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**Pre-Assessment Questionnaire**

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.

Once you have completed this form please sign it and return to us **at least five days** before your scheduled appointment along with:

Evidence of your disability

A copy of your funding approval letter advising you to have a needs assessment

A copy of your previous assessment (if applicable)

**The form and documents can be returned either in person, by post or email:**

Staffordshire Regional Access Centre

Staffordshire University

Trent Building

Leek Road

Stoke on Trent

ST4 2DF

Or email to [accesscentre@staffs.ac.uk](mailto:accesscentre@staffs.ac.uk)

**Without these documents we cannot fully assess your needs and your appointment will have to be re-arranged.**

If you require any assistance our friendly staff can help you complete the form via telephone. You can contact us on: 01782 295716 or 01782 295717. You can also access the form online by visiting: [www.staffs.ac.uk/accesscentre](http://www.staffs.ac.uk/accesscentre) and ‘Your resources’.

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**Your Details**

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| **Name:** |
| **Funding Body:**  Student Finance England  Other, please detail  **Customer Reference Number or NHS Bursary Number:** (You will find this on the letter you received from your Funding Body) |
| **Date of Birth:** |
| **Term Address:** |
| **Mobile:** |
| **Tel:** |
| **Email:** |

**Your course**

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| **Name of University or College:** (if your course takes place at a different location to the main campus please indicate below) | | |
| **Name of Course:** | | |
| **Current Year of Study:** 1st / 2nd / 3rd  **Course Starts:**  **Course Ends:**  *(e.g. September 2016)* | **Mode of Study:**  Full Time  Part Time | Undergraduate  Postgraduate |
| **Disability Service/Advisor Details:**  Name:  Tel:  Email: | **Course Leader Details:**  Name:  Tel:  Email: | |

**Your disability**

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| **What is the disability you are being assessed for?** (you will find this in your funding body approval letter) |
| **Do you have any other health needs or disability?** |
| **Are there any specific requirements we would need to provide to help you for the purpose of your assessment?** (e.g.Hearing Loop, BSL Interpreter, accessible parking etc) |
| **What are the main difficulties caused by your disability?**  and/ or please tick all that apply   |  | | --- | | Communication | | Concentration | | Confidence | | Coordination | | Energy levels | | Grammar | | Handwriting | | Hearing | | Mobility | | Mood | | Motivation | | Notetaking | | Organisation | | Physical health | | Processing speed | | Reading accuracy | | Reading comprehension | | Reading speed | | Short-term memory | | Spelling | | Structure in writing | | Time management | | Typing | | Vision | |
| **What type of support have you received in the past?** (e.g. in School/ College/ Employment etc) |
| **Do you receive any study support?** (e.g. Note taker, Specialist Study Support Tutor, Specialist Mentor etc) |
| **What type of equipment do you have access to?** (e.g. computer, tablet smartphone, Digital Voice Recorder, specialist software etc)  Please provide details of the make and model of each.  *For computers:*   |  |  | | --- | --- | | Age/ Condition of computer: |  | | Processor: |  | | Memory: |  | | Operating System: |  | | Software installed: |  |   *Guidance notes:*  *Windows Computers*   * *Windows key to bring up the start menu* * *Type 'system information' as two separate words.* * *'System Information' should appear in the results.* * *Click on system information and all the info you need should appear.*   *Apple computers*   * *Clicking on the Apple icon in the top left corner of your Mac.* * *Select the top option: About This Mac.* * *This will open a window with all the information you need.* |
| **Are you in receipt of Disabled Living Allowance (DLA) / Personal Independent Payment (PIP)?**  **If yes, do you have a Motability Car?** |
| **If you have previously had a DSA Needs Assessment, please provide the date and details:** (Please send a copy of any previous Needs Assessment reports to us with this form) |

**Permissions**

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| 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 more information about your course. We may need to disclose your identify in order to gain accurate information.  Please confirm if you are happy to give your permission for us to contact your Disability Officer/Course Leader  Disability Officer  Yes  No  Course Leader  Yes  No |
| Observation of assessments: from time to time we need to set up observations of assessments for quality assurance purposes and for training of new assessors.  By ticking this box you are indicating that you agree to your assessment being observed. |
| The Staffordshire Regional Access Centre will securely store and process your information manually and electronically and will only share it with relevant personnel for the purpose of your needs assessment. For full details please see [Staffordshire University Data Protection information](http://www.staffs.ac.uk/gdpr/index.jsp) and the [SRAC Privacy Statement](http://www.staffs.ac.uk/assets/SRAC%20Data%20Protection%20Policy_tcm44-64936.pdf)  By signing this form you are agreeing to the Staffordshire Regional Access Centre processing your information and holding your information manually and electronically at the Centre.  Signature: Date: |