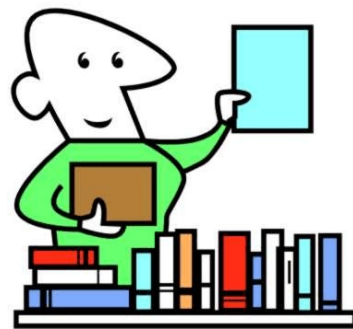




# School & Community



## INTRODUCTION

Before tutors and students can begin planning lessons, goals need to be set according to those expressed by the student and his/her existing level of English. Once the goals have been set (to gain employment, to be able to shop independently, to be able to communicate with their children's teachers, etc.) then the planning can begin.

This packet (1 of 10) has been developed to assist tutors in creating lessons that will help students in a practical manner in their every-day life. Life skills are listed under each topic or subject with ideas for practice activities. The use of real-life material, e.g. actual application forms, the telephone directory, the newspaper, in the lesson provides the student an opportunity to practice in a safe, non-threatening environment. Some examples of real-life material are included.

To give the tutor and the student satisfaction that progress is being made toward the goals, an **Achievement Log** has been developed. The log is for the recording by the student of those accomplishments achieved beyond and outside the lesson time. It might be that your student can now make phone calls, help a child with homework, write a note or fill out an application form. An awareness of these changes will motivate your student to set the next goals.

### Materials for These Techniques

Newspapers	3" x 5" index cards
Forms	Colored markers
Telephone Directories	Post-It Notes

## SCHOOL AND COMMUNITY

**Here are some life skills that can be used as the basis for a lesson with suggestions for practice activities.**

### School

1. Register a child at school.

Suggestions: Collect forms from the school. Discuss, read the forms, and practice filling them out. Explain how "date of birth" should be recorded.

2. Understand physical examination and medical requirements.

Suggestions: Together discuss the requirements, e.g. when and where the shots are given. Select those words from the form that the learner does not know or understand, and practice filling out the forms. (See pages 9-11).

3. Make a call to the school.

Suggestions: Find out what system the school uses for parents to communicate with the school, e.g. reporting absences, making an appointment with a teacher, talking with the school nurse. Role play making the call. (See pages 15-16).

4. Write a note to the school.

Suggestions: Discuss when a note should be written. Practicing writing a note for different circumstances, e.g., to excuse a child from physical education class, to ask a teacher about an assignment, to request early dismissal for a doctor's appointment, to thank a teacher for helping a student, to explain why a student is tardy.

5. Read and understand letters and notices sent home from school.

Suggestions: Collect a variety of notices, e.g., parent-teacher conferences, school uniform regulations, shortened school days, school trips.

6. Read and understand report cards.

Suggestions: Collect a report card from the school. Discuss the card.

7. Read and understand school publications and policies.

Suggestions: Collect a variety of school publications, e.g., high school course description book, handbook, absenteeism policies, newsletters. Read and understand the content.

## **Community**

1. Greet people appropriately in different situations.

Suggestions: Together practice greetings for different times of the day and evening and for different situations.

2. Make introductions.

Suggestions: Discuss the etiquette of making proper introductions. Together practice introducing oneself and others.

3. Ask useful, everyday questions.

Suggestions: What is your name?  
I do not understand. Can you repeat that please?  
Where is the restroom?  
Could you please speak more slowly.  
Excuse me, what does that mean?  
Could you please pass me the \_\_\_\_.

4. Respond to questions.

Suggestions: Where do you come from?  
Can you speak English?  
What is your name?  
I'm here to fix your furnace. Where is it located?

5. Express thanks and make apologies.

Suggestions: Together practice thanking for something and apologizing for being late or for a mistake.

6. Write notes of thanks or invitation.

Suggestions: Discuss what notes might be written. Practice writing the notes.

7. Get a library card.

Suggestions: Visit a library. Obtain the necessary information for joining a library. Practice filling out library forms, e.g. application for library card, application for reciprocal borrower, agreement for Internet use. (See page 12).

