



Questionnaire A

New Student Prior Language Learning

Name _____

Enrolling in year level _____

Age _____

Date _____

Our language teachers would like to know about your prior language learning.
Could you please fill out the following chart.

	language one	language two	language three	language four
Apart from English, which language/s do you know? Please write each language in a separate column	<i>italian</i>			
Where did you learn/are you learning this/these language/s?	<i>from my grandmother</i>			
Did you learn this/these languages at school?	<i>yes</i>			
If you learnt this/these language/s at school, in which years did you learn it/them?	<i>years 1 and 2</i>			



Did you learn/ are you learning this/these languages at a language school?	no			
If you have learnt/are learning this/these language/s at a language school, for how many years did you learn/have been learning the language/s?				
Which language/s do you know a little or hear sometimes?				

We offer two languages, German and Indonesian. Which language would you like to learn? _____

Why would you like to learn this language?
