**AIS SECONDARY SCHOOL- PRIOR LANGUAGE BACKGROUND CHECK**

Student to complete

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| --- | --- |
| **Name:** |  |
| **Year Group:** |   |
| **My mother tongue (first language) is...** |  |
| **I have learned the following languages at school…** |  |
| **For how many years did you learn each language?** |  |
| **How many lessons a week did you have for each language and how long were they (eg 30 mins once a week)?** |  |
| **Other information which staff should know when placing you in a class:** |  |

Teacher to complete after consultation with the student

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| **Preferences for language at AIS:****(Order from 1 to 3)** | \_\_\_\_\_\_\_\_\_ Chinese \_\_\_\_\_\_\_\_\_ French\_\_\_\_\_\_\_\_\_ Indonesian |
| **Other information:** |  |

Please pass this sheet to the Head of LOTE/ Language B or Head of Mother Tongue