

Self-Learning Record

Learner's name: _____

PHOTO

ID Number: _____ Semester/Group: _____

Institute / High School: _____

Bachelor's program: _____

Subject: _____


Teacher's name: _____

English level:

Beginner	Elementary	Intermediate	Upper-intermediate	Advanced	Upper-Advanced
A1	A2	B1	B2	C1	C2

Period: _____

Year: _____

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*Marco Común Europeo de Referencia para las lenguas

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Name: _____

Date: _____ Time: _____ Activity No.: _____

PLANNING MY SELF-LEARNING SESSION


a) Area: _____

b) Topic / Competence: _____

c) Skill / Subskill: Listening Reading Writing Speaking Grammar Pronunciation Vocabulary

d) Material: _____

DEVELOPMENT OF MY SELF-LEARNING ACTIVITY: (*Write the most relevant information*)

If necessary, continue on the back of this page 

SELF-ASSESSMENT OF MY ACTIVITY: Very Good 😊 ____ Good 😐 ____ Not Good ☹️ ____ Why? _____

FOLLOW-UP FOR MY NEXT SESSION: (*What is my next topic?*)
