



The British School

English as an Additional Language Pupil Profile

Student's Name:

Complete this form if the home language indicated on the admissions form is not English

Language background

First (home) language of pupil/L1:

(Indicate competence – please tick below: Good = in line with age.)

Quality of spoken first language is: Good Not sure Poor

Reads first language: Yes No Good Not sure Poor

Writes first language: Yes No Good Not sure Poor

Other languages spoken by pupil:

Other languages pupil can read:

Other languages pupil can write:

Does anyone in the family speak English? Yes No Who?

Education background

Has pupil attended school in home country? Yes No If so, for how many years?

In which other country has pupil attended school?

What was the main language of instruction?

Subjects taught:

(cont'd):

Favourite subject(s):

Previous schools attended (with dates) 1 From: To:

Previous schools attended (with dates) 2 From: To:

Is pupil currently receiving EAL support? Yes No Not sure From:

Type of support: Not sure In class Small Group 1-1 Withdrawal

Is pupil making: Satisfactory progress? Slow progress? Little/no progress?

Has pupil received EAL support in the past? Not sure Yes No From: To:

Type of support: Not sure In class Small Group 1-1 Withdrawal

Did pupil make: Satisfactory progress? Slow progress? Little/no progress?

Community links

Does the pupil attend any school/classes in the community, e.g. mother tongue classes, supplementary school, mosque classes? Please give details including days and times:

What languages are used/taught there?

Name, address, tel. no. of school/organisation:

Name of contact person:

Position:

Relevant medical information

Please give details of any information on hearing, sight, speech therapy, specific learning difficulties, etc. that could affect the pupil's language/literacy development.

Should the pupil be wearing glasses or hearing aid, or using other aids for learning?

Does the pupil require any regular medication during the school day?

Other relevant information (Continue on separate sheet if necessary:

Completed by (Parent's Name) :

Date(DD/MM/YY):

Relation to the child: