



Fax: 215-751-1986
Tel: 800-879-6640/215-751-1100
Email: info@amerispan.com
Web: <http://www.amerispan.com>

All Salvador volunteers requesting fewer than 4 weeks of classes PRIOR to beginning the placement must complete this language level evaluation. This includes those requesting 4 weeks Part-time volunteering. Please submit with your application.

Name: _____ Age _____

Gender: F M Nationality: _____

Area of studies: _____

Native Language: _____

Foreign languages spoken: _____

Have you already studied Portuguese? Yes No

Where? _____ For how long? _____

How many classes a week? _____ How long ago? _____

What did you study?

Presente Futuro Pretérito perfeito Pretérito imperfeito

Presente do subjuntivo Futuro do subjuntivo

Other _____

Which book did you use? _____

Have you visited Brazil? Yes No

How many times? _____ For how long? _____

How long ago? _____

What do you expect to learn during the program (In Portuguese, if possible)?
