

DEPARTMENT OF FOREIGN LANGUAGES

LANGUAGE BACKGROUND SURVEY

ITALIAN

Name _____ QCC ID # _____ Major _____

Phone number _____

DISCLAIMER: Please provide accurate and truthful information to the questions below by circling the appropriate answer. Failure to provide accurate information may affect your class program and financial aid status, and delay your graduation date. All the information contained in this survey will be treated confidentially, and will be used for institutional purposes only.

1. Do you speak Italian (**NOT** Sicilian, Neapolitan or any other dialect) with your family/relatives?

Select YES – Go to question 3
One NO – Go to question 2

2. Have you completed one or more years of Italian in high school?

Select YES – Go to question 3
One NO – STOP (do not go any further)

3. Which of the following are you able to say and write in Italian? (**NOT** Sicilian, Neapolitan or any other dialect)

- A) State your name YES
- B) Indicate your address and/or phone number..... YES
- C) Describe 4-5 activities you **usually do** during the day YES
- D) Describe 4-5 activities you **did** this morning YES
- E) Describe 4-5 activities you **did** in high school YES

I hereby certify that the above answers are truthful and accurate. I am aware that if I register for a course that is different from the one I was placed into and advised to take, I will be moved to an appropriate level during the first weeks of class. It is the policy of the Foreign Languages Department that all students registering for a language course shall take a course at their appropriate language level. The Queensborough Community College administration has acknowledged that the instructor has the final say as to the course appropriate for my language level.

Signed _____ Date _____

-----STOP-----Do Not Fill Past This Point-----STOP-----

<i>Placement</i>	<i>Advisor's Initials</i>	<i>Date</i>

Revised 1/2020