



**TEACHER Assessment**

	W	1	2	3	4	5	6	7	8	EP	NA
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modern Foreign Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design and Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information and Communication Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art and Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

W = working towards level 1; EP = Exceptional Performance; NA = Not Available

**1. What languages do you and other adults at home use with the twins?**

This language is used:

	Language	All or most of the time	Half of the time	Less than half of the time
Twin 1	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twin 2	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. What is the main language used at school?**

	English	Welsh	Other	If other please specify
Twin 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Twin 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....

**3. What languages are currently studied at school (including English)?**

	Language	Age at which they started learning (years)	Approximate time they use language outside of school		
			Often	Sometimes	Never
Twin 1	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twin 2	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your signature: ..... Date: .....

Relationship to children (e.g. mother, father, guardian etc.) .....

As always, we are very grateful for any information you give us, thank you very much!

**If you have any questions please don't hesitate to call our freephone 0800 317 029 or email us at [teds@iop.kcl.ac.uk](mailto:teds@iop.kcl.ac.uk)**