

**Leeds Beckett Disability Assessment Centre**

**Pre Assessment Questionnaire**

**Confidential**

Thank you for choosing Leeds Beckett Disability Assessment Centre. The purpose of your Study Needs Assessment is to identify the barriers you may face with your studies and to consider what support and assistive technology could provide you with enabling strategies

**In order to book your assessment, please return the following to us:**

1. **Completed pre-assessment questionnaire (this form)**
2. **Copy of your DSA1 letter (Letter of entitlement sent from your funding body confirming eligibility for DSA)**
3. **Copy of the evidence you submitted when you applied for your DSA**

If you have a previous Study Needs Assessment report or an Education, Health and Care Plan (EHCP) or any recommendations from previous education, please send us copies of these as well.

Email: **[dac@leedsbeckett.ac.uk](mailto:dac@leedsbeckett.ac.uk)** Telephone: 0113 812 3357

Address: Leeds Beckett Disability Assessment Centre

Student Services

PR204 Priestley Hall

Headingley Campus

Leeds

LS6 3QS

When we receive this information we will contact you to arrange your appointment. Please do not hesitate to contact us should you need any assistance completing the form or have any questions about the process.

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| **Appointment Requirements and Preferences** | | | |
| **Location Preference & Parking Requirements**  We will need to give your name to our Security team to book parking | Headingley Campus (Priestley Building)  **Parking Requirements:**  Visitors Parking  Accessible Parking | | City Campus (Calverley Building)  **No parking available at City Campus** |
| **Preferred Days & Times**  The fire alarm is tested in Priestley on Tuesday afternoons. If you prefer not to come at this time, please let us know. | |  | |
| **Do you need any support or adjustments for the assessment?**  (This may include communication support such as BSL interpreter) | |  | |

**Please contact us if you require this form in an alternative format.**

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| **Your Personal Details** | | | | | | | | | | | | |
| **Your Name:** |  | | | | | | **Date of Birth:**  **(to be used when contacting funding body)** | | |  | | |
| **Student ID No:**  **(Leeds Beckett University Students - ONLY)** |  | | | | | | | | | | | |
| **Postal Addresses** | | | | | | | | | | | | |
| **Home Address:**  I would prefer correspondence to be sent to this address | | | | | | **Term Time Address:**  I would prefer correspondence to be sent to this address | | | | | | |
| **Email Addresses** | | | | | | | | | | | | |
| **University Email:** | | | | | | | **Personal Email:** | | | | | |
| **Telephone Numbers** | | | | | | | | | | | | |
| **Mobile:** | | | | | | | **Home:** | | | | | |
| **Your Course Details** | | | | | | | | | | | | |
| **Name of University or College:** | |  | | | | | | | | | | |
| **Course Name:** | |  | | | | | | | | | | |
| **Qualification e.g. BSc, B.A:** | |  | | | | | | | | | | |
| **Course Start Date:** | |  | | | **Course Length:**  **(years)** | | | | | |  | |
| **Attendance Type:** | | Full time | | Part time | | | | | | | | Distance Learning |
| **Level of Study:** | | Undergraduate | | Postgraduate - Taught  Postgraduate - Research | | | | | | | | |
| **How is your course assessed:** (if known) | | | | | | **How is your course delivered:** (if known) | | | | | | |
| Exams  Essays  Presentations  Practical work  Dissertation  VIVA  Portfolio  Exhibitions  Placement report  Lab report | | | | | | Lectures  Seminars  Tutorials  Computer Labs  Science Labs  Group work  Work Placement  Field Trips/Residentials  Study Visits  Other (please state) | | | | | | |
| **Please describe the nature of your disability/learning difficulty/long-term health condition:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **What are the main difficulties caused by your disability/learning difficulty/long-term health condition?** | | | | | | | | | | | | |
| Reading  Research  Writing assignments  Processing Speed  Spelling  Punctuation/grammar  Note taking  Handwriting | | | Time Management  Organisation  Concentration  Memory  Motivation  Mood  Confidence  Communication  Presentations / Group Work | | | | | | Typing  Vision  Hearing  Physical Health  Coordination  Mobility  Energy Levels | | | |
| **Past Support** | | | | | | | | | | | | |
| Please detail any support you have received previously in education: (e.g. extra time in examinations; 1-1 help etc)  Do you currently use any specialist software, equipment or have specialist support? (e.g. Hearing aids; magnifiers; mobility aids; etc)  What support do you think you may benefit from at university/college? | | | | | | | | | | | | |
| **Leeds Beckett Students Only: Have you been loaned a laptop/equipment through the university?** Yes/No | | | | | | | | | | | | |
| **Have you had any contact with Disability Advice?** Yes/No | | | | | | | | | | | | |
| **Name of Disability Adviser:** if known | | | | | | | | | | | | |
| **Telephone Number:** if known | | | | | | | | | | | | |
| **E-mail Address:** if known | | | | | | | | | | | | |
| **Existing Technology** | | | | | | | | | | | | |
| **Do you have your own computer?** | | | | | | | |  | | | | |
| **Is it Windows / Mac / Other?** | | | | | | | |  | | | | |
| **How old is your computer?** | | | | | | | |  | | | | |
| **IMPORTANT: Please send us a screen shot/photograph of the specification of your computer with this form. If you need help with this, please click on the relevant link below:**  Computer Spec Check Windows 10  <https://www.leedsbeckett.ac.uk/-/media/files/student-hub/disability-assessment-centre/computer-spec-check-windows-10--students.pdf>  Computer Spec Check Mac  <http://www.leedsbeckett.ac.uk/-/media/files/student-hub/disability-assessment-centre/computer-spec-check-mac--students.pdf> | | | | | | | | | | | | |
| **Permissions** | | | | | | | | | | | | |
| To ensure our continual service enhancement and development, a member of our Disability Assessment Centre Team may wish to observe your assessment. This may be for peer development, training or quality assurance purposes. If you do not wish your assessment to be observed, please tick this box  I do not want a member of the Assessment Centre Team observing my assessment | | | | | | | | | | | | |
| If you are a student at Leeds Beckett University and have already engaged with the Disability Advice team, with your consent we may be able to obtain your evidence from them. You will still need to send your DSA1.  Yes, please obtain my evidence from Disability Advice | | | | | | | | | | | | |
| In order to prepare for your Assessment fully and to ensure the recommendations are appropriate for your needs and your course, it may be necessary for us to contact your Disability Adviser to discuss your support. We also need to share information with your Funding Body  I am happy for you to contact my Disability Adviser | | | | | | | | | | | | |
| **Declaration** | | | | | | | | | | | | |
| I confirm I have completed this form as thoroughly and accurately as possible  **Signature: Date:** | | | | | | | | | | | | |

Your personal information will be kept confidentially in accordance with the General Data Protection Act (GDPR). To help you understand how your personal data is used at Leeds Beckett University, you can view the [Student Privacy Policy](http://www.leedsbeckett.ac.uk/-/media/files/public-information/data-protection-notices-use-of-student-information.pdf?la=en) here: [**http://www.leedsbeckett.ac.uk/data-protection-notices-use-of-student-information.pdf?la=en**](http://www.leedsbeckett.ac.uk/-/media/files/public-information/data-protection-notices-use-of-student-information.pdf?la=en)