

STUDENT BACKGROUND INFORMATION

Course: Beginner 1 Beginner 2 Beginner 3
 Intermediate 1 Intermediate 2 Intermediate_3 Conversational

1. Full Name: _____
 Last Name First Name Middle
2. How do you want to be called in the class? “_____ san” (usually your first name)
3. Telephone: _____
4. E-mail Address: _____ Japanese language availability: Yes / No
5. Home Address: _____
6. Occupation: _____
7. First Language: _____
8. Other Language Learned: a) _____ b) _____ c) _____
9. Have you ever studied Japanese? Yes / No (If No, go to Question 14)
10. Where did you study Japanese?
 JCCC Class / Level _____
 Other Institute Class / Level _____
 Other Institute Class / Level _____
11. How well can you:

	VERY WELL read / write	FAIRLY WELL read / write	A LITTLE read / write	NOT AT ALL read / write
Hiragana:	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Katakana:	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Kanji:	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
12. ① Can you make simple requests for information, direction, etc. (in Japanese)? Yes / No
 ② Can you express your opinion or give suggestions? Yes / No
 ③ Do you feel comfortable in a situation which requires extended communication? Yes / No
13. Have you been to Japan? Yes / No
 If Yes, when? _____ and length of stay _____
14. Outside the course, do you have a chance to be exposed to the Japanese language?
 (e.g., parents speak the language)
15. Reason for taking this course.