feel most comfortable:
 a. using only facts, logic, and/or probabilities
 b. using facts and logic with intuition or gut feeling if needed
- _____ 16. Fold your hands in front of you, fingers intertwined. Which thumb is on top?
 a. right
 b. left
- _____ 17. I would probably best:
 a. be a famous artist, mechanic, or designer
 b. be a famous writer, scientist, or lawyer
- _____ 18. When someone is giving me many verbal directions, I have:
 a. no problem following them and remembering the order
 b. have some problems with remembering and ordering them
- _____ 19. The following statement fits me better:
 a. I am very dependable and a model student
 b. I am imaginative, independent, and a little flaky.
- _____ 20. The times tables and other rote memory things;
 a. come easily for me with just a little effort
 b. needed a lot of effort and repetition for me

Which is more like you?

- _____ 21. a. creative
 b. logical
- _____ 22. a. talk with your hands and have emotional expressions
 b. talk logically and factually
- _____ 23. a. visualize or draw out problems to solve them
 b. logically talk my way through problems
- _____ 24. a. I describe events with accuracy and realism
 b. I like to exaggerate descriptions of events to make them more interesting
- _____ 25. a. I rarely doodle during my classes
 b. I often doodle during my classes

Now use the key to see which of your answers is associated with right and which is left. Write totals:

of Right: _____ **# of Left:** _____

Hemispheric Dominance Test Key

To score your hemispheric dominance test, use the following. The answers below that are **BOLD** are **LEFT BRAIN** answers. Others are right-brain answers.

1. My locker at school is:
 - a. **orderly and neat, easy to find everything quickly**
 - b. disorganized and messy, hard to find things quickly
2. During school time, I:
 - a. am often late for class, lunch, or meetings
 - b. **am rarely late for class, lunch, or meetings**
3. In social studies, I best remember:
 - a. map work
 - b. **historical dates and names**
4. When I make a study schedule for homework, I:
 - a. **usually follow it closely**
 - b. hardly ever follow it
5. When I go to the movies, I like to sit on the:
 - a. **right side of the theater**
 - b. left side of the theater
6. I prefer to:
 - a. **solve equations with algebra**
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7. I am better at remembering people's:
 - a. **names**
 - b. faces
8. When putting something together, I usually:
 - a. **follow the written directions and do it right**
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9. I am most interested in what:
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11. When I am explaining something to someone, I:
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12. I enjoy doing things most when they are:
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Which is more like you?

21. a. creative
b. logical
22. a. talk with your hands and have emotional expressions
b. talk logically and factually
23. a. visualize or draw out problems to solve them
b. logically talk my way through problems
24. **a. I describe events with accuracy and realism**
b. I like to exaggerate descriptions of events to make them more interesting
25. **a. I rarely doodle during my classes**
b. I often doodle during my classes

Purpose:

Now that you have taken the Hemispheric Dominance test and know whether you are right or left brained, you need to know what it means.

Assignment:

1) Look through the lists below and indicate the things you think apply to you from both columns.

Left-Hemispheric People:

* Behavior:

- Sit still
- Are task oriented
- Can memorize things
- Have neat and orderly desks
- Follow directions
- Use rote memory well
- Are very organized
- Think in terms of black and white
- Are reality based
- Are time oriented
- Are focused and logical
- Are controlled
- Speak well
- Use symbols well
- Are sequential (do things in order)

* Learning Styles:

- Like traditional teaching
- Learn well through lectures
- Will read chapters in books
- Like to outline
- Are successful with sounding words out
- Enjoy worksheets
- Process verbal information well

* May Be Skilled In:

- Handwriting
- Symbols
- Language
- Reading and Phonics
- Locating facts and details
- Planning
- Talking and reciting

Right-Hemispheric People:

* Behavior:

- Are humorous
- Have little sense of time
- Have messy desks
- Often use fingers to count
- Are not organized
- Are on the move'
- Have difficulty following directions
- Like to touch things, active hands
- Get hunches, are intuitive
- Tend to be dramatic
- Are often athletic
- Have trouble with phonics
- Can have concentration problems
- Are scattered
- Are random

* Learning Styles:

- See the overall picture, the whole
- Like hands-on activities
- Are better at analogies
- Think outside the box
- Find memory devices helpful
- Benefit from color coding
- Need visuals

* May Be Skilled In:

- Identifying shapes and patterns
- Music
- Sports
- Arts and crafts
- Visualization
- Recognizing feelings and emotions
- Spatial relationships

2) Using the score on the test and information noted on this page, answer the following: (20 points each)

- What was your score on the Hemispheric Dominance Test (questions 1-25, i.e. 15 Right, 10 Left)?
- According to this sheet, do you have more characteristics of the right or the left?
- Comparing the score with the characteristics on this sheet, do they match (i.e. if your score indicated you are a left-brained person, do you have more left characteristics on this sheet)?

3) Using the Internet, research your right and left-brain results, and list at least three career or job choices that fit your results. (40 points)

Learning Style Inventory

To better understand how you prefer to learn and process information, place a check in the appropriate space after each statement below, then use the scoring directions at the bottom of the page to evaluate your responses. Use what you learn from your scores to better develop learning strategies that are best suited to your particular learning style. This 24-item survey is not timed. Respond to each statement as honestly as you can.