8. Ask for information at the library.

Suggestions: Discuss what types of information can be obtained at the library, e.g. books, magazines, newspapers, pamphlets, reference books, recordings, videos, microfilmed documents. Practice asking questions regarding library procedure, e.g. How do I renew these books? Are these books overdue? How long may I use the computer?

9. Use a catalog to find information in the library.

Suggestions: Visit a library. Find out what system the library uses. Practice looking for information using the catalog system.

10. Use the library computer to access the Internet.

Suggestions: Visit a library that has Internet access. Practice accessing the Internet to find information and using a free e-mail account.

11. Read and understand community services, e.g. how to register for park district classes, what city licenses are required and where they can be obtained, what services are provided by the city.

12. Read community newspapers to find resources and community activities.

13. Locate the phone number and address of government offices, e.g. Social Security, county health department, Department of Immigration and Naturalization and local important phone numbers. (See page 13).

14. Use a map of the community

Suggestions: Discuss how to read the map and practice tracing routes from the student's home or place of work to other locations in the community. Learn the names and locations of important places in the community, e.g. parks, government offices, library, train station, bus stops, etc. (See page 14).

15. Understand and give directions.

Suggestions: Practice giving directions to the student's home or place of work.

16. Learn about the public transportation system

Suggestions: Read and understand route maps of the public transportation system.

17. Read about the history of the community.

Suggestions: Obtain information from the library, chamber of commerce, or real estate offices on the history of the community.

18. Read advertisements from local businesses and individuals

Suggestions: Obtain copies of handbills, flyers, newspapers, and general mailings for reading. Tour neighborhood bulletin boards in grocery stores and churches and read the notices. Practice writing a notice for posting.

## Activities for Building Vocabulary

**Scavenger/Treasure Hunt:** Make a list of words relating to the topic being studied, e.g. food, furniture, dictionary terms, etc. and ask the student to find them as you follow along, or if feasible, bring the objects to you. Variation: Say the word and ask the student to write the word on a Post-It Note and attach it to the located object.

**Scrabble Game.** Distribute the Scrabble tiles as directed by the game. Ask the student to spell out any word he/she can with these pieces. Play and score as in regular Scrabble as you and the student compete for points. Variation: Have student throw a die to determine how many tiles can be picked from all the tiles on the table and used to form words.

**Reading Numbers.** Create a deck of cards consisting of one digit on each card. Shuffle and lay down three cards, for example 352, and read the number aloud. Ask student to place one card next to any of the three digits and then read aloud the resulting number. For example, placing a 4 next to the first card results in “four hundred fifty-two.” Placing a 4 next to the second card results in “three thousand four hundred fifty-two.” Variation: Place a dollar sign to the left and include a decimal.<sup>1</sup>

**Board Game.** Trace around a quarter to form a series of circles across the top, bottom, and both sides of a sheet of paper. Write a vocabulary word inside each circle. Ask student to roll a die and move his/her marker (button or penny) that many spaces and then say a sentence using the word on which he/she landed. Variation: Play the same way but student asks a question using the word landed on.<sup>2</sup>

**Dictation.** Select or compose a short story or passage containing vocabulary words studied. Dictate the story. Provide the student with a printed version of the story with lines representing words omitted. Ask the student to listen to the story and write in the missing words on the lines provided as the dictation is given. Gauge the number of missing words according to the ability of the student—provide a small number for beginners and a larger number for more advanced students. Variation: Record the story on a tape so the student can do it as homework and can listen to the tape as often as needed.

**Strip Story.** For beginning students, write each sentence that makes up a short story on strips of paper. For more advanced students write the main events that make up a story on strips of paper, one event to each strip. Read the story to the student or ask the student to read it. Ask the student to arrange the strips of paper in the proper order of the story.

**Concentration.** Write matching pairs of vocabulary words on cards, e.g. holidays and the dates, antonyms, synonyms, idioms, etc. Place the cards face down on the table. Student turns over one card and tries to find the matching card. If cards match, they are left on the table face up. If cards do not match, both cards are turned over and two more cards are selected. Game continues until all cards have been turned over. Variation: Play this game with two or more students.

<sup>1</sup> Source: Hands-on English, Vol. 11, No. 1, May/June, 2001.

