

GW Speech, Language and Hearing Center Accent Modification: Case History Form

Client Contact Information

Full name: _____
Preferred name: _____
Pronouns: _____
Mailing address: _____
Email address: _____
Phone number: _____

Background Information

Date of birth: _____
Native country: _____
Native language: _____
All languages spoken: _____
How long have you lived in the U.S.? _____
Where and when did you learn English? _____
Were your instructors native English speakers? Circle one. YES NO NOT APPLICABLE
Number of years spoken English: _____
Do you have a history of communication difficulties in your native language? Circle one. YES NO

General

What % of time do you speak English on a typical *weekday*? _____
What % of time do you speak English on a typical *weekend*? _____
Do people have difficulty understanding your spoken English? Circle one. YES NO
If yes, describe: _____
Do you work? Circle one. YES NO
If yes, describe your responsibilities and where you work: _____

Are you in school? Circle one. YES NO
If yes, describe your year/program: _____
Are you in graduate assistant or teaching assistant? Circle one. YES NO
If yes, describe your responsibilities: _____

Which settings are impacted by your communication concerns? Check all that apply.
 Academic/school Public speaking situations
 Professional/career Social situations
 Telephone conversations

Which areas of English communication do you have difficulty with? Check all that apply.

- Grammar
- Understanding lectures or presentations
- Understanding social conversations
- Being understood in academic situations
- Being understood in social situations
- Using and understanding idioms/slang
- Other: _____

Do you have concerns with your hearing? Circle one. YES NO

Do you have concerns with your vision? Circle one. YES NO