	Often	Sometimes	Seldom
1. I can remember best about a subject by listening to a lecture that includes information, explanations and discussions.			
2. I prefer to see information written on a chalkboard and supplemented by visual aids and assigned readings.			
3. I like to write things down or to take notes for visual review.			
4. I prefer to use posters, models, or actual practice and other activities in class.			
5. I require explanations of diagrams, graphs, or visual directions.			
6. I enjoy working with my hands or making things.			
7. I am skillful with and enjoy developing and making graphs and charts.			
8. I can tell if sounds match when presented with pairs of sounds.			
9. I can remember best by writing things down.			
10. I can easily understand and follow directions on a map.			
11. I do best in academic subjects by listening to lectures and tapes.			
12. I play with coins or keys in my pocket.			
13. I learn to spell better by repeating words out loud than by writing the words on paper.			
14. I can understand a news article better by reading about it in a newspaper than by listening to a report about it on the radio.			
15. I chew gum, smoke or snack while studying.			
16. I think the best way to remember something is to picture it in your head.			

17. I learn the spelling of words by “finger spelling” them.			
18. I would rather listen to a good lecture or speech than read about the same material in a textbook.			
19. I am good at working and solving jigsaw puzzles and mazes.			
20. I grip objects in my hands during learning periods.			
21. I prefer listening to the news on the radio rather than reading the paper.			
22. I prefer obtaining information about an interesting subject by reading about it.			
23. I feel very comfortable touching others, hugging, handshaking, etc.			
24. I follow oral directions better than written ones.			

Scoring Procedures

Directions: Place the point value on the line next to the corresponding item below. Add the points in each column to obtain the preference score under each heading.

OFTEN = 5 points SOMETIMES = 3 points SELDOM = 1 points

VISUAL		AUDITORY		TACTILE	
NO.	PTS.	NO.	PTS.	NO.	PTS.
2		1		4	
3		5		6	
7		8		9	
10		11		12	
14		13		15	
16		18		17	
19		21		20	
22		24		23	
VPS =		APS =		TPS =	
VPS = Visual Preference		APS = Audio Preference		TPS = Tactile Preference	

Learning Styles Assessment

Read each statement and select the appropriate number response as it applies to you.

Often (3)

Sometimes (2)

Seldom/Never (1)

Visual Modality

- _____ I remember information better if I write it down.
- _____ Looking at the person helps keep me focused.
- _____ I need a quiet place to get my work done.
- _____ When I take a test, I can see the textbook page in my head.
- _____ I need to write down directions, not just take them verbally.
- _____ Music or background noise distracts my attention from the task at hand.
- _____ I don't always get the meaning of a joke.
- _____ I doodle and draw pictures on the margins of my notebook pages.
- _____ I have trouble following lectures.
- _____ I react very strongly to colors.
- _____ Total

Auditory Modality

- _____ My papers and notebooks always seem messy.
- _____ When I read, I need to use my index finger to track my place on the line.
- _____ I do not follow written directions well.
- _____ If I hear something, I will remember it.
- _____ Writing has always been difficult for me.
- _____ I often misread words from the text-(i.e., "them" for "then").
- _____ I would rather listen and learn than read and learn.
- _____ I'm not very good at interpreting an individual's body language.
- _____ Pages with small print or poor quality copies are difficult for me to read.
- _____ My eyes tire quickly, even though my vision check-up is always fine.
- _____ Total

Kinesthetic/Tactile Modality

- _____ I start a project before reading the directions.
- _____ I hate to sit at a desk for long periods of time.
- _____ I prefer first to see something done and then to do it myself.
- _____ I use the trial and error approach to problem-solving.
- _____ I like to read my textbook while riding an exercise bike.
- _____ I take frequent study breaks.
- _____ I have a difficult time giving step-by-step instructions.
- _____ I enjoy sports and do well at several different types of sports.
- _____ I use my hands when describing things.
- _____ I have to rewrite or type my class notes to reinforce the material.
- _____ Total

Total the score for each section. A score of 21 points or more in a modality indicates a strength in that area. The highest of the 3 scores indicates the most efficient method of information intake. The second highest score indicates the modality which boosts the primary strength. For example, a score of 23 in visual modality indicates a strong visual learner. Such a learner benefits from the text, from filmstrips, charts, graphs, etc. If the second highest score is auditory, then the individual would benefit from audio tapes, lectures, etc. If you are strong kinesthetically, then taking notes and rewriting class notes will reinforce information.

Characteristics of Learning Styles

Three of your senses are primarily used in learning, storing, remembering and recalling information. Your eyes, ears, and sense of touch play essential roles in the way you communicate, perceive reality and relate to others. Because you learn from and communicate best with someone who shares your dominant modality, it is a great advantage for you to know the characteristics of visual, auditory and kinesthetic styles and to be able to identify them in others.