<sup>2</sup> Source: Hands-on English, Vol. 12, No. 5, January/February, 2003.

Create Your Own Wordsearch

Name: \_\_\_\_\_ Date: \_\_\_\_\_

P	A	R	T	Y	M	D	C	H	I	L	D
A	B	S	E	N	C	E	X	Y	F	T	O
L	A	T	E	A	C	H	E	R	O	S	P
L	I	B	R	A	R	Y	F	N	A	M	E
A	S	T	L	B	O	R	R	O	W	P	L
X	H	E	A	L	T	H	P	C	A	R	D
T	E	F	I	N	E	D	L	M	D	S	O
R	E	P	O	R	T	H	C	A	R	D	E
H	S	C	E	H	O	L	I	D	A	Y	F
F	I	C	T	I	O	N	P	D	E	F	S
H	C	E	C	H	I	L	D	R	E	N	D
S	C	H	O	O	L	X	B	O	O	K	Y

Words:

- ✓ SCHOOL
- CHILD
- CHILDREN
- ABSENCE
- TEACHER
- NAME
- BOOK
- LIBRARY
- BORROW
- FICTION
- HOLIDAY
- PARTY
- HEALTH CARD
- REPORT





Student's <b>Name</b> Last First Middle	<b>Birth</b> Date Month Day Year	Sex	School	Grade Level/ID #
--	-------------------------------------	-----	--------	------------------

HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER					
	Circle one	Comments		Circle one	Comments
Diagnosis of Asthma? Wheeze/Cough During or After Play?	Yes <input type="radio"/> No <input type="radio"/>	Indicate Severity: Yes <input type="radio"/> No <input type="radio"/>	Loss of Function of One of Paired Organs? (Eye/Ear/Kidney/Testicle)	Yes <input type="radio"/> No <input type="radio"/>	
Birth Defects?	Yes <input type="radio"/> No <input type="radio"/>		Hospitalizations? When? What for?	Yes <input type="radio"/> No <input type="radio"/>	
Developmental Delay?	Yes <input type="radio"/> No <input type="radio"/>		Surgery? (List All) When? What For?	Yes <input type="radio"/> No <input type="radio"/>	
Blood Disorders? Hemophilia, Sickle Cell, Other? Explain	Yes <input type="radio"/> No <input type="radio"/>		Serious Injury or Illness?	Yes <input type="radio"/> No <input type="radio"/>	
Diabetes?	Yes <input type="radio"/> No <input type="radio"/>		TB Skin Test Positive (Past or Present)?	Yes <input type="radio"/> No <input type="radio"/>	* Refer positive response to the local health department.
Head Injury/Concussion/Passed Out?	Yes <input type="radio"/> No <input type="radio"/>		TB Disease (Past or Present)?	Yes <input type="radio"/> No <input type="radio"/>	
Seizures? What are they like?	Yes <input type="radio"/> No <input type="radio"/>		Tobacco Use (Type, Frequency)?	Yes <input type="radio"/> No <input type="radio"/>	
Heart Problem/Shortness of Breath?	Yes <input type="radio"/> No <input type="radio"/>		Alcohol/Drug Use?	Yes <input type="radio"/> No <input type="radio"/>	
Heart Murmur/High Blood Pressure?	Yes <input type="radio"/> No <input type="radio"/>		Family History of Sudden Death Before Age 50? (Cause?)	Yes <input type="radio"/> No <input type="radio"/>	
Dizziness or Chest Pain With Exercise?	Yes <input type="radio"/> No <input type="radio"/>		Dental * Braces * Bridge * Plate Other		
Bone/Joint Problems/Injury? Scoliosis?	Yes <input type="radio"/> No <input type="radio"/>		Other Concerns?		
Ear/Hearing Problems?	Yes <input type="radio"/> No <input type="radio"/>		Information on this form may be shared with appropriate personnel for health and educational purposes.		
Eye/Vision Problems? Glasses Contacts Last Exam Other Concerns?			Parent/Guardian Signature		Date

