



ECKELMANN-TAYLOR SPEECH AND HEARING CLINIC

Illinois State University

ACCENT MODIFICATION **Adult Case History Form**

Name: _____				Date: _____			
Date-of-birth: _____			Age: _____				
Address: _____ _____							
Phone: _____				Alternate Phone: _____			
Home		Work		Cell		(CIRCLE ONE)	
Email Address: _____							
Occupation/former occupation: _____				Employer: _____			
Highest Level of Education Completed: _____							
Name of Spouse or Nearest Relative: _____							
Native Language: _____				Primary Language: _____			
Physician's name: _____				Phone: _____			
Referred by: _____							
Person completing this form: _____				Relationship: _____			

1. Why do you wish to be evaluated in our clinic? Please describe.

2. What would you hope to gain through the use of our services?

3. Have you ever received previous instruction for your speech production and language skills? If so, when and where?

4. When did you begin to study English? _____
5. How long have you been speaking English? _____
6. How long have you lived in the United States? _____
7. How often do you speak English? (i.e., only in class/at work, only occasionally with English speaking peers, etc.) _____
8. When you are with others from your native country, what language do you speak?

9. How confident are you in your ability to speak English?
Very Confident-----Somewhat Confident-----Not At All Confident
5 4 3 2 1
10. How confident are you in your use of English vocabulary?
Very Confident-----Somewhat Confident-----Not At All Confident
5 4 3 2 1
11. How confident are you in the use of grammatical structures of standard American English?
Very Confident-----Somewhat Confident-----Not At All Confident
5 4 3 2 1
12. How easily is your speech understood by native English speakers?
Very Easily Understood-----Usually Understood-----Much Difficulty Understanding
5 4 3 2 1
13. Do you feel like you possess the vocabulary needed to adequately express yourself? If no, explain.

14. Which English speech sounds are the most difficult for you to produce?

15. What speaking situations do you feel most confident in?

16. When speaking English, what speaking situations make you most nervous?

17. Do you have difficulty understanding individuals who speak English as their first language? If so, explain.

18. What do you do when you are not understood by a listener?

19. What else do you feel would be helpful for us to know about you?
