Language Assessment Form

Office of Global Affairs

Campus: SUNY-ESF

Visitor Name:

Date of Interview: ___________ Duration of Interview (in minutes): ___________

The Interview was conducted: □ In Person □ By Videoconference

The Interview was conducted: □ In Person □ By Videoconference

Overall Assessment:

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

<table>
<thead>
<tr>
<th>Speaks English:</th>
<th>□ Fluently</th>
<th>□ With ease but some hesitation</th>
<th>□ At basic level</th>
<th>□ No ability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehension of Spoken English:</td>
<td>□ Excellent</td>
<td>□ Good</td>
<td>□ Basic</td>
<td>□ No ability</td>
</tr>
<tr>
<td>Written English Ability:</td>
<td>□ Excellent/Advanced</td>
<td>□ Good/Intermediate</td>
<td>□ Basic/Elementary</td>
<td>□ No ability</td>
</tr>
</tbody>
</table>

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 Interviewer: ___________________________ Phone: ___________________________

Title: ___________________________ Email: ___________________________

Signature: ___________________________ Date: ___________________________

Please submit completed form to your campus Exchange Visitor Advisor.