TO BE COMPLETED BY MD/APN/PA (* INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES OR SELECTED SCHOOLS AND PROGRAMS)					
Strongly Recommended Tests	Date	Results		Date	Results
Hemoglobin * or			Urinalysis		
Hematocrit *			Sickle Cell * (as needed)		

**Lead Questionnaire\*** Completed? Yes  No  Date \_\_\_\_\_ Blood Test Indicated? Yes  No  Blood Test Performed? Yes  No

**TB Skin Test** Recommended only for children in high-risk groups: includes children who are immunosuppressed due to HIV infection or other conditions, recent immigrants from high prevalence countries, or those exposed to adults in high-risk categories. See CDC guidelines. Date Read / / Result mm

PHYSICAL EXAMINATION REQUIREMENTS		HEIGHT	WEIGHT	B/P	HEART RATE
	Normal	Comments/Follow-up/Needs		Normal	Comments/Follow-up/Needs
Skin			Endocrine		
Ears			Gastrointestinal		
Eyes			Genito-Urinary		LMP
Nose			Neurological		
Throat			Musculoskeletal		
Mouth/Dental			Spinal Examination		
Cardiovascular/HTN			Nutritional Status		
Respiratory			Mental Health		

ALLERGIES (Food, drug, insect, other)	MEDICATION (List all prescribed or taken on a regular basis.)
---------------------------------------	---

NEEDS/MODIFICATIONS required in the school setting	DIETARY Needs/Restrictions
--	----------------------------

**SPECIAL INSTRUCTIONS/DEVICES** e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic supporter/cup

**MENTAL HEALTH/OTHER:** Is there anything else that you think the school should know about this student?

If you would like to discuss this student's health with school or school health personnel, check title: \* Nurse \* Teacher \* Counselor \* Principal

**EMERGENCY ACTION** needed while at school due to child's health condition (e.g. seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?

Yes  No  If yes, please describe: \_\_\_\_\_

On the basis of the examination on this day, I approve this child's participation in: \_\_\_\_\_ (If No or Modified, please attach explanation.)

**PHYSICAL EDUCATION** Yes  No  Modified  **INTERSCHOLASTIC SPORTS** (for one year) Yes  No  Limited

Physician/Advanced Practice Nurse/Physician Assistant performing examination

Print Name	Signature	Date
------------	-----------	------

Address	Phone
---------	-------

Please Print

<b>Student's Name</b>				<b>Birth Date</b>	<b>Sex</b>	<b>Grade Level</b>	<b>ID #</b>
<b>Address code</b>	<b>Street</b>	<b>City</b>	<b>ZIP</b>	<b>Parent/ Guardian</b>	<b>Telephone #</b> Home:                      Work		

**IMMUNIZATIONS:** To be completed by health care provider. Note the mo/da/yr for every dose administered. The day and month is required if you cannot determine if the vaccine was given *after* the minimum interval or age. If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.

VACCINE/DOSE	1			2			3			4			5			6		
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR
Diphtheria, Tetanus and Pertussis (DTP or DTaP)																		
Diphtheria and Tetanus (Pediatric DT or Td)																		
Inactivated Polio (IPV)																		
Oral Polio (OPV)																		
Haemophilus influenzae type b (Hib)																		
Hepatitis B (HB)																		
Varicella (Chickenpox)																		
Combined Measles, Mumps and Rubella (MMR)																		
Measles (Rubeola)																		
Rubella (3-day measles)																		
Mumps																		
Pneumococcal (not required for school entry)	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23
Check specific type (PCV7, PPV23)      Date																		
Other (Specify: Hepatitis A, meningococcal, etc.)																		

**Comments:**

**Health care provider (MD, APN, PA, school health professional, health official) verifying above immunization history must sign below.**

<b>Signature</b>	<b>Title</b>	<b>Date</b>
<b>Signature</b>	<b>Title</b>	<b>Date</b>
<small>(If adding dates to the above immunization history section, put your initials by date(s) and sign here.)</small>		
<b>Signature</b>	<b>Title</b>	<b>Date</b>
<small>(If adding dates to the above immunization history section, put your initials by date(s) and sign here.)</small>		

**ALTERNATIVE PROOF OF IMMUNITY**

1. Clinical diagnosis is acceptable if verified by physician \* (All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

*MEASLES (Rubeola)	MO	DA	YR	MUMPS	MO	DA	YR	VARICELLA	MO	DA	YR	Physician's Signature
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2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.  
Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.  
Date of Disease: \_\_\_\_\_  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

3. Laboratory confirmation (check one)    Measles    Mumps    Rubella    Hepatitis B    Varicella

Lab Results: \_\_\_\_\_ Date: \_\_\_\_\_ MO DA YR      (Attach copy of lab report, if available.)

