



Accent Reduction Classes/Coaching with Joanne Chen
Registration Form/Client Questionnaire

Name: _____ Email Address: _____

Mailing Address: _____

City/State: _____ Zip Code: _____ Phone: _____

Employer: _____ Current Position Held: _____

1. How long have you been speaking English? _____

2. Where did you receive your previous training in English?

3. In regards to pronunciation issues, which consonants do you think you have trouble with? Examples include, but are not limited to: b, d, m, n, l, r, v, etc. Feel free to provide me with sample words that you have trouble with.

4. Which vowel sounds do you think you have trouble with? Examples include, but are not limited to: 'a' (as in "apple"), 'l' (as in "light"), 'o' (as in "hot"). Feel free to provide me with sample words that you have trouble with.

5. In what situations do you find yourself having the most difficult time with speaking?
Some examples are making reservations over the phone and presenting at a business meeting.

6. How often do you watch and/or listen to American programs? For how long every time?

7. What TV programs do you watch?

8. Are you also interested in learning public speaking skills? _____

9. Are you familiar with Toastmasters? _____

10. Do you carry a dictionary around with you? _____

11. Anything else that you would like help with besides pronunciation?

12. Any other comments? _____

THANK YOU! I LOOK FORWARD TO MEETING YOU!