



Accent Reduction Case History

Name: _____

Date: _____

Address: _____

Phone: _____

E-mail: _____

City

State

Zip

Date of Birth: _____

Occupation: _____

Employer: _____ Phone: _____

Employer's Address: _____ E-mail: _____

Street Address

City

State

Zip

Native Language: _____

Country: _____

Where were you born? _____

If born outside of the United States, at what age did you arrive to live in the United States? _____

How long have you lived in the United States? _____

How long have you been speaking English? _____

Please describe how you learned English. (For example: School, Home, Reading, Computer, etc.) _____

At what age did you learn English? _____

In what country did you learn English? _____

Did your teachers speak with an accent? _____

What language was used at school? (If you attended school in a different country please state so.) _____

Were you schooled in two or more languages? If so, name the languages:

How many years of formal education for English have you had? _____

What percentage of your day do you use English? _____ Your native language? _____

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

1	2	3	4	5	6	7
Poor			Average			Good

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

Do other people have difficulty understanding you? (Circle one)

1	2	3	4	5	6	7
Usually			Sometimes			Never

When do you feel most confident speaking English? (For example: at home, at work, social occasions, etc.) _____

When do you feel least confident about speaking English? _____

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

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

1	2	3	4	5	6	7
Poor			Average			Good

When do you speak English (with friends, family, etc.)? _____

In what situations do you speak English (at home, at work, etc.)? _____

When do you speak your native language (with friends, with family, etc.)? _____

In what situations do you speak your native language (at home, at work, etc.)? _____

What language do you feel the most comfortable/confident using? (If you feel comfortable using both English and your native language, please indicate so.) _____

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

What other languages do you speak and understand? Name them: _____

Do you have a hearing problem or difficulty in hearing others talk? ___ Yes ___ No

Do you have other concerns about your speech and language? ___ Yes ___ No

If yes, please explain: _____

Completed by: _____

(Print Name)

Signature: _____

Date: _____