

**Johnston Primary  
&  
Kirkcudbright Academy**



Language Passport

Name: \_\_\_\_\_

**Johnston Primary  
&  
Kirkcudbright Academy**



Language Passport

Name: \_\_\_\_\_

## Introduction to Passport

This Language Passport records my progress through P6, P7 and S1.

Each page outlines what I can say and do in each of the topics I have studied.

There is space for my comments and my teacher's comments.

There is a summary of my 5-14 achievements in Listening, Speaking, Reading and Writing and a comment on what I know about language.

I will take this information with me from primary school to secondary school. It will remind me of what I have done in French.

My language is \_\_\_\_\_

### Skills

L = Listening  
R = Reading  
S = Speaking  
W = Writing

## Introduction to Passport

This Language Passport records my progress through P6, P7 and S1.

Each page outlines what I can say and do in each of the topics I have studied.

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My language is \_\_\_\_\_

### Skills

L = Listening  
R = Reading  
S = Speaking  
W = Writing

**P6 Topic 1a: Greetings and Personal Information**

	<b>L</b>	<b>R</b>	<b>S</b>	<b>W</b>
I can recognise and respond to greetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I can give information about myself:</b>				
I can give my name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can give my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can say where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I can ask others for information:</b>				
I can ask people their name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can ask people their age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can ask people where they live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of words for 'you' (tu, vous)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's comment:**

**Signed:** .....

**Date completed:** .....

**P6 Topic 1a: Greetings and Personal Information**

	<b>L</b>	<b>R</b>	<b>S</b>	<b>W</b>
I can recognise and respond to greetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I can give information about myself:</b>				
I can give my name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can give my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can say where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I can ask others for information:</b>				
I can ask people their name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can ask people their age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can ask people where they live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of words for 'you' (tu, vous)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's comment:**

**Signed:** .....

**Date completed:** .....

**P6 Topic 1b: Numbers 1 – 31, Alphabet**

	<b>L</b>	<b>R</b>	<b>S</b>	<b>W</b>
I can recognise numbers 1 - 31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can play number games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can give numbers from 1 - 31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can do sums with these numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I can use the alphabet:</b>				
I can sound the letters of the alphabet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can spell words I know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can pronounce words I recognise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can recognise and use accents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's comment:**

**Signed:** .....

**Date completed:** .....

**P6 Topic 1b: Numbers 1 – 31, Alphabet**

	<b>L</b>	<b>R</b>	<b>S</b>	<b>W</b>
I can recognise numbers 1 - 31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can play number games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can give numbers from 1 - 31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can do sums with these numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I can use the alphabet:</b>				
I can sound the letters of the alphabet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can spell words I know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can pronounce words I recognise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can recognise and use accents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's comment:**

**Signed:** .....

**Date completed:** .....

**P6 Topic 1c: Commands, Classroom Objects, Colours**

	<b>L</b>	<b>R</b>	<b>S</b>	<b>W</b>
I can understand commands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I can give commands:</b>				
to one person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to more than one person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I can recognise and name classroom objects:</b>				
I can use the correct definite article (le/la/l'/les)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can recognise and name colours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can describe classroom objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can put the adjective after the noun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's comment:**

**Signed:** .....

**Date completed:** .....

**P6 Topic 1c: Commands, Classroom Objects, Colours**

	<b>L</b>	<b>R</b>	<b>S</b>	<b>W</b>
I can understand commands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I can give commands:</b>				
to one person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to more than one person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I can recognise and name classroom objects:</b>				
I can use the correct definite article (le/la/l'/les)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can recognise and name colours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can describe classroom objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can put the adjective after the noun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's comment:**

**Signed:** .....

**Date completed:** .....

**P6 Topic 2: Calendar and Weather**

<b>I know:</b>	<b>L</b>	<b>R</b>	<b>S</b>	<b>W</b>
the days of the week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
today's date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
my birthday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other people's birthdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weather expressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the four seasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's Comment:**

**Signed:** .....

**Date completed:** .....

**P6 Topic 2: Calendar and Weather**

<b>I know:</b>	<b>L</b>	<b>R</b>	<b>S</b>	<b>W</b>
the days of the week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
today's date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
my birthday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other people's birthdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weather expressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the four seasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's Comment:**

**Signed:** .....

**Date completed:** .....

**P6**

**Topic 3: Family**

**L R S W**

I can recognise family vocabulary

**I can understand and use the following:**

the definite article (the)

the indefinite article (a/an)

the words for 'my'

**I can give information about my family:**

Who and how many are in my family

I can give their name

I can give their age

I can say where they live

I can ask someone about their family

I can recognise and say the numbers 31 - 70

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's comment:**

**Signed:** .....

**Date completed:** .....

**P6**

**Topic 3: Family**

**L R S W**

I can recognise family vocabulary

**I can understand and use the following:**

the definite article (the)

the indefinite article (a/an)

the words for 'my'

