



ADDITIONAL INFORMATION FOR ESOL STUDENTS (Where English is not their first language)

Name of Student: _____

Date of Birth: _____

Passport Nationality: _____

Languages spoken by student in **order of proficiency**: (How well a language is known)

1st. _____ 2nd. _____ 3rd. _____

Applicant's proficiency in first language compared to peers:

Reading	Strong	Average	Weak
Writing	Strong	Average	Weak
Listening	Strong	Average	Weak
Speaking	Strong	Average	Weak

Applicant's proficiency in English if English is not their mother language:

Reading	Strong	Average	Weak
Writing	Strong	Average	Weak
Listening	Strong	Average	Weak
Speaking	Strong	Average	Weak

Please list languages spoken at home:

Mother to child: _____

Father to child: _____

Between siblings: _____

Between parents: _____

Student's past experience of English instruction

1.

Year: _____ to Year: _____ Total time (in months or years): _____

- Type of Instruction: [] Immersion in English medium school
 [] Attendance at Bilingual school Nos of Hours in English per week _____
 [] ESOL Lessons in English medium school Nos of hours per week _____
 [] Private language classes Nos of hours per week _____
 [] EFL (English as a foreign language) in home or other country Nos of hours per week _____

2.

Year: _____ to Year: _____ Total time (in months or years): _____

Type of Instruction: [] Immersion in English medium school
 [] Attendance at Bilingual school Nos of Hours in English per week _____
 [] ESOL Lessons in English medium school Nos of hours per week _____
 [] Private language classes Nos of hours per week _____
 [] EFL (English as a foreign language) in home or other country Nos of hours per week _____

3.

Year: _____ to Year: _____ Total time (in months or years): _____

Type of Instruction: [] Immersion in English medium school
 [] Attendance at Bilingual school Nos of Hours in English per week _____
 [] ESOL Lessons in English medium school Nos of hours per week _____
 [] Private language classes Nos of hours per week _____
 [] EFL (English as a foreign language) in home or other country Nos of hours per week _____

FATHER / GUARDIAN

NAME: _____

Please indicate languages spoken in order of proficiency:

	Proficiency (circle one)			In what situations? (circle all that apply)		
1st. _____	Proficient	Conversational	Functional	Academic	Business	Social
2nd. _____	Proficient	Conversational	Functional	Academic	Business	Social
3rd. _____	Proficient	Conversational	Functional	Academic	Business	Social

MOTHER / GUARDIAN

NAME: _____

Please indicate languages spoken in order of proficiency and overall level of proficiency:

	Proficiency (circle one)			In what situations? (circle all that apply)		
1st. _____	Proficient	Conversational	Functional	Academic	Business	Social
2nd. _____	Proficient	Conversational	Functional	Academic	Business	Social
3rd. _____	Proficient	Conversational	Functional	Academic	Business	Social