

ENGLISH AS A SECOND LANGUAGE APPLICATION



Western Michigan University Unified Clinics  
Charles Van Riper Language, Speech and Hearing Clinic  
1000 Oakland Drive | Kalamazoo, MI 49008 | (269) 387-7059

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Major (if in school) \_\_\_\_\_ Home Phone \_\_\_\_\_

Future/Present Career \_\_\_\_\_

Current Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

TOEFL or other ESL Test Score \_\_\_\_\_

Name of Test if different from TOEFL \_\_\_\_\_

What country do you come from? \_\_\_\_\_

What is your first (or native) language? \_\_\_\_\_

Dialect, if different \_\_\_\_\_

What other languages do you speak? \_\_\_\_\_

If you speak another variety of English, which one? \_\_\_\_\_

Did you study American English before coming to this country? Yes  No

How were you taught English (check all that apply):

\_\_\_\_\_ reading/writing/listening

\_\_\_\_\_ by native English teachers

\_\_\_\_\_ grammar/vocabulary/translation

\_\_\_\_\_ by nonnative English teachers

\_\_\_\_\_ self-study

\_\_\_\_\_ in elementary school

\_\_\_\_\_ by radio/TV

\_\_\_\_\_ in high school

\_\_\_\_\_ in English class

\_\_\_\_\_ in college

\_\_\_\_\_ ESL class

\_\_\_\_\_ by talking to English speakers

\_\_\_\_\_ intensive language school

\_\_\_\_\_ by family members

\_\_\_\_\_ other: \_\_\_\_\_

For how many years have you **studied** English? \_\_\_\_\_



For how many years have you **spoken** English? \_\_\_\_\_

On an average day, how many hours do you speak your native language? \_\_\_\_\_

On an average day, how many hours do you speak English? \_\_\_\_\_

As a child, did you have problems learning or speaking your native language? Yes  No

If yes, please explain: \_\_\_\_\_

Do you have any learning difficulties? Yes  No

If yes, please explain: \_\_\_\_\_

**Speaking Opportunities:** Here is a list of speaking situations.

Tell how frequently you participate in each by using these numbers:

**1-Never      2-Rarely      3-Sometimes      4-Every day**

Tell the difficulty that each situation gives you by using these numbers:

**0-Not Applicable      1-No Difficulty      2-Some Difficulty      3-Great Difficulty**

<u>Situation</u>	<u>Frequency</u>	<u>Difficulty</u>
Conversation with friends	_____	_____
Asking questions	_____	_____
Responding to questions	_____	_____
Presenting a prepared speech or report	_____	_____
Tutoring or small group discussion	_____	_____
Talking on the telephone	_____	_____
Classroom teaching	_____	_____
Presenting plans/proposals in business meetings	_____	_____

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**Listening Opportunities:** Here is a list of listening situations.

Tell how frequently you participate in each by using these numbers:

- 1-Never      2-Rarely      3-Sometimes      4-Every day**

Tell the difficulty that each situation gives you by using these numbers:

- 0-Not Applicable      1-No Difficulty      2-Some Difficulty      3-Great Difficulty**

<u>Situation</u>	<u>Frequency</u>	<u>Difficulty</u>
Radio/Television	_____	_____
Lectures	_____	_____
Business meetings	_____	_____
Talking on the telephone	_____	_____
Conversations	_____	_____
Understanding questions	_____	_____

What other information will your teacher(s) need to know about you?

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**