

Student Request Form

Student's Name : _____

Date: _____ / _____ / _____

When did you come to USA? _____

How long will you be staying here in USA? _____

English Level : Beginner Intermediate Advanced

Have you been to an English Language School before coming to USA? YES NO

TOEIC Score :

TOEFL Score :

Eiken :

★ Which skill(s) would like to learn and improve? Please circle all that apply.

- Grammar** **Vocabulary** **Reading** **Writing** **Speaking**
 Listening **Idiom** **Slang** **Accent/Pronunciation**

★ What are your strengths? Please circle all that apply.

- Grammar** **Vocabulary** **Reading** **Writing** **Speaking**
 Listening **Idiom** **Slang** **Accent/Pronunciation**

★ Please check the box(es) below to indicate which topics you are interested in learning.

Daily Conversation

- | | |
|--|---|
| <input type="checkbox"/> Shopping at the grocery store, department store etc... | <input type="checkbox"/> At the bank/post office |
| <input type="checkbox"/> Communication with your apartment staff or your house owner | <input type="checkbox"/> At the doctor's office/pharmacy |
| <input type="checkbox"/> Talking about American holidays and culture | <input type="checkbox"/> Speaking on the telephone |
| <input type="checkbox"/> Talking about your country's holidays and culture | <input type="checkbox"/> Talking about your family |
| <input type="checkbox"/> Travel - hotel and airline reservations | <input type="checkbox"/> Talking about your hobbies |
| <input type="checkbox"/> Conversation with your children's school teacher and other parents. | <input type="checkbox"/> Eating out - restaurants and fast food |

Business English

Company Name: _____ Position: _____

- | | |
|--|--|
| <input type="checkbox"/> Discussing | <input type="checkbox"/> Building business vocabulary |
| <input type="checkbox"/> Negotiating | <input type="checkbox"/> Handling complaints |
| <input type="checkbox"/> Giving opinions | <input type="checkbox"/> Writing proposals and business emails |
| <input type="checkbox"/> Asking questions | <input type="checkbox"/> Delivering presentations |
| <input type="checkbox"/> Using small talk and chatting with colleagues and/or clients. | <input type="checkbox"/> Speaking on the telephone at office |

★ **If you have any specific requests or any concerns. Please write them below.**