

PROFICIENCY IN FRENCH
Please return by May 7, 2021



If you are currently studying French and will continue to study it at George School, please have your current teacher complete this form and mail it directly to: **George School, PMB 4537, 1690 Newtown Langhorne Rd, Newtown, PA 18940-2414.**

Student name _____ 2020-21 Grade level (8, 9, 10, 11)
circle one

Total years student has taken this language _____ Grade in current course _____

Title of course _____ Title of textbook used _____

How much of the text was covered? _____ How many class hours per week? _____

How much of the class is conducted in French? 100% 90% 75% 50% 30% other _____

If no text, please list topics/themes covered and materials used: _____

Please rate the student in the following:

	Excellent	Good	Fair	Poor		Student has not studied	Student has studied	Student is proficient
Natural language aptitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Present tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Imperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aural comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Simple past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Imperfect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grasp of grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Past progressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation in learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conditional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engagement in course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subjunctive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the student's strengths _____

Please comment on the student's weaknesses _____

Please list the topics/skills that the current course emphasizes, and rate the student's grasp of material

	Excellent	Good	Fair	Poor
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate the student's use of language to:

	Excellent	Good	Fair	Poor
Describe daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relate past experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss future plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss hypothetical situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss and analyze readings of various lengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any further insights regarding this student? Yes No

If you answered yes, please use the back of this form to elaborate.

To be completed by current teacher:

Teacher name (printed) _____

Telephone _____ Email _____

I recommend this student for a _____ -year (first, second, etc.) French course.

Circle one: This student would perform best in a *regular-paced* or an *intensive-paced* course.

Teacher signature _____ Date _____

Name and address of school _____