CONFIDENTIAL LANGUAGE REFERENCE
TO BE COMPLETED BY THE APPLICANT’S LANGUAGE TEACHER

TO BE COMPLETED BY THE APPLICANT:

NAME: ________________________________

______ NINE-MONTH LANGUAGE PROGRAM ______ FALL SEMESTER ______ SUMMER LANGUAGE PROGRAM

____ HINDI ______ BENGALI ______ TAMIL ______ URDU ______ OTHER (specify) _______________________

I am aware of my rights under the Family Educational Rights and Privacy Act of 1974 to have access to letters of recommendation written on my behalf.

____ I wish to waive my rights of access to this letter. ______ I wish to retain my rights of access to this letter.

Name ________________________________ Date ______________

TO BE COMPLETED BY THE REFEREE:

Please list the language courses that the applicant has taken with you:

<table>
<thead>
<tr>
<th>Course title</th>
<th>Dates of attendance</th>
<th>Grade</th>
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LANGUAGE ABILITY:

For each section below, please use the following key:

\[ A = \text{above average} \quad B = \text{average} \quad C = \text{below average} \quad ? = \text{information not available} \]

SPEAKING:

1. Utilization of phonological distinctions (vowel length, aspiration, retroflexion, etc) ............................................................

2. Command of vocabulary ..................................................................................................................

3. Application of grammatical rules .......................................................................................................

4. Overall fluency .................................................................................................................................

5. Comments:
LISTENING:
1. Recognition of phonological distinctions .................................................................
2. Command of vocabulary .........................................................................................
3. Ability to follow normal rate of speech .................................................................
4. Comments:

READING:
1. Knowledge of script ..............................................................................................
2. Ability to give exact translation ............................................................................
3. Ability to read rapidly and grasp general content ...............................................  
4. Comments:

WRITING:
1. Ability to handle script .........................................................................................
2. Ability to produce standard written form of the language ..................................
3. Ability to take dictation .........................................................................................
4. Comments:

PLEASE STATE THE BASIS OF YOUR EVALUATION:

LANGUAGE ASSESSMENT:
In terms of your personal knowledge of the applicant, please assess the applicant's background, performance, and potential for progress in this language, identifying strengths and weaknesses that may be taken into account in the instructional program. If this form provides insufficient space, please feel free to use additional pages.

DATE ________________________________
NAME ______________________________ TITLE ______________________________
ADDRESS ________________________________