

Basic information	Child's surname	Child's first name(s)
	Date of birth	Sex Female <input type="checkbox"/> Male <input type="checkbox"/>
	School's name	
	School address	
	Teacher's name	Teacher's position
	Teacher's telephone	Teacher's e-mail
Teacher's opinion of the Finnish language skill of the child	1. Understanding of spoken Finnish	
	2. Ability to speak Finnish	
	3. Reading in Finnish	
	4. Writing in Finnish	

Teacher's opinion of the English language skill of the child	5. Understanding of spoken English	
	6. Ability to speak English	
	7. Reading in English	
	8. Writing in English	
Has the student received special education? Please specify.		
Is there any further information we need to know?		
Date and signature	Place and date	Teacher's signature and clarification of the signature