

# 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?*

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


*What are your biggest communication challenges?*

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*Please describe your personal feelings about your accent or dialect.*

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*List a few sentences you use daily.*

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*Please provide any additional information here:*