VISION AND HEARING SCREENING DATA																	
This section to be completed by IDPH certified screening personnel, if pre-existing approved IDPH form is not available. Pre-school - annually beginning at age 3; School age - during school year at required grade levels.																	
Date	R		L		R		L		R		L		R		L		Code: P = Pass F = Fail U = Unable to test R = Referred G/C=Glasses/ Contacts
Age/Grade																	
Vision																	
Hearing																	

Printed by Authority of the State of Illinois (over)

ID# \_\_\_\_\_  
(Jr. & Sr. High)

Grade/Class \_\_\_\_\_

Date of Birth \_\_\_\_\_

Health Service  Emergency Card

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Address/City/ZipCode \_\_\_\_\_ Telephone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager # \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager # \_\_\_\_\_

Student lives with: \_\_\_\_\_  
Name/Relationship

Relative/friend who will be responsible for your child should she/he become ill and you cannot be reached:

\_\_\_\_\_  
Name/Relationship \_\_\_\_\_ Address/City/Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Name/Relationship \_\_\_\_\_ Address/City/Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Name of Day Care Provider Before/After School \_\_\_\_\_

Known drug, food or insect allergy \_\_\_\_\_

**PERTINENT HEALTH INFORMATION AND CURRENT MEDICATIONS** \_\_\_\_\_

Does student wear glasses? \_\_\_\_\_ Contact Lenses? \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

10-04555(5/15/01)

I authorize the school to take action as necessary  
in case of an emergency.  
\_\_\_\_\_  
Date Signature of Parent or Guardian



*For a complete listing of all events that are scheduled to take place in Naperville, please contact the Naperville Convention & Visitors Bureau at 1-877-23NAPER or log on to [www.visitnaperville.com](http://www.visitnaperville.com)*

**HOT JAZZ – COOL NITES CONCERT SERIES**

MID-AUGUST • NORTH CENTRAL COLLEGE  
 JANICE BORLA VOCAL JAZZ CAMP  
 Internationally acclaimed jazz artists are brought together for a week of great jazz.

**LAST FLING**



AUGUST 30 - SEPTEMBER 2  
 DOWNTOWN NAPERVILLE  
[www.lastfling.org](http://www.lastfling.org)  
 Naperville Jaycees' four-day end-of-summer street party features food, carnival rides, parade, games and live music featuring popular artists.

**RIVERWALK FINE ARTS FAIR**

SEPTEMBER 14 & 15 • DOWNTOWN NAPERVILLE  
 A variety of high-caliber art and craft items are displayed along the picturesque Riverwalk. Sponsored by the Naperville Art League.

**OLD FASHIONED CIRCUS**

SEPTEMBER 20 - 22 • NAPER SETTLEMENT  
 See an old-fashioned circus under the Big Top on the grounds of Naper Settlement.



**12TH ANNUAL GRAND PRIX**

SEPTEMBER 29 • DOWNTOWN NAPERVILLE  
 On your mark, get set, go! Motorized Go-Karts race through historic downtown Naperville. Sponsored by the Naperville Exchange Club.

**CARILLON CONCERTS FALL-WINTER SERIES**

MONDAY EVENINGS AT 6:00 PM • ROTARY HILL  
 FREE 30 minute recital every Monday evening.

**OKTOBERFEST OF NAPERVILLE**



OCTOBER 10 - 13  
 DOWNTOWN NAPERVILLE  
 All proceeds benefit local charities and projects. Admission charge. Sponsored by the Rotary Club of Naperville.

