







## Training needs analysis for Online One-to-One - General French course

LAST NAME:		irst name:					
Age:		Mother tongue:					
Other languages you speak/write:  Email address:  Desired course starting date (dd/mm/yyyy):  Number of course hours (weekly/total):  Your available days and times:							
					$\square$ *A company tails of the company or t	the funding organization:	
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				Skills to improve:  ☐ Listening	□ Speaking	☐ Pronunciation	
				☐ Reading	☐ Writing		
•	•						
Objectives of your coul	rse:						
Any additional informa	tion helpful to your futu	re teacher:					

Please send back this document once completed by email (2 weeks minimum before you start your course) to:

Anne.PERROT@ciel.fr