

APPENDIX A

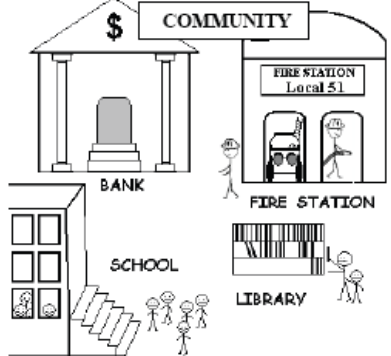
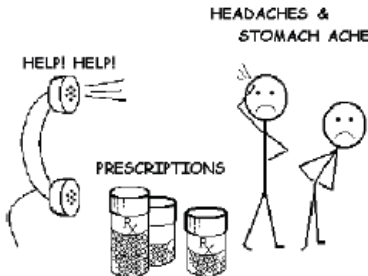


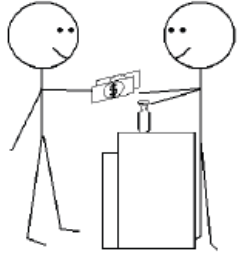
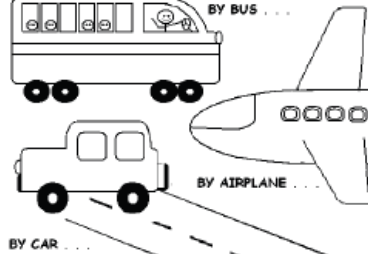
Sample Needs Assessment Forms

BEGINNING LEVEL QUESTIONNAIRE

Student Name: _____

Date: _____

What do you want to study? Circle three Topics

 <p>COMMUNITY</p> <p>BANK</p> <p>FIRE STATION Local 51</p> <p>SCHOOL</p> <p>LIBRARY</p>	 <p>HEALTH</p> <p>HELP! HELP!</p> <p>HEADACHES & STOMACH ACHES</p> <p>PRESCRIPTIONS</p>
 <p>WORK</p> <p>COOK</p> <p>RECEPTIONIST</p>	 <p>HOUSING</p> <p>APARTMENT</p> <p>TOWNHOUSE</p> <p>HOUSE</p>
 <p>MONEY & SHOPPING</p>	 <p>TRANSPORTATION</p> <p>BY BUS . . .</p> <p>BY AIRPLANE . . .</p> <p>BY CAR . . .</p>

SOURCE: Lieshoff, S. C. et. Al. (2004). *Practitioner Toolkit: Working with Adult English Language Learners*. Washington, D.C.: Center for Applied Linguistics

ESL ADULT LEARNERS NEEDS ASSESSMENT

Student Name: _____

Instructor Name: _____

Date: _____

Program: _____

GENERAL GOALS

My goals are (check all that apply)

- get a job
- get a better job
- get a high school diploma
- get a GED
- speaking
- reading
- writing

other: _____

HOT TOPICS

First, I want to learn English for the following reasons (Check the 3 most important)

- finding a job
- on the job
- community (bank, post office, library)
- shopping for food and clothes
- housing
- transportation
- health

other: _____

I have problems with (check all that apply)

- pronunciation
- writing
- grammar
- American culture
- reading
- conversation

other: _____

SOURCE: Colorado Certificate of Accomplishment

ESOL LEARNER NEEDS ASSESSMENT

This portion should be filled out at registration

Name: _____

Date: _____

Level: _____

Term: _____

1. When did you come to the U.S.?

2. How long will you be living in the U.S.?

3. Where did you hear about our program?

4. What is your main reason for coming to the United States?

Work Study Family Tourism

5. Are you currently employed? Yes No

If YES, what is your job and where do you work?

6. I am a: Faculty member Graduate student
 Researcher Staff member with (college or university)

7. Did you work in your home country? Yes No

If YES, what was your job?

8. Where have you studied English before?

9. For how long did you study English?

10. How do you need to use English?

11. In what neighborhood do you live?

SOURCE: The Greater Homewood Community Corporation

ESOL LEARNER NEEDS ASSESSMENT, CONTINUED

This portion should be filled out on the first day of class

Name: _____

Date: _____

Level: _____

Term: _____

What do like to do in your free time?

Your goals are to...

- | | | |
|---|---|--|
| <input type="checkbox"/> get a job | <input type="checkbox"/> improve your speaking | <input type="checkbox"/> learn more about American culture |
| <input type="checkbox"/> get a better job | <input type="checkbox"/> improve your writing | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> get more education | <input type="checkbox"/> improve your pronunciation | _____ |
| <input type="checkbox"/> improve your reading | <input type="checkbox"/> improve your grammar | _____ |

Which activities are most helpful to your English learning?

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> conversation | <input type="checkbox"/> listening to tapes | <input type="checkbox"/> writing |
| <input type="checkbox"/> field trips | <input type="checkbox"/> pair/group work | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> games | <input type="checkbox"/> pronunciation drills | _____ |
| <input type="checkbox"/> grammar practice | <input type="checkbox"/> reading | _____ |
| <input type="checkbox"/> idiom practice | <input type="checkbox"/> songs | |

Where do you want to speak better English?

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> at work | <input type="checkbox"/> at the doctors | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> on the bus/train | <input type="checkbox"/> on the telephone | _____ |
| <input type="checkbox"/> with friends | <input type="checkbox"/> in stores | _____ |
| <input type="checkbox"/> with neighbors | <input type="checkbox"/> at your children's school | |

Do you want to read/write better English for...?

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> checks | <input type="checkbox"/> maps/directions | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> bills | <input type="checkbox"/> forms | _____ |
| <input type="checkbox"/> ads in newspapers | <input type="checkbox"/> job applications | _____ |
| <input type="checkbox"/> catalogs | <input type="checkbox"/> your children's report cards/
school notes | |
| <input type="checkbox"/> work notices | | |

What other things do you want your teacher to know?

SOURCE: The Greater Homewood Community Corporation