The State University
of New York

Language Assessment Form

Campus:	
Visitor Name:	
Date of Interview:	Duration of Interview (in minutes):
The Interview was	conducted: 🔲 In Person 🔄 By Videoconference
Overall Assessmen	t:

Please indicate your assessment of the visitor's present English ability for the following:

Speaks English:	Fluently	With ease but some hesitation	At basic level	No ability
Comprehension of Spoken English:	Excellent	Good	Basic	No ability
Written English Ability:	Excellent/Advanced	Good/Intermediate	Basic/Elementary	No ability

Please recommend the appropriate level for the exchange visitor to participate in the program of activity and function on a daily basis in the U.S. based on your assessment:

Needs no language assistance

Needs no formal language assistance, but could benefit from some language resources

Needs formal language assistance while participating in program (e.g. English coursework)

□ Is not qualified for participation based on English ability at this time

Additional Comments:

Include any relevant documentation pertaining to assessment if applicable.

Name of Ir	nterviewer:	Phone:		
Title:	Email:			
Signature:			Date:	

Please submit completed form to your campus Exchange Visitor Advisor.