

Questionnaire for the Family Home Language and Education

Date ____/____/____

Child's Name _____

Child's Date of Birth ____/____/____ Child's age: _____

Name of the person completing this form: _____

Your relationship to the child: _____

1. (a) At what age did your child begin to attend any early childhood program?

(b) In what type of educational programs has your child participated? (for example preschool, childcare, Head Start) Were they bilingual programs or English-only settings?

2. (a) Does your child speak _____? YES NO

(b) If so, at what age did your child begin to speak _____?

(c) Does he/she speak _____ often? YES NO

(d) With whom does your child speak _____?

3. (a) Does your child speak English? YES NO

(b) If so, at what age did your child begin to speak English? _____

(c) Does he/she speak English often? YES NO

(d) With whom does your child speak English?

4. (a) In what languages do you speak at home? _____

(b) Please list the people that live in your home, and the languages that each person speaks. (For example: grandmother-Spanish, older brother-English and Spanish, etc.)

5. Does your child have any medical problems that you know of? YES NO

6. In comparison with other children of the same age, do you feel that your child has any problems in speaking? YES NO

7. Do you have any concerns regarding your child's development, behavior, language or learning level? YES NO

How many years of schooling has the child's mother completed?

1 2 3 4 5 6 7 8 9 10 11 12 13 14 16 17 18 19 20 21+

In what country? _____

How many years of schooling has the child's father completed?

1 2 3 4 5 6 7 8 9 10 11 12 13 14 16 17 18 19 20 21+

In what country? _____