

ATTESTATION : TEACHER APPRAISAL

(To be attached to the application form for a prolonged stay abroad as a foreign language assistant)

Surname of the applicant :

Name :

TO BE FILLED IN AND SIGNED BY THE PROFESSOR

Name, professional title and address of the professor :

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.....

1. The candidate's personality

	very good	good	average
Intellectual skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Teacher's comments

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3. French language skills

Written French :	<input type="checkbox"/> very good	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
Spoken French :	<input type="checkbox"/> very good	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

4. Candidate's English language skills

Aptitude to express him/herself :	<input type="checkbox"/> very good	<input type="checkbox"/> good	<input type="checkbox"/> average
Diction :	<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> poor
Regional accent :	<input type="checkbox"/> none	<input type="checkbox"/> slight	<input type="checkbox"/> strong

5. In your opinion is the candidate capable of making recording of his/her voice for use in the classroom ?

Yes No Don't know

Signature of the teacher :

University stamp (if available) :