**EAL Team**

**EAL Enrolment Meeting Summary Sheet - Secondary**

Date:

School:

Contact person:

Young person’s name: Known as :

DOB:

*According to circumstances questions are addressed to parents/carer or the young person.*

**How long have you been in Scotland?**

**Have you made friends already?**

**Do you know any other (home language speaker) in Falkirk?**

**Can you describe in a few words the place you lived before (urban or rural area/ access to outdoors?)**

**Home language(s):**

Language(s) used at home and with family:

If more than one home language

Which language is used with whom? When?

If the home language does not use Latin script, does the young person know the Latin script: : 🞎 Yes 🞎 No

Has the young person experience writing the Latin script

🞎 Yes 🞎 No

**Pervious education**

For how many years did the young person attend formal education:

Language of instruction:

Was more than one language used in school (except MFL teaching):

🞎 Yes 🞎 No

If yes, please expand:

School size:

Class size:

Coeducation: 🞎 Yes 🞎 No

Was English taught in school: : 🞎 Yes 🞎 No

For how many years:

Favourite subject(s):

**Further information**

Does the young person have siblings: 🞎 Yes 🞎 No

If yes, note further details:

Hobbies:

Interests:

What would you (young person) like to let your teachers know:

Is there anything the parent/carer would like to share with the teachers:

**Communication with parents/carer**

Preferred method of communication

🞎 by text message/email

🞎 by phone

🞎 face to face

For formal meetings an interpreter is required:

🞎 yes 🞎 no

Do you have friends or family with children who do already attend a school in Falkirk?

🞎 Yes 🞎 No

**A copy of the completed form should be sent to all subject teachers.**

EAL Team, ASN Outreach Team

Email: eal@falkirk.gov.uk

Tel.: 01324 501978

Ursula Bisch, Mobile: 07738 806951

Ann McPhilemy, Mobile: 07738 807276