

APPENDIX

3-1

Sample Intake Form

University Speech-Language Clinic

Address

Phone

Email

Initial Application Form—Accent and Communication Training (ACT)

Date of Application _____ Please check one: Student Faculty Community Member

1. Sessions are _____. Are you available at those times? Yes No
2. First name _____ Last name _____
3. Date of birth _____ Age _____ Gender _____
4. Address _____
5. Preferred phone _____ Alternate phone _____
6. Email _____
7. How did you find out about the program? _____
8. Language you speak best _____ Other language(s) you know _____
9. Age of arrival in the US _____ Country of birth _____
10. Other countries you have lived in _____

11. Highest level of education _____

12. Employer/job title: _____

13. Please rate your English in the following areas on a scale from 1–10 (1 = absolute beginner, 10 = near native)

Pronunciation _____ Grammar _____

Vocabulary _____ Comprehension _____

14. Have you ever had English accent training? Yes No

If yes, please describe:

15. Do you have any significant communication problems in your native language?
If yes, please explain.

16. Is there other information we should know about your medical, social, or communication history?

Any questions?

Clinic Email: _____ Clinic Phone: _____