

Pupil Profile

Completed by: _____ Date: _____

Pupil Information

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

Contact person & relationship: _____

Preferred method of contact: _____

Background

Country of birth/origin: _____

Date of arrival in the UK: _____

Reason for arrival in the UK: _____

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

Known SEN? Y/N Details: _____

Possible SEN? Y/N Details: _____

Requests for religious reasons: _____

Health issues in family: _____

Support needed: _____

Education

Country	Level	Dates	Language of instruction

Favourite 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 <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
Reading:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
Speaking:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
Writing:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
Overall:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>

Additional Notes