FlashAcademy®

EAL Pupil Profile

Completed by: _____ **Date:** _____

Pupil Information

First name		Age	
Surname		Date of birth	
Preferred name		Year group	
Gender		School start date	

Family/carers				
Family members	Live with?	Language spoken	Level of spoken English	Level of literacy

Known SEN? Y/N Details: _____

Possible SEN? Y/N Details: _____

Support needed: _____

_____

Education

Country	Level	Dates	Language of instruction

Favorite school subject(s): _____

School strengths/weaknesses: _____

_____

Language

Languages spoken	Where/with whom?	Speaking/listening level	Reading/writing level

Interests

Hobbies and interests: _____

_____

Initial Proficiency Assessment   Date: _____

Listening:	A ☐	B ☐	C ☐	D ☐	E ☐
Reading:	A ☐	B ☐	C ☐	D ☐	E ☐
Speaking:	A ☐	B ☐	C ☐	D ☐	E ☐
Writing:	A ☐	B ☐	C ☐	D ☐	E ☐
Overall:	A ☐	B ☐	C ☐	D ☐	E ☐

Additional Notes