QUESTIONNAIRE FOR TEACHERS OF BILINGUAL PROGRAM
Non-linguistic areas and Coordinator
SCHOOL YEAR 2022-2023

SURNAMES	NAME
TIME OF **TEACHING EXPERIENCE**	AREA
PHONE NUMBER	EMAIL
UNIVERSITY **DEGREE** AND YEAR	OFFICIAL **QUALIFICATION** IN ENGLISH
OTHER TRAINING IN **ENGLISH**	TRAINING ON CONTENT AND LANGUAGE INTEGRATED LEARNING (CLIL, **AICLE**)
EXPERIENCE **ABROAD** (academic or professional)	EXPERIENCE IN **BILINGUAL SCHOOLS**
TEACHING **METHODOLOGY**	TYPE OF **MATERIALS** YOU LIKE TO USE (PPP, worksheets, games…)
WAY OF BEING / INTERESTS AND LIKES / ABILITIES (in general)	