

## Learner Profile: English Language Learner (ELL)

Student Name:

Preferred Name:

Age:

Grade:

Date completed:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Language Information:

- First Language (L1):

- Other Languages Spoken:

English Proficiency (based on recent assessment):

- **Listening:**  Beginning  Developing  Proficient
- **Speaking:**  Beginning  Developing  Proficient
- **Reading:**  Beginning  Developing  Proficient
- **Writing:**  Beginning  Developing  Proficient

## Learning Preferences

Learning Preferences	Answers
Preferred learning style(s)	<input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Kinesthetic <input type="checkbox"/> Reading/Writing <input type="checkbox"/> Group Work <input type="checkbox"/> Independent Work <input type="checkbox"/> Hands-On Activities
Interests / Hobbies:	
Motivators (What helps this student stay engaged?):	

## Cultural Background

Cultural Background	Answers
Country of origin	
Date of arrival in Canada (if applicable)	
Cultural practices or holidays to acknowledge in class	

## Strengths and Needs

<b>Strengths and Needs</b>	<b>Answers</b>
Academic strengths	
Areas for growth / support needs	
Accommodations or supports currently used	

**IEP Status:**  Yes  No

If **Yes**, please complete the following:

**Primary identified need:**

### **Additional Notes**

<b>Additional informations</b>	<b>Answers</b>
Parent/guardian language(s)	
Preferred communication method with home	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> In person <input type="checkbox"/> Interpretation needed
Other notes (medical, social, emotional, etc.)	