**HALLOWEEN HAPPENING**

OCTOBER 31 - 4 - 7 PM • NAPER SETTLEMENT  
 Come trick-or-treat at three new adventure lands. Halloween activities and ghostly goblins in Scaryland. Experience life in the 19th century with a variety of old-fashioned, fun-filled activities. Held rain or shine. Free admission. Sponsored by the Naperville Park District.

**LION 5K TURKEY TROT**

NOVEMBER 28  
 The Lions Club of Naperville sponsors their annual 5K Turkey Trot on Thanksgiving Day. 8:00 a.m.

**GRAND ILLUMINATION AND SANTA'S ARRIVAL**



DECEMBER 1  
 DOWNTOWN NAPERVILLE  
 Sponsored by the Downtown Naperville Alliance. Spend the day downtown beginning with the inaugural holiday parade and Santa's arrival. Santa will visit with the children and later flip the switch that turns Downtown Naperville into a Winter Wonderland.  
 The lights begin twinkling at dusk and remain aglow throughout the holiday season.

**CHRISTMAS MEMORIES**

NAPER SETTLEMENT  
 The sights, sounds and scents of a 19th century village enhance old-fashioned Christmas festivities. Visit [www.napersettlement.org](http://www.napersettlement.org) for exact times and dates. Admission charge.

