

## 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: \_\_\_\_\_

Self-Learning Language Center  
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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?*) \_\_\_\_\_