

Evaluation of French Language Proficiency

Student Name _____

To the Evaluator: Your frank appraisal of this student's competence in French will help the Deauville Teaching Assistantship Committee make the best possible selections.

Have you taught this student in a French class? Yes No
If yes, what class(es)?

Please rate the student's abilities below:

<u>Language Skill</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Ability to speak French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to understand French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Read French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Write French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please include any additional remarks or comments regarding this student's French abilities.

Name of Evaluator: _____

Title: _____ School: _____

Signature: _____ Date: _____

Language Evaluations are due by January 7, 2022.

Send or email to:

Lexington Sister Cities
200 E. Main Street
Lexington, KY 40507

lexingtonsistercities@gmail.com

*Thank you for your insight and support of our program.
Your assistance helps us create a great opportunity for Lexington students.*