SUNY The State University of New York

Office of Global Affairs

# Language Assessment Form

Campus:

Visitor Name:

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

The Interview was conducted: ☐ In Person ☐ By Videoconference

Overall Assessment:

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 Interviewer: Phone:

Title: Email:

Signature: Date:

**Please submit completed form to your campus Exchange Visitor Advisor.**