

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

LAST NAME: _____ First name: _____

Age: _____ Nationality: _____

Field of studies or work: _____

Course starting date (dd/mm/yyyy): _____

Course ending date (dd/mm/yyyy): _____

Requested option:

- Intensive course + 3h one-to-one/week
 Intensive course + 6h one-to-one/week
 Intensive course + 10h one-to-one/week

***As a main course:**

- 3h one-to-one/week 6h one-to-one/week 10h one-to-one/week
 15h one-to-one/week Other: _____

***If main course, please specify our available days and times:**

Training funding:

- Personal *Company *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"/> Conduct an investigation, 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: _____ | |

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

(The anonymity of the persons will be preserved)

- | | |
|--|---|
| <input type="checkbox"/> Emails | <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 : _____ | |

Any additional information helpful to your teacher:

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