**I can give information about my family:**

Who and how many are in my family

I can give their name

I can give their age

I can say where they live

I can ask someone about their family

I can recognise and say the numbers 31 - 70

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's comment:**

**Signed:** .....

**Date completed:** .....

**P6**

**Topic 4: Body**

	<b>L</b>	<b>R</b>	<b>S</b>	<b>W</b>
I can name up to 8 parts of the body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can name up to 6 parts of the head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can ask someone to describe themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can describe myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can ask someone what is wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I can say what is wrong with:</b>				
my eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
my head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
my nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
my leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
my arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's comment:**

**Signed:** .....

**Date completed:** .....

**P6**

**Topic 4: Body**

	<b>L</b>	<b>R</b>	<b>S</b>	<b>W</b>
I can name up to 8 parts of the body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can name up to 6 parts of the head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can ask someone to describe themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can describe myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can ask someone what is wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I can say what is wrong with:</b>				
my eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
my head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
my nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
my leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
my arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's comment:**

**Signed:** .....

**Date completed:** .....

**End of Year 5 – 14 Achievements**

**P6**

Listening

Speaking

Reading

Writing

Knowledge about Language

Teacher's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**End of Year 5 – 14 Achievements**

**P6**

Listening

Speaking

Reading

Writing

Knowledge about Language

Teacher's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**P7 Topic 1: Family – Family members**

	<b>L</b>	<b>R</b>	<b>S</b>	<b>W</b>
I can say who is in my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I can say something about each one:</b>				
Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where he/she lives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can recognise numbers 71-100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I know how to say the following in French:</b>				
I/we	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
He/she/they	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's comment:**

**Signed:** .....

Date completed: .....

**P7 Topic 1: Family – Family members**

	<b>L</b>	<b>R</b>	<b>S</b>	<b>W</b>
I can say who is in my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I can say something about each one:</b>				
Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where he/she lives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can recognise numbers 71-100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I know how to say the following in French:</b>				
I/we	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
He/she/they	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's comment:**

**Signed:** .....

Date completed: .....

**P7 Topic 2: Family – Describing self and others**

	<b>L</b>	<b>R</b>	<b>S</b>	<b>W</b>
I can describe my hair and eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can describe the hair and eyes on others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can give some descriptions of myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can give some descriptions of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can say what I wear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can describe some items of clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's comment:**

**Signed:** .....

Date completed: .....

**P7 Topic 2: Family – Describing self and others**

	<b>L</b>	<b>R</b>	<b>S</b>	<b>W</b>
I can describe my hair and eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can describe the hair and eyes on others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can give some descriptions of myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can give some descriptions of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can say what I wear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can describe some items of clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's comment:**

**Signed:** .....

Date completed: .....

**P7**

**Topic 3: Family – Pets**

	<b>L</b>	<b>R</b>	<b>S</b>	<b>W</b>
I can say what pets/animals I have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can describe them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can say which animals I like and dislike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can ask others about their pets/animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can ask others what their pets are like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's comment:**

**Signed:** .....

Date completed: .....

**P7**

**Topic 3: Family – Pets**

	<b>L</b>	<b>R</b>	<b>S</b>	<b>W</b>
I can say what pets/animals I have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can describe them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can say which animals I like and dislike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can ask others about their pets/animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can ask others what their pets are like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's comment:**

**Signed:** .....

Date completed: .....

**P7 Topic 4: Family – Home and home town**

	<b>L</b>	<b>R</b>	<b>S</b>	<b>W</b>
I can say what rooms I have in my house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can say what furniture is in certain rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can describe my room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can say where things are in my room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can say what is in my town/village	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's Comment:**

**Signed:** .....

**Date completed:** .....

**P7 Topic 4: Family – Home and home town**

	<b>L</b>	<b>R</b>	<b>S</b>	<b>W</b>
I can say what rooms I have in my house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can say what furniture is in certain rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can describe my room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can say where things are in my room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can say what is in my town/village	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's Comment:**

**Signed:** .....

**Date completed:** .....

**P7**

**Topic 5: Telling the time**

**L R S W**

**I can tell the time:**

On the hour

Half past

Quarter to/past

Minutes to/past

I can understand digital time – e.g. 10.35

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's comment:**

**Signed:** .....

**Date completed:** .....

**P7**

**Topic 5: Telling the time**

**L R S W**

**I can tell the time:**

On the hour

Half past

Quarter to/past

Minutes to/past

I can understand digital time – e.g. 10.35

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's comment:**

**Signed:** .....

**Date completed:** .....

**End of Year 5 – 14 Achievements**

**P7**

Listening

Speaking

Reading

Writing

Knowledge about Language

Teacher's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**End of Year 5 – 14 Achievements**

