



School of Language, Education, and Culture
English Language Institute

English Language Institute
HMB E253
800 Florida Avenue N.E.
Washington, D.C. 20002-3695 USA

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Web site: <http://www.gallaudet.edu/eli>

Second Step in Becoming a Domestic ELI Student

Dear ELI Applicant,

Congratulations on completing the academic qualifications step of the ELI application process.

There are two screening tests, a sign language interview, and a language self-assessment that you will need to complete. When you qualify for the screening step, there will be an email invitation that you can use to indicate whether you are available for the date with a yes or no. Please look for this email from the eli.office@gallaudet.edu account.

The ELI language self-assessment needs to be completed and mailed to the following address:

**Gallaudet University
English Language Institute, HMB E253
800 Florida Avenue NE
Washington, DC 20002-3695 USA**

If you have any questions about the ELI forms, please email us at eli.office@gallaudet.edu, call us at (202) 651-5721, or fax us at (202) 448-6954.

Regards,
Dr. Helen Thumann, Director
School of Language, Education, and Culture



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1. Tasks of the Screening Process

You will need to indicate your availability for the date in the email invitation from eli.office@gallaudet.edu with a yes or a no for scheduling the screening tests and the sign language interview. You will need to dedicate at least two hours for a Zoom session. Zoom is a video chat app with a capability to share a computer screen with the viewer(s).

Gallaudet University is in USA's Eastern Standard Time (EST). Please keep in mind that when we have Daylight Savings (ET) during part of the spring, the entire summer, and part of the fall, we are an hour earlier than EST during these times. You can use a time zone converter website like <https://www.worldtimebuddy.com/> to help you figure out the date and time differences between us and your location.

The entire screening process is done via Zoom. During the Zoom session, please use a quiet, stable room where you can concentrate. Please use a computer, laptop or tablet, not a cell phone for Zoom. Please inform anyone in the room that they need to leave so that you can be alone for the session.

If you have already completed the screening tests and sign language interview, you do not need to schedule another Zoom session. You would simply wait to get an email with your results in it.

Please complete the Language Self-Assessment beginning on the next page.



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2. Language Self-Assessment

Directions: Please mark the box that best matches your skill. If you were born deaf, became deaf later in life, have some residual hearing, or use a hearing aid, a cochlear implant, or some other assistive hearing device, please mark the box that reflects your best skill over the total of your lifetime. Hearing people will need to complete this survey as well.

Spoken/Written Language of your Country: Proficiency Level:

- | | | | | | |
|-----------|-------------------------------|--------------------------------|---------------------------------------|-----------------------------------|---------------------------------|
| Listening | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |
| Speaking | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |
| Reading | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |
| Writing | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |

Signed Language of your Country:

- | | | | | | |
|--------------------------|-------------------------------|--------------------------------|---------------------------------------|-----------------------------------|---------------------------------|
| Understanding Signs | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |
| Communicating with Signs | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |

Spoken/Written English:

- | | | | | | |
|-----------|-------------------------------|--------------------------------|---------------------------------------|-----------------------------------|---------------------------------|
| Listening | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |
| Speaking | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |
| Reading | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |
| Writing | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |



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American Sign Language:

Understanding Signs None Basic Intermediate Advanced Fluent

Communicating with Signs None Basic Intermediate Advanced Fluent

Directions: Please respond to the questions. If the question does not apply to you, please write N/A.

Language Use:

Spoken/Written Language of your Country: N/A Home School Work

Signed Language of your Country: N/A Home School Work

American Sign Language: N/A Home School Work

English: N/A Home School Work

Directions: Please respond to the questions. If the question does not apply to you, please write N/A.

Age of First Use:

Spoken/Written Language of your Country: How old were you when you first started using this language?

Signed Language of your Country: How old were you when you first started using this language?

English: If you have learned some English already, how old were you when you first started?

American Sign Language: If you have learned some American Sign Language already, how old were you when you first started?