

## Learning Needs Analysis Template

<b>Learner's Name:</b>
<b>Assessed By:</b>
<b>Date:</b>

### Educational and professional experience

#### 1. What is your highest level of study?

- a. Elementary
- b. Secondary School
- c. High School
- d. University

#### 2. What is your professional / work experience background?

---

#### 3. How many and which languages do you know?

- a. One (only mother tongue)
- b. Two
- c. More than two

#### 4. What is your current job position?

- a. Employed
  - Regular fixed contract
  - Long term contract (12+ months)

- Short term contract (0 – 11 months)
- No written contract
- b. Unemployed
  - Jobseeker
  - Unable to work
- c. Student
- d. Housewife

**5. Why would you like to learn a second language?**

- a. Professional / Work
- b. Leisure / Fun
- c. Other

**Previous Experience**

**6. Have you studied this second language before?**

- a. Yes
- b. No

**7. If yes, how did you learn it?**

- a. Television
- b. Attending a language course
- c. Talking to friends
- d. Reading or studying
- e. Other: \_\_\_\_\_

**8. Do you watch tv/video in this second language?**

- a. Yes
- b. No

**9. If yes, which kind of programmes?**

- a. Entertainment
- b. Sports
- c. Movies
- d. Documentaries
- e. Sitcoms
- f. Serials
- g. Other: \_\_\_\_\_

**10. Do you read in this second language?**

- a. Yes
- b. No

**11. If yes, what?**

- a. Newspapers
- b. Comics
- c. Magazines
- d. Books
- a. Other: \_\_\_\_\_

**12. Do you write in this second language?**

- a. Yes
- b. No

**13. If yes, what?**

- a. Emails
- b. Messages (on phone)
- c. Diary
- a. Other: \_\_\_\_\_

## Language Learning Assessment

### 1. Which skills do you consider the most difficult?

Reading	Writing	Spelling	Listening
<input type="checkbox"/> 1 (very easy) <input type="checkbox"/> 2 (easy) <input type="checkbox"/> 3 (medium) <input type="checkbox"/> 4 (difficult) <input type="checkbox"/> 5 (very difficult)	<input type="checkbox"/> 1 (very easy) <input type="checkbox"/> 2 (easy) <input type="checkbox"/> 3 (medium) <input type="checkbox"/> 4 (difficult) <input type="checkbox"/> 5 (very difficult)	<input type="checkbox"/> 1 (very easy) <input type="checkbox"/> 2 (easy) <input type="checkbox"/> 3 (medium) <input type="checkbox"/> 4 (difficult) <input type="checkbox"/> 5 (very difficult)	<input type="checkbox"/> 1 (very easy) <input type="checkbox"/> 2 (easy) <input type="checkbox"/> 3 (medium) <input type="checkbox"/> 4 (difficult) <input type="checkbox"/> 5 (very difficult)
Comments/Notes:	Comments/Notes:	Comments/Notes:	Comments/Notes:
Speaking	Pronunciation	Grammar	Vocabulary
<input type="checkbox"/> 1 (very easy) <input type="checkbox"/> 2 (easy) <input type="checkbox"/> 3 (medium) <input type="checkbox"/> 4 (difficult) <input type="checkbox"/> 5 (very difficult)	<input type="checkbox"/> 1 (very easy) <input type="checkbox"/> 2 (easy) <input type="checkbox"/> 3 (medium) <input type="checkbox"/> 4 (difficult) <input type="checkbox"/> 5 (very difficult)	<input type="checkbox"/> 1 (very easy) <input type="checkbox"/> 2 (easy) <input type="checkbox"/> 3 (medium) <input type="checkbox"/> 4 (difficult) <input type="checkbox"/> 5 (very difficult)	<input type="checkbox"/> 1 (very easy) <input type="checkbox"/> 2 (easy) <input type="checkbox"/> 3 (medium) <input type="checkbox"/> 4 (difficult) <input type="checkbox"/> 5 (very difficult)
Comments/Notes:	Comments/Notes:	Comments/Notes:	Comments/Notes:

