







Training needs analysis for One-to-One course - Exam preparation

LAST NAME:			First name: Nationality:						
									Profe
Cour	se starting date <i>(dd/mm</i> ,	<i>(YYYY</i>)							
Cour	rse ending date <i>(dd/mm/</i>)	/ууу): _							
Req	☐ Intensive cou	ırse + (3h one-to-one/w 6h one-to-one/w 10h one-to-one/v	eel	K				
	- Intensive cot	1136 1	*As main cou						
	☐ 3h one-to-one/week	,	/ is main coo		☐ 10h one-to-one/week				
	☐ 6h one-to-one/week ☐ Other:				☐ 15h one-to-one/week				
	*If main course, plea	ise spe	ecify our availa	ble	e days and	<u>times</u> :			
-	ma or exam: DELF A1		DELF B2					DALF C1	
	DELF A2		DELF B1]	DALF C2	
Would	d you like to take one of t	hese d	iplomas in Brest	? [] Yes	□ No			
Have	you ever earned any of t	hese d	iplomas? If yes,	spe	ecify:				
Diplor	na:		Examinatio	n c	enter:				
Date o	obtained <i>(dd/mm/yyyy):</i>								
Candi	date number:								
Othei	r diploma or exam:								
	A-Level]	Maturité				
	Leaving Certificate]	Abitur				
	Other:			c 1			-1:L:		
ро у	ou have a literary work t	o prese	nt? if yes, speci	ry t	ne author, ti	tie and e	aiti	on.	
Any	additional information	helpfu	ıl to your teach	ner	:				

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