

Training needs analysis for Online One-to-One - Specialized French course

LAST NAME: _____ First name: _____

Age: _____ Mother tongue: _____

Other languages you speak/write: _____

Email address: _____

Field of studies or work: _____

Desired course starting date (dd/mm/yyyy): _____

Number of course hours (weekly/total): _____

Your available days and times (French time): _____

Course funding:

Personal *A company *A training organization

*Name and contact details of the company or the funding organization:

1. You need to improve your specialized French to:

- | | |
|--|--|
| <input type="checkbox"/> Speak, communicate | <input type="checkbox"/> Write documents |
| <input type="checkbox"/> Understand others during interactions | <input type="checkbox"/> Read documents |

2. Your tasks, missions in Specialized French:

- | | |
|--|--|
| <input type="checkbox"/> Read specific documents | <input type="checkbox"/> Understand lectures, specialists |
| <input type="checkbox"/> Explain, inform | <input type="checkbox"/> Report |
| <input type="checkbox"/> Write reports ou documents | <input type="checkbox"/> Interact with specialists |
| <input type="checkbox"/> Give instructions | <input type="checkbox"/> Explain a project |
| <input type="checkbox"/> Investigate, present results | <input type="checkbox"/> Interpret/comment on numerical data |
| <input type="checkbox"/> Advise | <input type="checkbox"/> Promote a product, service |
| <input type="checkbox"/> Other (please specify): _____ | |

3. The interlocutors with whom you use or will use French:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Clients / Patients | <input type="checkbox"/> Superiors |
| <input type="checkbox"/> Colleagues | <input type="checkbox"/> Specialists |
| <input type="checkbox"/> Other (please specify): _____ | |

4. Documents your teacher can use to adapt your lessons to your needs:

(The anonymity of the persons will be preserved)

- | | |
|--|---|
| <input type="checkbox"/> Mails | <input type="checkbox"/> Brochure, Leaflet |
| <input type="checkbox"/> Technical reports or files | <input type="checkbox"/> Meeting minutes |
| <input type="checkbox"/> Product data sheet, instructions for use, prescription... | <input type="checkbox"/> Purchase order, screenshot of the software to be completed |
| <input type="checkbox"/> Instructions, process | |
| <input type="checkbox"/> Other (please specify): _____ | |

Any additional information helpful to your future teacher:

Please send back this document once completed by email
(2 weeks minimum before you start your course) to: Anne.PERROT@ciel.fr