**Pre-Assessment Form – PLEASE READ AND COMPLETE IMMEDIATELY**

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 must have some information in advance. This will enable us to do any prior research needed, so that we can consider the full range of support available. You must return the following to **AccessCentral before your appointment by email or post:**

* This form completed in full.
* A copy of your **‘MEDICAL EVIDENCE’** – the information you sent to your funding body eg a doctor’s letter, a dyslexia diagnostic report or other document.
* A copy of the letter you have received from your funding body asking you to arrange a Study Needs Assessment.

**Please note: In order for us to provide the most beneficial assessment support for you, we need to collect some personal information about you. This includes your contact details and your disability information. We use a UK cloud-based database to store this information securely and only share it internally with our Assessment and Administration team and / or any relevant parties. By processing this request, you are providing your consent to the above. A full copy of our privacy policy is available via** <https://accesscentral.co.uk/privacy/>**.**

**Using a BLACK INK please complete ALL sections or write NONE.**

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| --- | --- | --- | --- |
| Customer Reference Number (SFE/SFW)  Or NHS BURSARY NUMBER: | |  | |
| Mr / Miss / Mrs / Ms / Other | | | |
| Full Name: | | Date of Birth: | |
| Home Address: | | Term Address (if known): | |
| Mobile: Tel:  Email address (college or university one preferred): | | | |
|  | | | |
| FULL COURSE NAME: | | | |
| Full or Part Time | FT PT (circle one) | | Year of Study: 1, 2, 3, 4, 5 |
| Post/Undergraduate | PG UG (circle one) | | Course Ends |
| University / College: | | | |
| Disability Officer:  Tel:  Email: | | Course Leader:  Other Course Contact:  Tel:  Email: | |
|  | | | |
| Disabilities or medical conditions accepted by your funding body: | | | |
| What are the main disability related difficulties that you experience when studying? | | | |

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| 1. Please indicate below the areas you have difficulties with arising from the disability/disabilities accepted by your funding body (please tick any that are relevant to you and supported by your medical evidence)  |  |  |  | | --- | --- | --- | | Handwriting | Typing | Mobility | | Reading speed | Reading accuracy | Reading comprehension | | Concentration | Processing speed | Short-term memory | | Spelling | Grammar | Structure in writing | | Time management | Organisation | Note taking | | Mood | Motivation | Confidence | | Physical health | Energy levels | Coordination | | Vision | Hearing | Communication |  1. Provide details of the support you have received previously (e.g. in school / college)   3. What type of support has been most helpful to you in your studies previously?  4. Detail and list below equipment you already own that you can use for your studies. DO NOT list any equipment shared with your family or another person. Give full details of **model, specification and date of purchase**. Give details of any warranties in place. If you do not have any equipment state NONE.  **Please bring any mobile/tablet equipment you use to your assessment.**  5. Do you currently use any other assistive technology or software? YES / NO  If yes, please provide details below.  6. If you have been previously assessed for DSA support, please give the date and details of what was provided with DSA funding. Please attach a copy of the report, if available.  7. Please provide any other information that is relevant. |

**Now please read and sign the declaration on the next page.**

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. Do you give your permission for us to contact staff at your university should the need arise? **YES / NO** (delete as appropriate)

We may wish to observe the assessor undertaking your assessment. This is to help us to monitor the services we provide and to help us to ensure that our staff are appropriately trained and offering the high-quality service we wish to provide for you our customer. If appropriate, do you agree for your assessment to be observed? **YES / NO** (delete as appropriate)

AccessCentral would like to ask you about our performance and how the recommended support is working for you. Would you be happy for use to include you in these questionnaires? **YES / NO** (delete as appropriate).

I confirm that the information provided above is correct and I understand that it is my responsibility to provide all relevant information to AccessCentral before and during the assessment.

|  |  |
| --- | --- |
| Student Name: | Date: |
| Signature: |  |

Please return this form with your medical evidence to AccessCentral by email to:

[enquiries@accesscentral.co.uk](mailto:enquiries@accesscentral.co.uk)

**Or by post to our administration office:**

AccessCentral Ltd

Unit 5

16 Hollybrook Road

Southampton

Hants

SO16 6RB

**NB** If you do not have your medical evidence because it was not returned by your funding body please contact us immediately. You can request that SFE return your evidence by emailing [dsa\_team@slc.co.uk](mailto:dsa_team@slc.co.uk) and quoting your customer reference number.

Please note that we can only consider disabilities accepted by your funding body.

If you post your information **please post it 7 DAYS before your assessment** and ensure that you have put enough postage on the envelope. We will not be able to collect undelivered post in time for an assessment or to pay excess postage as post is delivered outside of office hours.