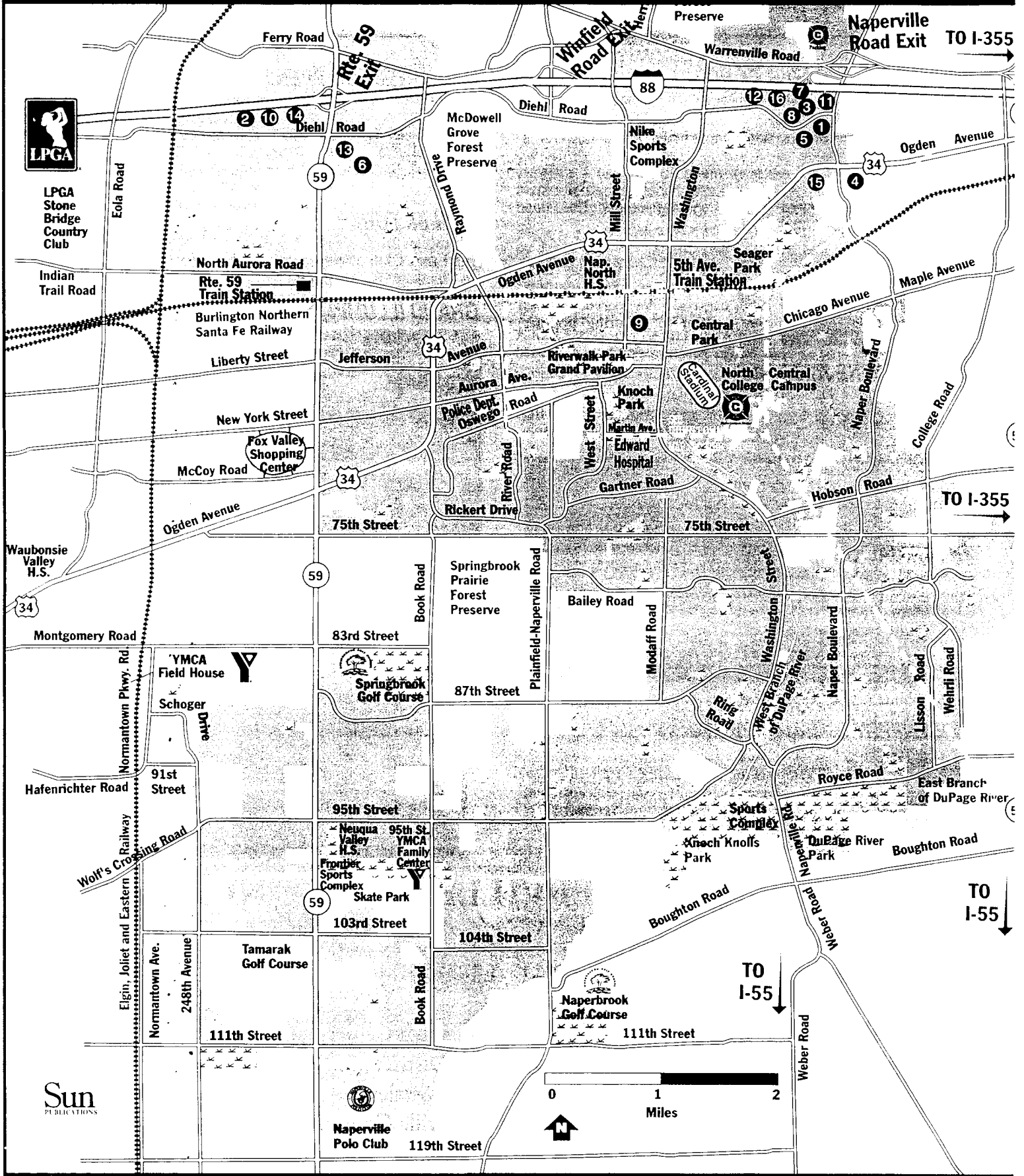


**IMPORTANT NAPERVILLE PHONE NUMBERS**

*(All numbers are 630 area code unless otherwise specified)*

All Emergencies & Ambulances.....911	Edward Hospital.....355-0450
Cellular Emergencies.....*999	Poison Control .....800-942-5969
Police Non-Emergency.....420-6666	Municipal Center.....420-6111
Fire Non-Emergency.....420-6142	Park District .....848-5000
DuPage County Sheriff.....682-7256	Naper Settlement.....420-6010
Naperville Development	Naperville Convention 305-7701
Partnership .....305-7701	& Visitors Bureau .....877-23NAPER

# NAPERVILLE AREA MAP



# Multi-level dictation: A recorded message

Recorded messages with 'options' are used everywhere now—at schools, businesses, banks, agencies—almost everywhere you call. These can be frustrating, even sometimes for native speakers. What if you forget which option you wanted once you listen to the end? What if the question you have isn't listed in the options? And if you can't understand the recording, what do you do then?

We thought it might be helpful to your students to study and listen carefully to a message that includes many of the standard options in common use. Perhaps this will help them to navigate the next such recording they hear.

## Preparation

Make a copy of the worksheets on the next two pages. Cut apart the levels, enlarge each one (to make the spaces easier to write in), then make copies for your students. Be sure to make extra copies, as students often like to try this exercise more than once at different levels.

Read and discuss the message below with your students. Note that this text is quite a bit more challenging than some of our previous dictations. You probably will want the students to look at the full text and work through it together before trying a dictation. (Use photocopies of this text, or present it on an overhead projector.)

To help the students focus on the meaning, ask as many comprehension

questions as you can think of. For example:

I want to hear this message again. What should I do? (More than one possible correct answer.)

I need to speak with one of the students at the school. It's an emergency. What should I do?

I want to know if the school is open on Saturdays.

I want to speak to a teacher, but I don't know her extension number.

Tomorrow is a holiday and I'm not sure if the school will be closed.

I want to speak to Jane Thomas. She works at the school. Her extension is 234.

My friend wants to study English at this school. What should she do?

I want to find out the phone number for a different school, the XYZ school.

I don't understand this message. What should I do?

## Follow-up

If your school has a recorded message, transcribe it for the students. If the students are advanced enough, you could assign this as homework (but not everyone at once, you don't want to jam the phone lines!).

Ask the students what other recorded messages they have encountered. If possible, record or transcribe these and go over them together. Discuss strategies for coping with these. ➔

*Five levels, A – E, are provided on the next two pages.*

*For low beginners, you can supply them with a word list to copy from so that they can succeed at Level A. Here's the word list: 1, 2, 3, 8:30, 4:30, a.m., ESL, Friday, hear, hours, know, line, listen, message, numbers, Saturday, school, time, you. (This dictation might be too challenging for basic literacy students—instead of writing you may want to focus on comprehension instead.)*

*When your students are finished writing the dictation, have them help each other to correct the dictation. Level A students can provide information for Level B, C, D, and E students, because they have a more complete text!*

## A recorded message

Hello! This is the ABC School. Please listen to the following options. If you know your party's extension, you can press it at any time. To hear a listing of department numbers, press 1. For information about enrolling in ESL classes, press 2. If you need further assistance, stay on the line and someone will assist you shortly.