**2. Which skills do you prioritise? Can you also “define” the levels 2, 3 and 4 (see the explanations above)?**

Reading	Writing	Spelling	Listening
<input type="checkbox"/> 1 (not important) <input type="checkbox"/> 2 (slightly important) <input type="checkbox"/> 3 (important) <input type="checkbox"/> 4 (quite important) <input type="checkbox"/> 5 (very important)	<input type="checkbox"/> 1 (not important) <input type="checkbox"/> 2 (slightly important) <input type="checkbox"/> 3 (important) <input type="checkbox"/> 4 (quite important) <input type="checkbox"/> 5 (very important)	<input type="checkbox"/> 1 (not important) <input type="checkbox"/> 2 (slightly important) <input type="checkbox"/> 3 (important) <input type="checkbox"/> 4 (quite important) <input type="checkbox"/> 5 (very important)	<input type="checkbox"/> 1 (not important) <input type="checkbox"/> 2 (slightly important) <input type="checkbox"/> 3 (important) <input type="checkbox"/> 4 (quite important) <input type="checkbox"/> 5 (very important)
Comments/Notes:	Comments/Notes:	Comments/Notes:	Comments/Notes:
Speaking	Pronunciation	Grammar	Vocabulary
<input type="checkbox"/> 1 (not important) <input type="checkbox"/> 2 (slightly important) <input type="checkbox"/> 3 (important) <input type="checkbox"/> 4 (quite important) <input type="checkbox"/> 5 (very important)	<input type="checkbox"/> 1 (not important) <input type="checkbox"/> 2 (slightly important) <input type="checkbox"/> 3 (important) <input type="checkbox"/> 4 (quite important) <input type="checkbox"/> 5 (very important)	<input type="checkbox"/> 1 (not important) <input type="checkbox"/> 2 (slightly important) <input type="checkbox"/> 3 (important) <input type="checkbox"/> 4 (quite important) <input type="checkbox"/> 5 (very important)	<input type="checkbox"/> 1 (not important) <input type="checkbox"/> 2 (slightly important) <input type="checkbox"/> 3 (important) <input type="checkbox"/> 4 (quite important) <input type="checkbox"/> 5 (very important)
Comments/Notes:	Comments/Notes:	Comments/Notes:	Comments/Notes:

### 3. How much do you use these skills outside of the classroom?

<b>Reading</b> <i>(books, magazines, articles, websites, etc)</i>	<b>Writing</b> <i>(emails, blogs, reports, etc)</i>	<b>Listening</b> <i>(TV, films, radio, etc)</i>	<b>Speaking</b> <i>(at home, at work, with friends, etc)</i>
<input type="checkbox"/> 1 (never) <input type="checkbox"/> 2 (rarely) <input type="checkbox"/> 3 (sometimes) <input type="checkbox"/> 4 (often) <input type="checkbox"/> 5 (daily)	<input type="checkbox"/> 1 (never) <input type="checkbox"/> 2 (rarely) <input type="checkbox"/> 3 (sometimes) <input type="checkbox"/> 4 (often) <input type="checkbox"/> 5 (daily)	<input type="checkbox"/> 1 (never) <input type="checkbox"/> 2 (rarely) <input type="checkbox"/> 3 (sometimes) <input type="checkbox"/> 4 (often) <input type="checkbox"/> 5 (daily)	<input type="checkbox"/> 1 (never) <input type="checkbox"/> 2 (rarely) <input type="checkbox"/> 3 (sometimes) <input type="checkbox"/> 4 (often) <input type="checkbox"/> 5 (daily)
Comments/Notes:	Comments/Notes:	Comments/Notes:	Comments/Notes:

### 4. How much time do you spend studying outside of the classroom?

<b>Weekly Self-Study</b>
<input type="checkbox"/> 1-2 hours <input type="checkbox"/> 2-4 hours <input type="checkbox"/> 4-6 hours <input type="checkbox"/> 6-10 hours <input type="checkbox"/> 10+ hours
Comments/Notes:

**5. Initial Comments by Assessor:**

**6. Rationale for Exercises to be given on learner's ILP** [Would you, please, give some examples?](#)

**Assessor's Signature:** \_\_\_\_\_