

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*

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?

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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: