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| Access logo  **Pre-assessment Questionnaire** |

# Pre-assessment Questionnaire – Disabled Students Allowance

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.

**Please return by email to**: AccessCentre@exeter.ac.uk

**By post**: Exeter Access Centre, University of Exeter Forum, Stocker Road, Exeter EX4 4SZ

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| **Name:** | **Date of Birth:** |
| **Home address:****Tel:** **Mobile:****Email:** | **Term-time address** *(if known)*: |

# Course and institution details

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| **Course Title:****Full time /Part time /other** *(please delete as necessary)***Year of study: Course end date:****Institution (full name and address):** |
|
| **Funding body (for example, SFE /NHS):** |
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| **Course Leader:****Named Contact** *(if known)*:**Tel:****Email:** | **Disability Support:****Named Contact** *(if known)*:**Tel:****Email:** |

# Disclosure authorisation

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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 information regarding your course.** | Please confirm if you are happy to give yourpermission.**YES NO** |

# Please describe your disability / medical condition:

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| **Areas of challenge / difficulty -** please highlight or tick  |
| **Reading accuracy** |  | **Reading speed** |  | **Reading comprehension** |  |
| **Spelling** |  | **Grammar** |  | **Structure of essay writing** |  |
| **Note taking** |  | **Organisation** |  | **Time management** |  |
| **Typing** |  | **Handwriting** |  | **Processing speed** |  |
| **Short-term memory** |  | **Mathematics** |  | **Motivation** |  |
| **Confidence** |  | **Low mood** |  | **Concentration** |  |
| **Mobility** |  | **Physical health** |  | **Energy levels / fatigue** |  |
| **Co-ordination** |  | **Vision** |  | **Hearing** |  |
| **Communication / social difficulties** |  | **Fainting / epilepsy** |  | **Mental health** |  |
| **Other: please indicate** |
| 1. **What type of disability are you being assessed for?**

*(You will find this in your funding body approval letter)* |
| 1. **What are the main difficulties caused by your disability?**
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| 1. **What type of support have you received in the past?**

*(e.g. in school/ college)****.*** |
| 1. **What type of equipment do you have access to?**

*(e.g. computer, tablet, smartphone)***Please provide full details of the make and model of each item.*****NOTE:*** *Please feel free to bring along any mobile/tablet equipment you use to your assessment.* |
| 1. **If you have been previously assessed for DSA funding, please give the date and details.** *(Please attach a copy of the report, if available).*

 **YES NO** |

# Previous access arrangement for examinations

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| 25% extra time |  | Reader / scribe |  | Computer use |  |
| Rest breaks |  | Separate room |  | Alternative formats |  |
| Other: |

# Please note:

This form will not be submitted to your funding body with your needs assessment report. However, the form will be held on file by your Assessment Centre should they need to refer to it when reviewing your DSA support later in your course.

# Name / signature: Date: