

## Appendix A: Pre-Class Needs Analysis

### Staff Questionnaire

Your name: \_\_\_\_\_

It would be appreciated if you could complete this questionnaire with your students in mind. Thank you. Your help is greatly appreciated.

#### *Part A: Survey of Skills Needed*

1. To what extent do learners in our program need the following skills to be successful in their current or near-future situations? Please check the appropriate column.

	Very much	Somewhat	Not needed
A.1.1. Impromptu speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.1.2. Writing paragraphs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.1.3. Planned speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.1.4. Memorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How often do students practice the following skills in your class? Please check the appropriate column.

	Every class	Every week	Every month	Once a semester	Never
A.2.1. Impromptu speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.2.2. Writing paragraphs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.2.3. Planned speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.2.4. Memorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### *Part B: Survey of Specific Problems*

In general, how often do students have difficulty with each of the following skills? Please check the appropriate column.

	Very often	Often	Sometimes	Rarely	Never
B.1. Impromptu Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.2. Writing paragraphs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.3. Planned speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.4. Memorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe any significant gaps you perceive between the students' needs and the students' abilities.

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Thank you for participating!