



## Pre-Assessment Form

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, it would be really useful to have the information set out below **in advance** of meeting with you. This will enable us to do any prior research needed, so that we can consider the full range of support available.

Some of the information we need to collect from you (such as details regarding your disability or condition), is “**special category personal data**” as defined in Article 9.1 of the General Data Protection Regulations [EU 2016/679] (“the GDPR”). In order for us to collect and process such data, we have to obtain your **explicit consent**.

Please indicate your explicit consent (or otherwise) by ticking the relevant box in the table below.

	I CONSENT	I DO NOT CONSENT
I consent to you collecting and processing my personal data (which includes sensitive data).		

It may also assist us to contact your disability team at your Educational establishment, but we will only do this if you are happy for us to do so.

	I CONSENT	I DO NOT CONSENT
I consent to you contacting the disability team at my Educational establishment.		

Once completed please return via e-mail to [admin@aimassessments.co.uk](mailto:admin@aimassessments.co.uk)

Whilst our email is secure, we would recommend that that you use a secure email account to send us your data by email. If you do not have access to secure email, you may wish to send a copy of this form to us by post at the address below.

POSTAL ADDRESS TO RETURN THIS FORM:

**PRIVATE & CONFIDENTIAL**  
**Aim Assessments Limited**  
**The Tannery**  
**91 Kirkstall Road**  
**Leeds**  
**LS3 1HS**

## Your Details

Name: \_\_\_\_\_

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

Home Address:

Term Address (if known):

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Customer Reference Number (your SFE/NHS No.): \_\_\_\_\_

## Course Details

University / Educational Institution Name: \_\_\_\_\_

University / Educational Institution Address: \_\_\_\_\_

Course Name and UCAS Code: \_\_\_\_\_

Is your course **Full Time** or **Part Time**? \_\_\_\_\_

Course start date (Month & Year): \_\_\_\_\_

Is your course a **Post** or **Undergraduate** course? \_\_\_\_\_

Course end date (Month & Year): \_\_\_\_\_

### Disability Team

Named Contact (if known): \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

### Course Leader

Named Contact (if known): \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

## Disability Details

Please state your diagnosis/diagnoses: \_\_\_\_\_

1. What are the main study difficulties caused by your disability/condition?

Please indicate below the areas you have difficulties with (please tick or put an X in the box for any that are relevant to you)

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	

**2. What type of support have you received in the past (e.g. in school/college)?**

**3. What type of support has been most helpful to you in your previous study?**

**4. What type of equipment do you already own/have access to? (e.g. computer, tablet, smartphone)  
Please provide details of the make and model of each.**

**Note:** Please feel free to bring along any mobile/tablet equipment you use to your assessment.

**5. Do you currently use any assistive technology software? Yes/No.  
If yes, please provide details below of the make and model.**

**6. If you have been previously assessed for DSA funding, please give the date and details.  
Please attach a copy of the report, if available.**

**7. Do you require any Access Arrangements during your Assessment? E.g. Are you a Wheelchair user?**

### EXPLICIT CONSENT

I consent to you collecting and processing my personal data as indicated on this form:

**Student Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_