

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.

If you need help completing this form, please contact the Centre.

Forename:	<input type="text"/>	Surname:	<input type="text"/>
Date of Birth:	<input type="text"/>	Email:	<input type="text"/>
Tel/ Mobile:	<input type="text"/>	Preferred contact:	<input type="text"/>
Home Address:	<input type="text"/>	Term Address (if different):	<input type="text"/>

University/ College:	<input type="text"/>	Course:	<input type="text"/>
Year of Study:	<input type="text"/>	Full/ Part time:	<input type="text"/>
Year course ends:	<input type="text"/>	Post/ Under graduate:	<input type="text"/>

University/ College Contacts (if known):

Course leader:	<input type="text"/>	Disability Adviser:	<input type="text"/>
Tel:	<input type="text"/>	Tel:	<input type="text"/>
Email:	<input type="text"/>	Email:	<input type="text"/>

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.

Yes / No  
(delete as appropriate)

Please confirm if you are happy to give your permission?

Funding Body  
Details:  
E.g. SFE, SFW,  
SAAS, NHS

**1. What type of disability are you being assessed for?** (you will find this in your funding body approval letter)

**2. What do you feel are the main study difficulties caused by your disability/ condition?**  
Please tick 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	

**3. What type of support have you received in the past (e.g. in school/ college)?** This may include assistive hardware or software, extra time in exams, or one-to-one support.

**4. If you received support, what has been the most helpful to you?**

**5. Do you own any equipment that can help you with your studies, e.g. laptop, voice recorder, assistive software?**

Please provide details below including makes and models (if known), or bring along to your assessment.

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

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

**Signature:**

**Date:**

If completed on-line, you will be asked to sign this form at the Assessment

Please return this form to the Assessment Centre:

Liz Edwards Administrative Assistant  
Glyndŵr Assessment Centre  
Postal Point 22S  
Mold Road  
Wrexham  
LL11 2AW

or alternatively, you can email it to: [assessmentcentre@glyndwr.ac.uk](mailto:assessmentcentre@glyndwr.ac.uk)

**IMPORTANT:**

If you have not already done so, please remember to send us copies of reports, letters, etc. which were sent to you funding body to support your application for DSA. For example, your dyslexia report or medical evidence from your Doctor / Consultant.

If you have any queries, please contact the Assessment Centre on 01978 293594 or email [assessmentcentre@glyndwr.ac.uk](mailto:assessmentcentre@glyndwr.ac.uk)