

Parent Questionnaire (ELL): Please complete and return to _____ by _____
Name Date

Child's Name: _____ Date of Birth: _____

Countries where the student has resided

Where did the student last reside? _____ Number of years? _____

Has the student lived in other countries where other languages were spoken? _____ Yes _____ No

Name of other countries _____ Length of stay _____

Name of other countries _____ Length of stay _____

Language exposure and language development

First language or languages learned by your child: _____

What language is used most often at home? _____

Who does your child converse with most often at home? _____

At what age did your child begin to speak? _____ What was the first language learned by your child? _____

Do you think your child understands the primary language? If no, what is the problem? _____

Do you think your child speaks clearly in his/her primary language? If no, what concerns you most about this? _____

Think of your child compared to other children who speak the same language or come from the same cultural background.

Do you think your child is speaking, learning, or behaving differently? Explain _____

When your child was first exposed to English? _____

Under what circumstances was your child first exposed to English? _____

Which language do you think your child prefers to speak? _____

School history

Did your child attend school before arriving in the United States? _____ For how long? _____

Did your child have difficulty in school before coming to the U.S.? Describe _____

How many schools did your child attend in the United States? _____ How long (for each school?) _____

Health information

Does your child have any health problems currently or a history of health problems that are related to learning?

Completed by: _____ Date _____
Parent