



Spoken English Assessment Form

Program Level		Program Start Date		Target End Date	
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Student ID		Student Name	
Date of Joining		Date of Birth	
School		Class	

Did the child go through any Spoken English / Communication class before? If Yes, provide details:

Trial / Outcome / Level at the beginning of the program:

Initial EQ Assessment				
Beginner	Intermediate	Developed	Advanced	Transformed

Learning Style

What is the Child's Learning Style? Underline and provide details

Initial Assessment
AVK / AKV / VAK / VKA / KAV / KVA

Weekly Assessment on Learning Style and Details

Week 1: AVK / AKV / VAK / VKA / KAV / KVA

Week 2: AVK / AKV / VAK / VKA / KAV / KVA



Week 3: AVK / AKV / VAK / VKA / KAV / KVA

Week 4: AVK / AKV / VAK / VKA / KAV / KVA

Learning Style at the end of the level:

Level at the completion of the program (or) Withdrawn / Reason / Date

Final EQ Assessment				
Beginner	Intermediate	Developed	Advanced	Transformed

Overall Observation about the child

Recommendations / Next Steps

Teacher's Signature & Date