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**Speech-Language-Hearing Center**

**Founders Hall, Room 1300, Campus Box 1147**

**Edwardsville, IL 62026**

**(618)650-5623 Fax (618)650-3307**

**CLIENT INFORMATION FORM**

**Accent Modification Services**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex:\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(street) (city) (zip)**

**Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

What is your native language (include dialects spoken)?

Other languages spoken?

When did you first begin learning English? Where?

While learning English, what percentage of time did you spend: Listening? \_\_\_\_\_\_\_ Speaking? \_\_\_\_\_\_\_\_\_ Reading? \_\_\_\_\_\_\_\_\_ Writing? \_\_\_\_\_\_\_\_\_\_

Did you have any difficulty learning English? (describe)

Please rate your abilities in each of the following areas, using a scale of 1 to 5 (1=no ability; 5=native ability)

Vocabulary: \_\_\_\_\_\_\_\_ Pronunciation: \_\_\_\_\_\_\_\_ Grammar \_\_\_\_\_\_\_\_\_ Comprehension: \_\_\_\_\_\_\_\_\_\_ Overall Fluency: \_\_\_\_\_\_\_\_\_

How much time per day (approximate percentage) do you spend in English?

Listening? \_\_\_\_\_\_\_\_\_\_ Speaking? \_\_\_\_\_\_\_\_\_\_\_ Reading? \_\_\_\_\_\_\_\_\_\_\_ Writing? \_\_\_\_\_\_\_\_\_\_\_\_\_

How much time per day (approximate percentage) do you spend in your native language?

Listening? \_\_\_\_\_\_\_\_\_\_ Speaking? \_\_\_\_\_\_\_\_\_\_\_ Reading? \_\_\_\_\_\_\_\_\_\_\_ Writing? \_\_\_\_\_\_\_\_\_\_\_\_\_

What is your greatest concern about your English skills?

How do people respond to you when you speak English?

What percent of your speech do you think is intelligible to native English speakers?

Are there specific sounds or sentence structures that you find difficult?

Are there times when you don’t understand what an English speaker says? If so, how do you resolve the misunderstanding?

Are there times when people don’t understand what you say when you’re speaking English? If so, how do you resolve the misunderstanding?

When did you come to the United States? What was the reason?

How long do you plan to remain in the United States?

In what situations/settings will you need to speak English in the future?

What do you hope to gain from this evaluation and from the Accent Modification Program?

What is your specific goal in terms of accent modification?

How much time per day will you be able to devote to practicing English?

Other information you would like us to know:

Please note that accent reduction programs are designed to reduce your accent. No

program can guarantee accent elimination. Also, these programs focus only on pronunciation.

If you have language concerns, including understanding or formulating English sentences, you will be referred to an ESL program.