

Visual – Auditory – Kinesthetic (V-A-K) Assessment

Mark the appropriate box for each question. Tally your score for each question. Then graph the results.

Visual

	Often	Sometimes	Seldom	
▪ Are you neat and orderly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Do you speak quickly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Are you a good long-range planner and organizer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Are you a good speller and can you actually see the words in your mind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Do you remember what was seen rather than heard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Do you memorize by visual association?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Do you have trouble remembering verbal instructions unless they are written down and do you often ask people to repeat themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Would you rather read than be read to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Do you doodle during phone conversations, staff meetings, and/or classes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Would you rather do a demonstration than make a speech?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Do you like art more than music?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Do you know what to say but can't think of the right words?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subtotals	_____	_____	_____	
	x 2	x 1	x 0	
Totals	_____	+	_____	+
		_____	+	_____
			=	_____

Auditory

	Often	Sometimes	Seldom	
▪ Do you talk to yourself while working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Are you easily distracted by noise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Do you move your lips/pronounce the words as you read?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Do you enjoy reading aloud and listening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Can you repeat back and mimic tone, pitch, or timbre of a voice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Do you find writing difficult but are better at telling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Do you speak in rhythmic patterns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Do you think you're an eloquent speaker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Do you like music more than art?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Do you learn by listening and remember what was discussed rather than seen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Are you talkative, love discussion, and go into lengthy descriptions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Can you spell better out loud than in writing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subtotals	_____	_____	_____	
	x 2	x 1	x 0	
Totals	_____	+	_____	+
		_____	+	_____
			=	_____

Kinesthetic

- | | Often | Sometimes | Seldom |
|--|--------------------------|--------------------------|--------------------------|
| ▪ Do you speak slowly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Do you touch people to get their attention? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Do you stand close when talking to someone? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Are you physically oriented and move a lot? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Do you learn by manipulating (moving things with your hands) and doing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Do you memorize by walking and seeing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Do you use a finger pointer when reading? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Do you gesture a lot? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Do you have difficulty sitting still for long periods? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Do you make decisions based on your feelings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Do you tap your pen, fingers, or foot when listening? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Do you spend time playing sports and/or doing other physical activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Subtotals

_____	_____	_____
x 2	x 1	x 0

Totals

_____ + _____ + _____ = _____

Shade in your scores on the graph below.

24			
23			
22			
21			
20			
19			
18			
17			
16			
15			
14			
13			
12			
11			
10			
9			
8			
7			
6			
5			
4			
3			
2			
1			
	V	A	K