



PRE ASSESSMENT QUESTIONNAIRE (PAQ1) INFORMATION FOR DISABLED STUDENTS ALLOWANCE

CONFIDENTIAL

Full Name _____

Preferred pronouns
(she/her, he/his etc) _____

Home Address _____

Post Code _____

Term Address (if known) _____

Post Code _____

Email Address: _____

Home Tel Number _____

Mob Tel Number _____

Date of Birth _____

Name of your funding Body

(Student Finance England, SAAS,
Apprenticeships) _____

Customer Reference Number

(if applicable) _____

Name of University or College of Higher Education where you are/will be studying:

Full title of your course _____

Length of course (in years) _____

Which year are/will you be in? _____

Start date (month/year) _____

End date (month/year) _____

Please tick the box below that applies to your course:

Undergraduate Part Time	Undergraduate Full Time	Postgraduate Taught Full Time	Postgraduate Taught Part Time	Postgraduate Research Full Time	Postgraduate Research Part Time	Top Up
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name and contact details (phone, email address) of your course leader who can provide information about your course:


Information on any previous DSA Assessments or Awards

Have you had a previous Disabled Students Allowance assessment?

Yes No

If yes, when was the assessment?

Can you please tell us what was provided (computing equipment, software, personal support etc) and provide a copy of the report if available?

Have you had a previous Access to Work assessment?

Yes No

If yes, when was the assessment?

Can you please tell us what was provided (computing equipment, software, personal support etc) and provide a copy of the report if available?

What disability are you being assessed for?

What are your main study difficulties caused by your disability?

Your Mobility

Do you have difficulties with mobility?

Yes No

If yes, please give further details:

Do you receive the Mobility component of Personal Independence Payments?

Yes No

If yes, do you use this for a Motability car?

Yes No
Your Previous Examination Arrangements

Have you previously been awarded extra time for examinations?

Yes No

Amanuensis/Scribe?

Yes No

Separate Room?

Yes No



Rest Breaks?

Yes No

Use of Technology?

Yes No

Alternative Format Papers?

Yes No

Other (give details)

Methods of Producing Coursework

What is your usual method of producing written work?

Word processing Amenuensis/Scribe Voice Recognition Software

Other: _____

If you are D/deaf, what is your preferred communication e.g. BSL, Lip Reading

Do you use and sound enhancing technology? E.g. Radio Aid

Existing Technology and Previous Support

Do you have your own laptop/computer?

Yes No **If yes please give approximate age, make and model**

Do you own any software to produce your University work? E.g. Office, Voice Recognition or Adobe?

Yes No

Do you have your own smartphone or tablet? Eg iPad, iPhone, Samsung Galaxy etc

Yes No **If yes please give approximate age, make and model**

Do you have a printer/scanner?

Yes No

Do you have any other equipment that may be useful whilst at University? E.g. Kindle E-Reader etc.

Yes No **If yes please give approximate age, make and model**



Have you previously had any 1:1 support e.g. Notetaker, Study Skills Support, Mentor.

Yes No

If yes please give full details:

Do you have an EHCP (Education, Health and Care Plan)?

Yes No

If so please can you send a copy to us?

Your Course

Lectures Yes No

Tutorials Yes No

Seminars Yes No

Computer Labs Yes No

Science Labs Yes No

Placement Yes No

Group Work Yes No

Field Trips Yes No

Please give details of any other learning situations on your course e.g. summer schools, distance learning etc.

Support Services at your college or University

Please provide the contact details of the Disability Support Service at your university or college

Name _____

Job Title _____

Address _____

Telephone _____

Email _____

Do you consent for us to contact your Disability Support Team? Yes No

Do you consent for us to contact your course leader? Yes No

STUDENT
JOURNEY



University of
Sunderland



UNIVERSITY OF SUNDERLAND
Assessment Centre

Please give any other information you would like to add about your disability/condition in relation to your assessment:

When you have completed this form, you should send immediately to:

University of Sunderland Assessment Centre. 1st Floor Edinburgh Building, University Of Sunderland, City Campus, Chester Road, Sunderland. SR1 3SD or assessmentcentre@sunderland.ac.uk

Signature _____ Date _____