

Foreign Language Assessment



Please fill out information completely and type or print in ink.

name of applicant _____

college or university _____

term _____

year _____

1st choice city _____

program _____

2nd choice city _____

program _____

name of study abroad advisor _____

TO THE STUDENT: Please sign below and give this assessment form to a college-level language professor who has taught you in the target language. Your professor should forward the completed form to you or to IES Abroad at enrollments@IESabroad.org.

Under the provision of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation and understand that the information provided will be used only for the purposes for which it was prepared.

Yes No _____
signature date

TO THE FOREIGN LANGUAGE FACULTY MEMBER: Please use the American Council on the Teaching of Foreign Languages (ACTFL) proficiency guidelines to assess this students' abilities in the target language. If you have not had this student in class, please ask for a sample of written work and interview the student in the target language. After completing this form, please place it in a sealed envelope and return it to the student, the home school study abroad office, or send directly to IES Abroad at enrollments@IESabroad.org.

Level		speaking	reading	listening	writing
novice	low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	mid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
intermediate	low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	mid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
advanced	low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	mid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
no knowledge of applicant's ability in this area		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

basis for evaluation (please check all that apply):

knowledge of student's coursework and participation in class
please list the course and term that this evaluation is based on: _____

- interview/oral exam
- written exam/writing sample
- placement test
- other _____

name _____ position/title _____ date _____

college or university _____ department _____

signature _____ date _____

email _____ telephone _____