

**Evaluation of French Language Proficiency**

Student Name \_\_\_\_\_

**To the Evaluator:** Your frank appraisal of this student’s competence in French will help the Caen Scholarship Committee make the best possible selections.

Have you taught this student in a French class?  Yes  No  
If yes, when and in what class/classes? \_\_\_\_\_

Please rate the student’s abilities below:

<b><u>Language Skill</u></b>	<b><u>Excellent</u></b>	<b><u>Good</u></b>	<b><u>Fair</u></b>	<b><u>Poor</u></b>
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: \_\_\_\_\_

**Language Evaluations are due by January 7, 2022.**

Email or send letter to:

[lexingtonsistercities@gmail.com](mailto:lexingtonsistercities@gmail.com)

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200 E. Main Street  
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*Thank you for your insight and support of our program. Your assistance helps us create a great opportunity for UK students.*