



Languages Diagnostic Test								
Student's Nan	ne:		School Name:					
Language Ass	essed:		Year level would like to enrol:					
Prior Knowledge of Language		☐ None ☐ 1-3 Years ☐ Native ☐ Background (Tick one only)						
Assessment Conditions								
This diagnostic test is to be carried out under strict exam conditions. The result of the test will assist the language teachers and enrolment officers of CSDE to determine the best language class level the student should be placed in.								
Assessment Task and Instructions								
Task: In the target language, write a self-introduction. The information can include personal information, family, school life, hobbies and sports, pets and leisure time. Instructions:								
 Time allowed 30 minutes, dictionary and/or online translator is NOT permitted. Write 100-150 words for Year 6-9 enrolment; 150-250 words for Year 10-12 enrolment. Once finished, please scan and email back to schoolbasedenrolments@cairnssde.eq.edu.au for marking and feedback. Include supervisor's name and phone number for us to contact you for a possible speaking test. 								
Name:	Phone Number:							
CSDE use only								
Examiner to complete	This student's diagnostic test is marked by The student is recommended to be enrolled into Year Signed: Date://							
HOD to complete	□There is a place in the class of the recommended year level. □There is no available place in the recommended year level. □I approve student to start immediately □I approve student to commence at the start of next term or unit (for senior students) Signed: Date://							
SBE EO to complete								

NB: Student must handwrite their response							