



## PRE ASSESSMENT QUESTIONNAIRE 1 (PAQ1)

**CONFIDENTIAL**

## PRE ASSESSMENT INFORMATION FOR DISABLED STUDENTS ALLOWANCE

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Term Address (if known) \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Email Address \_\_\_\_\_

Home Tel Number \_\_\_\_\_

Mobile Tel Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name of your funding Body  
(Student Finance England SAAS ) \_\_\_\_\_

Customer Reference Number \_\_\_\_\_

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 <input type="checkbox"/>	Undergraduate Full Time <input type="checkbox"/>	Postgraduate Taught Full Time <input type="checkbox"/>	Postgraduate Taught Part Time <input type="checkbox"/>	Postgraduate Research Full Time <input type="checkbox"/>	Postgraduate Research Part Time <input type="checkbox"/>	Top Up <input type="checkbox"/>
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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 DSA assessment? Yes  No

If yes, what year was the assessment? \_\_\_\_\_

Can you please tell us what was provided? (computing equipment, software, personal support etc)

### 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 Disability Living Allowance or Personal Independence Payment? 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



If yes, tell us what format e.g. text enlarged (to what size?), audio recording etc.

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**

*If you are able please feel free to bring any of the above portable equipment to your assessment.*

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)?  
If so please can you send a copy to us?

Yes No 

### 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



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

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

University of Sunderland Assessment Centre. 1<sup>st</sup> Floor Edinburgh Building, University Of Sunderland, City Campus, Chester Road, Sunderland. SR1 3SD or [assessmentcentre@sunderland.ac.uk](mailto:assessmentcentre@sunderland.ac.uk)