



SOUTHEASTERN
LOUISIANA UNIVERSITY

Case History-Accent Modification Training

Date _____ Name _____

Date of Birth _____ Age _____ Email _____

Home Address _____
Street City State Zip Phone

Campus Address _____
Street City State Zip Phone

Referred by _____

Reports to be sent to _____

EMPLOYMENT HISTORY (most recent)

Place

Date

Position

1. _____

2. _____

3. _____

4. _____

PHYSICIAN (S)

Name

Address

Phone

1. _____
2. _____
3. _____



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MARITAL STATUS _____ Spouse _____ Age _____

Children: Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

EDUCATIONAL HISTORY:

	<u>School</u>	<u>Location</u>	<u>Highest grade completed or degree</u>	<u>Date</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

List any current health conditions: _____

Do you have a hearing problem or difficulties in hearing others talk? ____ Yes ____ No

If yes, describe treatment you have received: _____

List interests you have or activities you engage in (clubs, hobbies, organizations, etc.):

Native Language _____ Country _____

What other language(s) do you speak? _____

How long have you been speaking English? _____

In what country did you learn English? _____

Please describe how you learned English? _____

Did your teachers speak with an accent? _____ Yes _____ No

How would you describe your ability to use English to express yourself in your daily life:

When do you feel most confident speaking English, i.e., at home, at work, social occasions, etc.)?

When do you feel least confident speaking English? _____

In what areas of spoken English (grammar, vocabulary, etc.) do you feel confident? _____

When do you speak English? _____

What percent of your day do you currently speak English? _____

When do you speak your native language? _____

How do you feel you would benefit from improving your spoken English? _____

Do you live with people who use English as their primary language? _____ Yes _____ No

Do you avoid social situations where English is being spoken? _____ Yes _____ No

Communication Rating Scale

How would you rate your pronunciation of English? (Circle one)

1	2	3	4	5	6	7
						good average poor

How would you rate your ability to understand English? (Circle one)

1	2	3	4	5	6	7
good			average			poor

How would you rate your ability to express your ideas in English? (Circle one)

1	2	3	4	5	6	7
good			average			poor

How would you rate your ability to read English? (Circle one)

1	2	3	4	5	6	7
good			average			poor

How would you rate your ability to write English? (Circle one)

1	2	3	4	5	6	7
good			average			poor

Do others have difficulty understanding you when you speak English? (Circle one)

1	2	3	4	5	6	7
good			average			poor

Do you have difficulty understanding English speakers? (Circle one)

1	2	3	4	5	6	7
good			average			poor

Does your English proficiency affect your school performance? (Circle one)

1	2	3	4	5	6	7
good			average			poor

Does your English proficiency affect your work performance? (Circle one)

1	2	3	4	5	6	7
good			average			poor

M:FORMSVII:DIALECTCSHIST 9/10

