



Certificate of Attainment in Greek

Candidate's Questionnaire for level A1 (aged 8-12)
May 2017

Examination Centre:	_____				
Examination Centre Code No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City:	_____	Country:	_____		

Candidate's Name:	_____
Candidate's Surname:	_____

Sex:	1. male	<input type="checkbox"/>
	2. female	<input type="checkbox"/>

Mother tongue:	_____				
Do you have relatives of Greek origin?					
father	<input type="checkbox"/>	mother	<input type="checkbox"/>	other	<input type="checkbox"/>
both father and mother	<input type="checkbox"/>				

Do you learn Greek at school? YES NO

Have you ever visited Greece? YES NO

Do you live in Greece permanently?

Do you have any Greek friends? YES NO

Language of communication with them: _____

What other languages (besides your mother tongue) do you know and how well do you know them?

Language	poor	adequate	very good

You communicate in Greek:	never	rarely	often	always
with your father				
with your mother				
with your sister/brother				
with your relatives				
with your friends				
at school				
in your Greek language class				
with your neighbours				
at shops/restaurants				
when traveling				

Date: _____	Signature: _____
--------------------	-------------------------