

Accent Modification Services - Intake Form

BACKGROUND INFORMATION

Name: _____ Birthdate: _____

Address: _____
state zip code Street city

Phone number: _____ Work number: _____

Email address: _____

Preferred method of contact: Email Cell phone Work phone

City/Country of origin: _____ Native Language/s: _____

Please describe your educational background: _____

Please describe your current occupation: _____

ENGLISH LANGUAGE ACQUISITION AND USE

Which language do you use the majority of the time? _____

Approximately how many hours each day do you use English? _____

If you are not speaking English in your daily life, in which contexts are you using English?

At what age did you begin learning English? _____

Describe how you learned English (e.g., self-study, classes, watching TV):

Check the box that indicates your level of comfort speaking English:

- Comfortable using English in any context**
(e.g., job interviews, medical appointments, discussing current events and politics)
 - Comfortable using English in most contexts**
(e.g., chatting with coworkers, talking on the phone, making appointments, giving instructions to a friend or coworker)
 - Comfortable using English in some contexts**
(e.g., chatting with friends, ordering food at a restaurant using the menu)
 - Comfortable using English in very few contexts**
(e.g., simple social exchanges like "Hello" and "How are you?") and relying mostly on gestures and other people to express myself
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If you indicated that you are not comfortable using English in all contexts, please describe your concerns regarding your communication in English:

In which situations and contexts are you the least comfortable using English?

In which areas of English do you feel like you have the most difficulty?

- Listening/understanding Grammar Vocabulary
 Spelling Pronunciation Reading
 Other: _____

Does it seem like other people have a hard time understanding you?

Have people commented upon your speech or language?

Have you done anything to try and change your speech or language?

What are your goals for accent modification therapy?

OTHER COMMUNICATION/ MEDICAL INFORMATION

Do you have any medical conditions that may affect your voice, speech, or language?

Have you had any recent vocal changes? If so, explain.

Have you had difficulty breathing or swallowing recently? If so, explain.