Our regular office hours are Monday through Friday from 8:30 a.m. to 4:30 p.m. and on Saturday from 8:30 a.m. to 11:00 a.m. To repeat this message, you may press 3. Beep!



*Here is the full text for reading and dictation. It is 12 sentences (89 words) long.*

*Key vocabulary and concepts are: options, extension, department, information, stay on the line, assistance, repeat.*



## A recorded message—Level A

Hello! This is the ABC \_\_\_\_\_. Please \_\_\_\_\_ to the following options. If you \_\_\_\_\_ your party's extension, \_\_\_\_\_ can press it at any \_\_\_\_\_. To \_\_\_\_\_ a listing of department \_\_\_\_\_, press \_\_\_\_\_. For information about enrolling in \_\_\_\_\_ classes, press \_\_\_\_\_. If \_\_\_\_\_ need further assistance, stay on the \_\_\_\_\_ and someone will assist \_\_\_\_\_ shortly.

Our regular office \_\_\_\_\_ are Monday through \_\_\_\_\_ from 8:30 a.m. to \_\_\_\_\_ p.m. and on \_\_\_\_\_ from \_\_\_\_\_ a.m. to 11:00 \_\_\_\_\_. To repeat this \_\_\_\_\_, you may press \_\_\_\_\_. Beep!

## A recorded message—Level B

Hello! \_\_\_\_\_ ABC School. \_\_\_\_\_ the following options. \_\_\_\_\_ your party's extension, \_\_\_\_\_ it at \_\_\_\_\_ time. \_\_\_\_\_ listing \_\_\_\_\_ department \_\_\_\_\_, \_\_\_\_\_ 1. \_\_\_\_\_ enrolling \_\_\_\_\_ ESL classes, \_\_\_\_\_ 2. \_\_\_\_\_ further assistance, \_\_\_\_\_ and \_\_\_\_\_ assist you shortly.

Our regular \_\_\_\_\_ Monday \_\_\_\_\_ Friday \_\_\_\_\_ 8:30 a.m. \_\_\_\_\_ 4:30 p.m. and \_\_\_\_\_ Saturday \_\_\_\_\_ 8:30 a.m. \_\_\_\_\_ 11:00 a.m. \_\_\_\_\_ message, \_\_\_\_\_ press 3. Beep!

## A recorded message—Level C

Hello! \_\_\_\_\_ ABC \_\_\_\_\_. Please \_\_\_\_\_ options. \_\_\_\_\_ party's extension, \_\_\_\_\_ at \_\_\_\_\_. To \_\_\_\_\_ of \_\_\_\_\_ numbers, press 1. \_\_\_\_\_ enrolling \_\_\_\_\_, press 2. \_\_\_\_\_ assistance, \_\_\_\_\_ and \_\_\_\_\_ you \_\_\_\_\_.

Our \_\_\_\_\_ Monday \_\_\_\_\_ Friday \_\_\_\_\_ and on Saturday \_\_\_\_\_ . To \_\_\_\_\_, you may \_\_\_\_\_ . Beep!

# ACHIEVEMENT LIST OF REAL LIFE SKILLS USING ENGLISH

Name of learner: \_\_\_\_\_ Date: \_\_\_\_\_

Name of tutor: \_\_\_\_\_

What have you achieved and what are you able to do now or do better in everyday life?	Listen	Speak	Read	Write
Call in to the school to explain a child's absence.	✓	✓		
Read and understand the school's report card.			✓	
Write a note excusing a child from P.E.				✓

**Check (✓) any changes/achievements:**

	✓	Date
Received US Citizenship		
Registered to Vote or Voted for the first time		
Gained Employment		
Obtained Job Advancement		
Obtained GED		
Entered other Ed. or Voc. Program		

**What do you still want to learn?** \_\_\_\_\_

\_\_\_\_\_

**What do you want to be able to do?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_