

EAP Language Evaluation

Applicant Instructions: Fill out the next three lines neatly and completely. Bring this form to your Language Evaluation performed by a UC Berkeley language department for your results to be recorded.

Name of Applicant _____ Applicant's email _____

EAP Country/Program _____ Application Deadline _____

Minimum Language Requirement _____ Maximum Language Requirement (if applicable) _____

Evaluator Instructions: Please assess the applicant's ability in the EAP host country language. Please complete and return the Evaluation Form to Berkeley Study Abroad (address on masthead), or you may also give the form to the student for submission. If you choose to mail the evaluation, please e-mail the applicant to inform her/him that you have done so. Students may access their language evaluation at the Berkeley Study Abroad office upon request.

1. In what capacity are you evaluating this student?

☐ As the instructor of a language course taken by student.

Course Title(s) _____ Term(s) _____

☐ Individual interview with the student. Interview Date _____

2. Using your own classroom experience as your guide, please complete the chart below. Compare this student with the degree of competence expected at the level of college instruction indicated. (To illustrate: a student in a third semester language course at Cal may rank "native" in her aural comprehension, "advanced-high" in her pronunciation and oral fluency, but only "intermediate-high" in her reading comprehension, and only "beginner-high" in her writing ability and command of grammar. Each student's personal experience with the language will affect his/her level in each of the six language skills.)

	Beginner = 1-2 semesters			Intermediate: 3-4 semesters			Advanced = 5 sem or more			Native
	Low	Mid	High	Low	Mid	High	Low	Mid	High	
Pronunciation										
Oral Fluency										
Aural Comprehension										
Reading Comprehension										
Writing Ability										
Command of grammar										

3. Based on your assessment above, this student has the equivalent of _____ semesters of language study at UC Berkeley.

4. Additional comments (continue on back if needed):

Name and Title of Evaluator (please print or type) _____

Signature of Evaluator _____ Date _____

Department _____ Phone Number _____