Language Se	elf-Assessment	Ouestions	Name	
P. Barb Jacob	lease fax, mail or brin s, Program Manager 431 W. 7th Ave 907-297-2760 Fa	g to the screening sess Language Interpreter ( enue, Suite 208, Ancho ux: 907-279-2450 barb	Las sion this self assessmer Center, Alaska Institut rage, AK 99501 .jacobs@akijp.org	e for Justice
extent that you co	ould use them in a	professional capac	speak and write flu ity. For each languings where you use	uage named,
	Language 1:	Language 2: (Language Name)	Language 3: (Language Name)	Language 4: (Language Name)
I use this language:	<u>English</u>	(Language Name)		
At home				
With friends				
and family				
At work At school				
At religious activity				
For reading				
For news or entertainment (TV, radio, movies)				
Rate your skill		the languages you scale of 1 (low) to	listed above with o 12 (high).	in each column
Speaking				
Writing				
Understanding speech				
Reading				

Other comments:

List the dictionaries in any of the above languages (monolingual, bilingual or multilingual) that you own or have access to:
List the periodicals (newspapers, magazines, journals) that you read regularly in any of the above languages: