**Language Assessment Sheet**

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| **STUDENT PERSONAL DETAILS** |
| **Name and Surname:** |  |
| **Level of Mobility:** |  |
| **Language to be assessed:** |  |

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| **TEACHER INFORMATION** |
| **Name of the teacher:** |  |
| **Name of department:** | Chair of Foreign Languages of the Institute of International Relations, Kyiv National Taras Shevchenko University |
| **Phone (incl. code):** | **+380 44 481-45-33** |
| **e-mail:** | office@iir.kiev.ua |

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| **STUDENT LANGUAGE LEVEL (Teacher only)** |
| The student’s level of knowledge of the language **ENGLISH** is: |
| **A1**Breakthrough(Basic user) | **A2**Waystage (Basic user) | **B1**Threshold (Independent user) | **B2**Vantage (Independent user) | **C1**Effective Operational Proficiency (Proficient user) | **C2**Mastery (Proficient user) |

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| **DECLARATION** |
| **TEACHER:**  |
| By signing I declare that I am, at the moment, Head of the Chair of Foreign Languages of the **Institute of International Relations, Kyiv National Taras Shevchenko University** and that I am qualified to evaluate the student’s language knowledge of the language assessed. |
| **Head of the Chair of Foreign Languages: Director of the Institute of International Relations** **Prof. Valentina Daineko V. \_\_\_\_\_\_\_\_\_\_\_ Prof. Valerii Kopiika V. \_\_\_\_\_\_\_\_\_\_\_****Signature and date: Signature and date:** \_\_\_/ \_\_\_\_ / \_\_\_\_\_ \_\_\_/ \_\_\_\_ / \_\_\_\_\_ |