

**STATE OF FLORIDA
DEPARTMENT OF EDUCATION**

[NAME OF LANGUAGE]

Dear Student:

Welcome to our school.

This form will help us to decide the best course for you at this program.

Please fill out the form by yourself.

If you cannot answer all the questions, fill out the parts that you can and leave the rest of the form empty.

Thank you.

PART I

Today's Date:

Name:

Address:

Telephone:

Date of Birth:

PART II

1. Where were you born?
2. In what year did you come to the United States?
3. How many years did you go to school in your country?
4. Have you attended English classes in the United States before now?

PART III

5. Write a story about your family.