

APPLICATION – ISIT

Mandatory Assessment Form
for all candidates from institutions
with a convention with ISIT
to be completed by this year's teachers



ISIT – Higher Education Institution
Member of the « CGE »

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ASSESSMENT FORM – APPLICATION ISIT

This assessment is reviewed by the admissions panel.
Incomplete assessment forms will not be treated.

Ms / Mr (delete as appropriate):
Date of Birth:
Current educational establishment and studies:

Subject	Assessment	
English or other native language Please specify: _____	Richness of vocabulary <input type="checkbox"/> V Good <input type="checkbox"/> Good <input type="checkbox"/> Average Grammatical Knowledge <input type="checkbox"/> V Good <input type="checkbox"/> Good <input type="checkbox"/> Average	Quality of syntax <input type="checkbox"/> V Good <input type="checkbox"/> Good <input type="checkbox"/> Average Oral Expression <input type="checkbox"/> V Good <input type="checkbox"/> Good <input type="checkbox"/> Average
	Teacher's comments:	
	Teacher's name and signature:	

Subject	Assessment	
Foreign language 1: <input type="checkbox"/> English <input type="checkbox"/> German <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Italian <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian	Richness of vocabulary <input type="checkbox"/> V Good <input type="checkbox"/> Good <input type="checkbox"/> Average Grammatical Knowledge <input type="checkbox"/> V Good <input type="checkbox"/> Good <input type="checkbox"/> Average	Quality of syntax <input type="checkbox"/> V Good <input type="checkbox"/> Good <input type="checkbox"/> Average Oral Expression <input type="checkbox"/> V Good <input type="checkbox"/> Good <input type="checkbox"/> Average
	Teacher's comments:	
	Teacher's name and signature:	

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Subject	Assessment	
<p>Foreign language 2:</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> German</p> <p><input type="checkbox"/> Arabic</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> French</p> <p><input type="checkbox"/> Italian</p> <p><input type="checkbox"/> Portuguese</p> <p><input type="checkbox"/> Russian</p>	<p>Richness of vocabulary</p> <p><input type="checkbox"/> V Good <input type="checkbox"/> Good <input type="checkbox"/> Average</p> <p>Grammatical Knowledge</p> <p><input type="checkbox"/> V Good <input type="checkbox"/> Good <input type="checkbox"/> Average</p>	<p>Quality of syntax</p> <p><input type="checkbox"/> V Good <input type="checkbox"/> Good <input type="checkbox"/> Average</p> <p>Oral Expression</p> <p><input type="checkbox"/> V Good <input type="checkbox"/> Good <input type="checkbox"/> Average</p>
	<p>Teacher's comments:</p>	
	<p>Teacher's name and signature:</p>	
<p>Foreign language 3:</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> German</p> <p><input type="checkbox"/> Arabic</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> French</p> <p><input type="checkbox"/> Italian</p> <p><input type="checkbox"/> Portuguese</p> <p><input type="checkbox"/> Russian</p>	<p>Richness of vocabulary</p> <p><input type="checkbox"/> V Good <input type="checkbox"/> Good <input type="checkbox"/> Average</p> <p>Grammatical Knowledge</p> <p><input type="checkbox"/> V Good <input type="checkbox"/> Good <input type="checkbox"/> Average</p>	<p>Quality of syntax</p> <p><input type="checkbox"/> V Good <input type="checkbox"/> Good <input type="checkbox"/> Average</p> <p>Oral Expression</p> <p><input type="checkbox"/> V Good <input type="checkbox"/> Good <input type="checkbox"/> Average</p>
	<p>Teacher's comments:</p>	
	<p>Teacher's name and signature:</p>	

ASSESSMENT FORM – APPLICATION ISIT

Head of establishment's opinion

Comments concerning the course selected :					Position in the class
					<input type="checkbox"/> Very high
					<input type="checkbox"/> High
					<input type="checkbox"/> Quite high
					<input type="checkbox"/> Average
				<input type="checkbox"/> Low	
Overall opinion	<input type="checkbox"/> Very favourable	<input type="checkbox"/> Favourable	<input type="checkbox"/> Reserved	<input type="checkbox"/> Unfavourable	

Head of the establishment

Date _____

Stamp of the establishment