



CALIFORNIA SYSTEMS
ENGLISH AS A SECOND LANGUAGE PROGRAM

STUDENT'S NAME: _____

<i>To be filled in by the student</i>	<i>To be updated by the Course Coordinator</i>	<i>To be filled in by the Course Coordinator</i>
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COMPANY NAME:	Please Specify
COURSE LOCATION:	Please Specify
SPECIAL NEEDS 1:	"I would like to improve both my Writing and my Speaking ."
SPECIAL NEEDS 2:	Increase my Listening Comprehension
SPECIAL NEEDS 3:	General ESL: Grammar (irregular verbs; preposition followed by gerund; I've been working...; Conditionals; asking Questions...) and Vocabulary (I'm not/I <u>don't</u> agree; used to; phrasal verbs)
SECTOR (HR, SALES, FINANCE, IT...):	IT Background: Business Administration
POSSIBLE SCHEDULE:	Tuesday to Thursday evenings, and Friday mornings
CLASSROOM:	TBC (To Be Confirmed)
COURSE NAME:	English as a Second Language & Telephone Training
APPROX. LEVEL:	Intermediate
START DATE:	TBC (To Be Confirmed)
FINAL SCHEDULE:	Tuesdays from 5-7 pm and Fridays from 10-10:30 am

ENGLISH LEVEL	READING	WRITING	LISTENING	SPEAKING	DATE
Student's Name	5,5	4,5	5	5,5	Sept 15th

CONTACT INFO:	PHONE NUMBER	EMAIL
Student's Name	555-121-212	sname@sname.es
Teacher's Name (One-on-One Teacher)	555-000-111	calsys@californiasys.com
Teacher's Name (Phone Class Teacher)	555-000-112	calsys@californiasys.com
Miguel Lozano (Coordinator)	627-433-609	mlozano@californiasys.com

We hope the course exceeds your needs, and we look forward to a fun and successful program.

Thanks in advance,

Miguel Lozano Parras
mlozano@californiasys.com