Evaluator
Clinician’s name: ________________________________
Today’s date: ________________________________
Semester & year: ________________________________

Pre-test or post-test? (circle one)

Client Contact Information
Client’s full name: ________________________________
Client’s preferred name: ________________________________
Address: __________________________________________
Email address: ______________________________________
Phone number: ______________________________________

Background Information
Date of birth: ______________________________________
Native country: ______________________________________
How long in US (years and months): _______________________
Native language/s: ______________________________________
Where and when did you learn English? _______________________
Were your instructors native English speakers (circle one)?
YES
NO
Number of years spoken English: _______________________
Additional languages spoken: _____________________________
Do you have a history of speech or language problems in your native language (circle one)?
YES
NO

General
What % of time do you speak English on a typical weekday? ____________________
On a 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, where and list responsibilities:
Are you in school (circle one)?
YES
NO
If yes, what year/program:
Are you a GA/TA (circle one)?
YES
NO
If yes, list responsibilities:

Has your accent impacted any of these factors (check all that are applicable)
☐ Academic advancement
☐ Professional interactions
☐ Public speaking situations
☐ Career advancement
☐ Social interactions
☐ Telephone conversations

What other areas do you have difficulty with (check all that are applicable)?

Pronouncing speech sounds such as
☐ 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 about your hearing (circle one)?
YES  NO

Do you have concerns about your vision (circle one)?
YES  NO