

Please complete the following information

**Name:**

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**Address:**

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**Email address:**

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**Phone Number:**

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**What is your first language?**

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**What other languages do you speak?**

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**Do you have any difficulties speaking or being understood in English?**     No     Yes (*please elaborate*)

**What would you like to change?**

**Occupation**

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**Place of Employment/Study**

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Please email or fax this form to Catherine Sweet at the School of Communication Sciences and Disorders:

**Email:** [speech@dal.ca](mailto:speech@dal.ca)    **Fax:** (902) 494-5151

*We will then contact you to provide further information or to schedule an assessment.*

## Self-Ratings of English Communication Skills

Select from the scale which best represents your response.

1) How would you rate your pronunciation of English?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7
Poor						Excellent

2) How would you rate your English Accent?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7
Very foreign						Native-speaker-like

3) How would you rate your fluency in English?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7
Poor						Excellent

4) Do other people have difficulty understanding you?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7
Usually						Never

5) Overall, how confident are you in your ability to speak English?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7
Not at all Confident						Very Confident

6) How confident are you in participating in informal conversations?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7
Not at all Confident						Very Confident

7) How confident are you talking on the telephone?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7
Not at all Confident						Very Confident

8) How confident are you in participating in formal discussions/meetings?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7
Not at all Confident						Very Confident

9) How confident are you giving presentations?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7
Not at all Confident						Very Confident

10) How confident are you giving explanations and instructions?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7
Not at all Confident						Very Confident