Languages Diagnostic Test – School Based

Student Name			
School Name			
Student Year Level		**Subject Year Level**	
Language Assessed			
Prior Knowledge of Language (tick one only)	☐ None ☐ Native / Background ☐ Other _____		

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 Cairns SDE to determine the most suitable language subject level the student should be placed in.

Assessment Task and Instructions

Task: In the target language, **handwrite** a self-introduction to demonstrate the appropriate use of vocabulary and grammar for the subject level you are requesting. The information can include personal information, family, school life, hobbies and sports, pets and leisure time.

Instructions:

1. Time allowed 30 minutes, dictionary and/or online translator is NOT permitted.
2. Write 100-150 words for Year 9 students; 150-250 words for Year 10-12 students.
3. Once finished, please scan and email to school based enrolments at schoolbasedenrolments@cairnssde.eq.edu.au.
4. Include supervisor's name and phone number below:

   Name: _____ Phone Number: _____

Cairns SDE use only

Cairns SDE Teacher to complete	• This student's diagnostic test is marked by _____ • The student is recommended to be enrolled into Year _____ Comments (if applicable): _____ _____ _____ Signed: _____ Date: ___ / ___ / ___
Cairns SDE HOD to complete	☐ I approve the level recommended by the marker Comments (if applicable): _____ _____ _____ Signed: _____ Date: ___ / ___ / ___

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NB: Student must handwrite their response