

## GT Academy – Academic Provisions and Requirements Form

### Part 1: (To be completed before initial meeting with GT Academy)

School Information	
School Name	
School Address	
School Phone Number	
Co-ordinating Teacher Name	
Co-ordinating Teacher Email	
Co-ordinating Teacher Mobile Phone	

Programme Information (Please circle)					
How many students are you planning to enrol?	20-60	60-80	80-100	100+	I don't know
What is the age range of your students?	6-10	11-13	14-17	Adult	I don't know
How many hours will each course be in total?	40	50	60	80 +	I don't know
Placement Testing Needed?	Yes / No				
English Class Start Date		English Class End Date			

Course Information			
Please write either YES/NO/MAYBE according to whether or not the stated course is offered			
General English		General English plus Trinity GESE Exam	
English Conversation		General English plus Trinity ISE Exam	
Go Create! English (juniors)		FCE Exam Preparation (B2)	
Go Create! English & Drama (juniors)		PET Exam Preparation (B1)	
CLIL		TELC Exam Preparation	
Other			

Syllabus			
Local school will provide their own syllabus and materials	Yes / No	GT Academy will select an appropriate syllabus and materials	Yes / No

General Facilities Provided by Local School			
Please write either YES or NO, including any explanatory notes			
Teacher Preparation Area		Classrooms In Walking Distance of Preparation Area?	
Photocopier		EFL Resource Library	
Printer		Stationary	
Photocopier/Printer Paper		Internet	
Language Lab		Laptop / PC for Teachers	
Other			

Classroom Facilities Provided by Local School			
Please write either YES or NO, including any explanatory notes			
Whiteboard		Blackboard	
Interactive board		Whiteboard pens	
Chalk		Classroom PC	
Internet		Other	

**Part 2: (To be filled in together with GT Academy Teacher on arrival to local school)**

Timetable						
Class Days						
Class Times						
Class Length						
Class Frequency						
Classroom Location	Main School Building		Offsite		Other	
Lessons have breaks?	Yes / No					
Break duration						
GTA teacher to supervise breaks?	Yes / No					
School Closed Dates						

***Thank you for taking the time to complete this form.***

Signature of main contact: \_\_\_\_\_

Location and date: \_\_\_\_\_

**Student List****Please provide information on the students who have enrolled on the course (please attach an Excel spreadsheet if preferred)**

<b>Name</b>	<b>Age</b>	<b>CEFR Estimated Level</b>	<b>Special Educational Needs?</b>