

Accent Modification Intake Form

Name: _____ Date: _____

Date of Birth: _____ Phone number: _____ Email: _____

Home address: _____

The goal of this questionnaire is for us to better understanding of your personal reflection of abilities in English and incorporate your personal goals into the program.

Locations:

Please rank locations where other people have difficulty understanding your English.

1=Extreme Difficulty, never understood, 5= occasional trouble, 10= never an issue

Work	1	2	3	4	5	6	7	8	9	10
Grocery Store	1	2	3	4	5	6	7	8	9	10
Mall	1	2	3	4	5	6	7	8	9	10
When using the telephone	1	2	3	4	5	6	7	8	9	10
In a crowded room	1	2	3	4	5	6	7	8	9	10
In restaurants	1	2	3	4	5	6	7	8	9	10
At school	1	2	3	4	5	6	7	8	9	10
At home (if English spoken in the home)	1	2	3	4	5	6	7	8	9	10
Other:	1	2	3	4	5	6	7	8	9	10

History:

What is your native language and regional dialect? _____

What are your personal goals regarding managing English pronunciation? Describe why you are here.

When do you experience difficulty with communication?

What in your speech do you believe makes you sound “un-American?”

Do you find yourself frustrated in communication as far as others being able to understand you?

When you are misunderstood, do you do anything specific to change how you are communicating?

Do you notice you have difficulties with specific sounds? If yes, can you identify those sounds?

What are your biggest communication challenges?

Please describe your personal feelings about your accent or dialect.

List a few sentences you use daily.

Please provide any additional information here: