
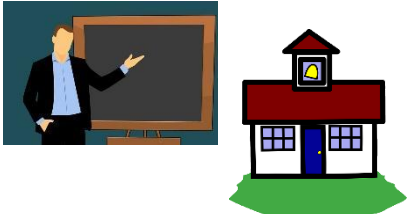







NEEDS ASSESSMENT

Name _____ Date _____

I want to learn English for:

<input type="checkbox"/> Canadian Culture and Citizenship 	<input type="checkbox"/> Family, Friends and Neighbors 	<input type="checkbox"/> Housing and Looking for a Place to Live 	<input type="checkbox"/> Money and Shopping 
<input type="checkbox"/> Education and School 	<input type="checkbox"/> Health and Going to the Doctor 	<input type="checkbox"/> Looking for a Job 	<input type="checkbox"/> At Work 
<input type="checkbox"/> Transportation 	<input type="checkbox"/> Fun and Travel 	<input type="checkbox"/> The Law 	<input type="checkbox"/> Weather and The Environment 