

**PRE-ASSESSMENT FORM**

**Please return this form to:** **ssta@cardiffmet.ac.uk** **or post:**

**Cardiff Metropolitan Assessment Centre**

**The Student centre**

**Western Avenue**

**Cardiff**

**CF5 2YB**

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.

|  |  |
| --- | --- |
| **Name:** |  |
| **Date of Birth:** |  |
| **Home Address:** |  |
| **Term Address (if known):** |  |
| **Mobile:** |  |
| **Tel:** |  |
| **Email:** |  |
| **Course Title:** |  |
| **Full/Part Time:** |  |
| **Post/Undergraduate:** |  |
| **Year of Study:** |  |
| **Course End Date:** |  |
| **Institution (name & address):** |  |
| **Disability Team Named Contact:** |  |
| **Disability Team Tel:** |  |
| **Disability Team Email:** |  |
| **Course Leader Named Contact:** |  |
| **Course Leader Tel:** |  |
| **Course Leader Email:** |  |
| **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 your permission?** | Yes / No [delete as appropriate] |

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| **1. What type of disability are you being assessed for (you will find this in your funding body approval letter)?** |  |
| **2. What are the main difficulties caused by your disability?** |  |
| **3. What type of support have you received in the past (e.g. in school / college)?** |  |
| **4. What type of equipment do you have access to (e.g. computer, tablet smartphone). Please provide details of the make and model of each.****Note:** Please see the guide on how to find out your computer specifications attached to your email from the Assessment Centre**Note:** Please feel free to bring along any mobile/tablet equipment you use to your assessment.  |  |
| **5. 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 [delete as appropriate]Further details: |

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