

# LANGUAGE DEPARTMENT SURVEY

ALL REGISTRANTS MUST FILL OUT THIS FORM AND SUBMIT IT TO THE LANGUAGE DEPARTMENT BEFORE LEAVING REGISTRATION

STUDENT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Last First

1a. Besides English, which language(s) is/are spoken at home? \_\_\_\_\_

1b. How well can you speak and write in the language(s) above? Circle your answer.

I can **speak**: very well      understandably      just a little

I can **write**: very well      understandably      just a little

2a. During this past academic year, did you study a foreign language?    **yes**    **no**

2b. If so, which language, and at what level? \_\_\_\_\_

2c. How many times a week? \_\_\_\_\_

2d. If you want to continue learning French or Spanish at SVF, are you willing to take a placement test?    **yes**    **no**

3. Please circle the language that you would like to study at SVF. You are free to study a brand new language, or to continue with one you have studied previously.

***French***

***Spanish***

**Be advised that once you enroll in a language, you must complete three years of study without interruption. A fourth year is optional.**

\*\*\*\*\*

PLACEMENT IN LANGUAGE WILL BE AT THE DISCRETION OF THE SCHOOL ADMINISTRATION AND THE LANGUAGE DEPARTMENT

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Parent/guardian's signature

\_\_\_\_\_  
date