

**University of Washington**  
**Speech and Hearing Clinic**  
 4131 – 15<sup>th</sup> Avenue Northeast  
 Seattle, Washington 98105  
 Phone: 206-543-5440 – V/TTY  
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<http://depts.washington.edu/sphsc>

*Clinic Use Only*

Date application received: \_\_\_\_\_  
 File # Assigned: \_\_\_\_\_  
 Entered into DB: \_\_\_\_\_

**Date Completed:**

**APPLICATION FOR PRONUNCIATION IMPROVEMENT PROGRAM FOR  
 ENGLISH as a SECOND LANGUAGE SPEAKER**

**I. Identifying Information (please complete all boxes)**

Name (LAST, FIRST):		Birthdate:	Sex: M F
Address:		City:	
State:	Zip:	Client's Home Phone: ( )	
Client's Work Phone: ( )		Client's Cell Phone: ( )	
E-mail:			
What is the best way to contact you <u>during the day</u> : <input type="checkbox"/> home phone <input type="checkbox"/> work phone <input type="checkbox"/> cell phone <input type="checkbox"/> e-mail			

**II. Information About Client's Language Skills**

What is your native language?

How long have you been speaking English?

Have you have received English pronunciation training before? Yes No  
 If yes, where or with whom did you do your training?  
 When did you do the training?

Have you taken any "English in the Workplace" language classes through UW International Outreach before? Yes No  
 If yes, what class?  
 When did you take it?

**III. Employment Information**

Where do you work (what department do you work for)?

What type of work do you do? (examples: building maintenance; customer service, etc.)

What is your usual work schedule? (example: Monday – Friday, 8 am – 5 pm)

Will your supervisor allow you to leave work to attend the assessment session and pronunciation training sessions here at the clinic during the work day?