**P7**

Listening

Speaking

Reading

Writing

Knowledge about Language

Teacher's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**S1**

**Topic 1: Au Collège 1**

	<b>L</b>	<b>R</b>	<b>S</b>	<b>W</b>
I can give details about myself to my new French teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can talk about my school timetable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can ask others about their timetable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can give my opinion about subjects and my teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can ask others about subjects and teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can give the room numbers for my subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know some information about school in France	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's comment:**

**Signed:** .....

**Date completed:** .....

**S1**

**Topic 1: Au Collège 1**

	<b>L</b>	<b>R</b>	<b>S</b>	<b>W</b>
I can give details about myself to my new French teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can talk about my school timetable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can ask others about their timetable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can give my opinion about subjects and my teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can ask others about subjects and teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can give the room numbers for my subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know some information about school in France	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's comment:**

**Signed:** .....

**Date completed:** .....

**S1**

**Topic 2: Au Collège 2**

**L R S W**

I can name several objects in the classroom

I can understand classroom instructions in French

I know how to give the date in French

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's comment:**

**Signed:** .....

**Date completed:** .....

**S1**

**Topic 2: Au Collège 2**

**L R S W**

I can name several objects in the classroom

I can understand classroom instructions in French

I know how to give the date in French

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's comment:**

**Signed:** .....

**Date completed:** .....

**S1**

**Topic 3: En famille**

	<b>L</b>	<b>R</b>	<b>S</b>	<b>W</b>
I can talk about my family and pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can describe people and things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can look up words in a dictionary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know that the same sound can be written in different ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's comment:**

**Signed:** .....

Date completed: .....

**S1**

**Topic 3: En famille**

	<b>L</b>	<b>R</b>	<b>S</b>	<b>W</b>
I can talk about my family and pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can describe people and things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can look up words in a dictionary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know that the same sound can be written in different ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's comment:**

**Signed:** .....

Date completed: .....

**S1**

**Topic 4: Chez moi**

	<b>L</b>	<b>R</b>	<b>S</b>	<b>W</b>
I can talk about my home and room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can ask others about their home/room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can say where things are in the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can use a variety of adjectives in descriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's comment:**

**Signed:** .....

**Date completed:** .....

**S1**

**Topic 4: Chez moi**

	<b>L</b>	<b>R</b>	<b>S</b>	<b>W</b>
I can talk about my home and room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can ask others about their home/room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can say where things are in the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can use a variety of adjectives in descriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How I thought I did in this topic:**

**Signed:** .....

**My teacher's comment:**

**Signed:** .....

**Date completed:** .....

S1

Topic 5: En ville

	L	R	S	W
I can say what there is in my home town	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can understand and give directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I can make plans to go out:</b>				
I can say where I am going	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can say when I am going and will be home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can say who is going with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can read a longer piece of writing in French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can use both forms of 'you' in French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How I thought I did in this topic:

Signed: .....

My teacher's comment:

Signed: .....

Date completed: .....

S1

Topic 5: En ville

	L	R	S	W
I can say what there is in my home town	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can understand and give directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I can make plans to go out:</b>				
I can say where I am going	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can say when I am going and will be home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can say who is going with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can read a longer piece of writing in French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can use both forms of 'you' in French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How I thought I did in this topic:

Signed: .....

My teacher's comment:

Signed: .....

Date completed: .....

S1

Topic 6: Temps libre

L R S W

I can talk about my free time and daily routine:

I can say what I do

I can say when I do it

I can say what I like and don't like doing

I can ask others about their free time

I can talk about holiday activities:

I can say what I do

I can say what I like and don't like doing

I can write in longer sentences

How I thought I did in this topic:

Signed: .....

My teacher's comment:

Signed: .....

Date completed: .....

S1

Topic 6: Temps libre

L R S W

I can talk about my free time and daily routine:

I can say what I do

I can say when I do it

I can say what I like and don't like doing

I can ask others about their free time

I can talk about holiday activities:

I can say what I do

I can say what I like and don't like doing

I can write in longer sentences

How I thought I did in this topic:

Signed: .....

My teacher's comment:

Signed: .....

Date completed: .....

**End of Year 5 – 14 Achievements**

**S1**

Listening

Speaking

Reading

Writing

Knowledge about Language

Teacher's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**End of Year 5 – 14 Achievements**

**S1**

Listening

Speaking

Reading

Writing

Knowledge about Language

Teacher's signature: \_\_\_\_\_

Date: \_\_\_\_\_