Visual

- Mind sometimes strays during verbal activities
- Observe rather than acts or talks
- Likes to read
- Usually a good speller
- Memorizes by seeing graphics or pictures
- Not too distractible
- Finds verbal instruction difficult
- Has good handwriting
- Remembers faces
- Uses advanced planning
- Doodles
- Quiet by nature
- Meticulous, neat in appearance
- Notices details

Auditory

- Talks to self aloud
- Enjoys talking
- Easily distracted
- Has difficulty with written directions
- Likes to be read to
- Memorizes sequentially
- Enjoys music
- Whispers to self while reading
- Distracted by noise
- Hums or sings
- Outgoing by nature
- Enjoys listening activities

Kinesthetic

- Likes physical rewards
- In motion most of the time
- Likes to touch people when talking
- Taps pencil or foot when studying
- Enjoys doing activities
- Reading not a priority
- Poor speller
- Likes to solve problems by physically working through them
- Will try new things
- Outgoing by nature; expresses emotions by physical means
- Uses hands while talking
- Dresses for comfort

SOUND: Hints for the Auditory Learner

General

1. Say aloud the information to be learned/have someone read the information to you/read it into a tape recorder and replay it.
2. Read your work out loud. Summarize what you have read on tape.
3. Say words inside your head silently.
4. Brainstorm ideas with others. Form study groups.
5. When possible, learn information through tapes, television, oral reports, rhymes and songs, radio, lectures, book reviews, panel and group discussions, guest lectures, and oral questions and answers.
6. Use a straight-edge marker or guide to assist you in keeping your place while you are reading or working with printed materials.
7. Tape class lectures (Ask instructor for permission).
8. Meet with classmates before and/or after class to discuss material.

Writing

1. Plan each sentence you want to write by saying it out loud or silently in your head.
2. Say each sentence several times.
3. Write each sentence as you say it, or talk into a tape recorder, dictating each sentence of your paragraph; then play the tape back – one sentence at a time – and record your paragraph in writing.

Spelling

1. Listen to the spelling of the word.
2. Say the word – then say each letter out loud
3. Close your eyes and spell the word out loud; check your spelling.
4. Close your eyes and spell the word out loud again; check your spelling.
5. Now write the word, trying to hear it in your mind.
6. Verbally review spelling words and lectures with a friend.

Mathematics

1. Learn math while saying the concept, fact, theorem, etc., aloud.
2. Explain math problems, concepts, facts, etc., to yourself, relating the information out loud.
3. Use a tape recorder and replay the information.

SIGHT: Hints for the Visual Learner

General

1. Take notes, make pictures, graphs, and charts. Use flashcards and highlight key details
2. Sit close to the teacher so that you can watch his/her face and gestures.
3. Take notes or make lists as you listen to directions.
4. Carefully check instructions written on the chalkboard and on handouts.
5. as the teacher lectures, pay attention to visual aids such as the following:
 - Drawing, maps, graphs, charts
 - Transparencies, posters, films, books
6. Imagine pictures of the information you are suppose to remember.
7. Use color coding as cues to important information.
8. When possible, read assignments silently.
9. Maintain class notes and outlines of important information to study.
10. Try to read and study in well lit, quiet place.
11. Record homework assignments in a date book, on a note pad, or a specially designed assignment sheet.
12. Keep a note pad with you at all times. Write out everything for frequent and quick visual review.

Reading

1. Use sight words, flashcards, note cards and experience stories; don't try to sound words out, but try to determine if the new word or words has words you already know. For example, the "systematic" has the word "system", "stem" and "mat" within it.
2. You are a "look-and-say" learner. Look at a word carefully; then say it.

Writing

1. Jot down ideas as they form in your mind.
2. Outline your ideas.
3. Make a rough draft, skipping lines. Correct/revise your work.
4. Re-coy your paper.
5. ESSAY TEST: Make quick outlines on scratch paper or in the margin of the test before writing your answer.

Spelling

1. See the word – close your eyes.
2. Make a picture – then read from your picture.
3. Write the word – match the picture.
4. Check your work immediately.

Mathematics

1. Visualize the problem.
2. Make pictures or tallies of the problem on scratch paper.
3. Write the problem.

TOUCH: Hints for the Tactile/Kinesthetic Learner

1. Keep your desk clear of distracting objects.
2. Cover the page you're not reading
3. If you are distracted by noise, turn off the radio; wear earplugs or wear an earphone in the learning center to block out the noise. If you want sound, listen to soft music.
4. Divide your work into short study sessions. Get a timer. After 20 minutes or when a task is completed, give yourself a reward, a cookie, a walk around the block, listen to one song, etc.
5. Sit as close to the teacher as possible, or sit in the center of the room by quiet students.
6. When studying, use a multi-sensory approach (hearing, seeing, touching and doing) as much as possible.
7. Get plenty of sleep.
8. Eat a nutritious breakfast and lunch. Snack on fruit or nutritional food if you need extra energy.
9. Study in a carrel or in an office where there is a desk for your text books and notebook.
10. Use models, real objects, and materials that can be touched and moved. For example, learn geography through handling and studying a globe.
11. When possible draw what you are learning.
12. Trace spelling words as you practice them.
13. Record in writing information learned. Keep a supply of paper on hand.
14. When possible, role play, type, take notes, or construct models to learn the information.