



Pre-Assessment Form

The purpose of the DSA study needs assessment is to determine what difficulties you may face with your study due to your disability and to consider what support can be provided to overcome those difficulties. In order to get the best outcome from this assessment, we require the following information in advance. This will enable us to do any prior research needed, so that we can consider the full range of support available.

The information below is really helpful for your assessor to have in advance of the assessment. All information supplied will be treated as confidential.

Once completed please return via e-mail to admin@aimassessments.co.uk

Your Details

Name: _____

Date of Birth: _____

Home Address:

Term Address (if known):

Telephone: _____

Mobile: _____

Email: _____

Funding Body Reference Number: _____

Course Details

University / Educational Institution Name: _____

University / Educational Institution Address: _____

Course Name: _____

Is your course **Full Time** or **Part Time**? _____

Which year are you in? _____

Is your course a **Post** or **Undergraduate** course? _____

When does your course end? _____

Disability Team

Named Contact (if known): _____

Tel: _____

Email: _____

Course Leader

Named Contact (if known): _____

Tel: _____

Email: _____

Disability Details

Diagnosis: _____

1. What are the main study difficulties caused by your disability/condition?

Please indicate below the areas you have difficulties with (please tick or put an X in the box for any that are relevant to you)

Handwriting	<input type="checkbox"/>	Typing	<input type="checkbox"/>	Mobility	<input type="checkbox"/>
Reading speed	<input type="checkbox"/>	Reading accuracy	<input type="checkbox"/>	Reading comprehension	<input type="checkbox"/>
Concentration	<input type="checkbox"/>	Processing speed	<input type="checkbox"/>	Short-term memory	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	Grammar	<input type="checkbox"/>	Structure in writing	<input type="checkbox"/>
Time management	<input type="checkbox"/>	Organisation	<input type="checkbox"/>	Note taking	<input type="checkbox"/>
Mood	<input type="checkbox"/>	Motivation	<input type="checkbox"/>	Confidence	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	Energy levels	<input type="checkbox"/>	Coordination	<input type="checkbox"/>
Vision	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Communication	<input type="checkbox"/>

2. What type of support have you received in the past (e.g. in school/college)?

3. What type of support has been most helpful to you in your previous study?

**4. What type of equipment do you already own/have access to? (E.g. Computer, tablet, smartphone)
Please provide details of the make and model of each.**

**5. Do you currently use any assistive technology software? Yes/No.
If yes, please provide details below of the make and model.**

**6. If you have been previously assessed for DSA funding, please give the date and details.
Please attach a copy of the report, if available.**

Permission

We will not disclose your identity to your university/college without your permission. However, it may be helpful for us to contact your disability officer/course leader for information regarding your course.

Please confirm if you are happy to give your **permission?**

Student Name: _____

Date: _____

Signature: _____