

FOREIGN LANGUAGE QUESTIONNAIRE

Date: _____

Name: _____

Date of Birth: _____ Age: _____

Address: _____

Telephone Numbers: (Day) _____ (Evenings) _____

Major: _____ Current GPA: _____

What is your history of foreign language in the secondary and post secondary setting? _____

Describe the nature of your difficulties in learning a foreign language. _____

