

# ESOL Student Profile

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

## Student information

First name: \_\_\_\_\_

Age group:  16-18  Adult

Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Course type: \_\_\_\_\_

Gender: \_\_\_\_\_

Course start date: \_\_\_\_\_

Contact number: \_\_\_\_\_

Contact email: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

## Background

Country of birth/origin: \_\_\_\_\_

Date of arrival in the UK: \_\_\_\_\_

Reason for arrival in the UK: \_\_\_\_\_

Diagnosed learning difficulties? Y/N Details: \_\_\_\_\_

Possible learning difficulties? Y/N Details: \_\_\_\_\_

Support/access arrangements needed: \_\_\_\_\_

Requests for religious reasons: \_\_\_\_\_

## Education

Country	Level	Dates	Language of Instruction

## Work

Prior work experience: \_\_\_\_\_

Current employment: \_\_\_\_\_

## Language Background

Languages spoken	Where/with whom?	Speaking/Listening Level	Reading/Writing Level

Literate in home language: Yes/No

Literate in English: Yes/No

## Self-identified strengths, weaknesses, and priority areas for English learning: (higher levels only)

	Strength	Weakness	Priority
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pronunciation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Reason for learning English: (tick as many as appropriate)

- Requirement e.g. Job Centre, college course pre-requisite
- Survival in social situations
- To support children at school/with homework
- To increase work opportunities
- Personal interest

### Interests

Hobbies and interests: \_\_\_\_\_

### Initial Assessment

Date: \_\_\_\_\_

Listening	<input type="checkbox"/> P-E	<input type="checkbox"/> E1	<input type="checkbox"/> E2	<input type="checkbox"/> E3	<input type="checkbox"/> L1
Reading	<input type="checkbox"/> P-E	<input type="checkbox"/> E1	<input type="checkbox"/> E2	<input type="checkbox"/> E3	<input type="checkbox"/> L1
Speaking	<input type="checkbox"/> P-E	<input type="checkbox"/> E1	<input type="checkbox"/> E2	<input type="checkbox"/> E3	<input type="checkbox"/> L1
Writing	<input type="checkbox"/> P-E	<input type="checkbox"/> E1	<input type="checkbox"/> E2	<input type="checkbox"/> E3	<input type="checkbox"/> L1
Overall	<input type="checkbox"/> P-E	<input type="checkbox"/> E1	<input type="checkbox"/> E2	<input type="checkbox"/> E3	<input type="checkbox"/> L1

### Additional Notes