

Child's name: _____ Today's Date _____

Family Language Questionnaire

About Your Child

1. What is your relationship to the child?

- | | |
|--|---|
| <input type="checkbox"/> Mother
<input type="checkbox"/> Father
<input type="checkbox"/> Grandparent | <input type="checkbox"/> Other relative
<input type="checkbox"/> Foster parent
<input type="checkbox"/> Other – <i>Please describe:</i> _____ |
|--|---|

2. Write in what languages are spoken in your home. _____

3. What languages do **you** use when you talk to your child? *(Check one)*

- English Home language Both

4. What languages do **other people at home** use with your child? *(Check one)*

- English Home language Both

5. What languages does **your child** use when talking at home? *(Check one)*

- English Home language Both

6. With what language is your child **most comfortable** now? *(Check one)*

- English Home language Both

7. From the ages of 0 to 1 year, was there, English, your home language or both spoken to your child at home?

- English
 Home language
 Both

Current Language Use

We are interested in how much English and home language your child hears and speaks. First, think about week days (Monday-Friday) and then think about weekends (Saturday-Sunday).

8. Monday-Friday What languages does your child HEAR?

Morning Routine (awake to 9)	Early Afternoon (9 to 1)	Mid Afternoon (1 to 4)	Evening (4 to bedtime)
<input type="checkbox"/> Home Lang <input type="checkbox"/> English <input type="checkbox"/> Both	<input type="checkbox"/> Home Lang <input type="checkbox"/> English <input type="checkbox"/> Both	<input type="checkbox"/> Home Lang <input type="checkbox"/> English <input type="checkbox"/> Both	<input type="checkbox"/> Home Lang <input type="checkbox"/> English <input type="checkbox"/> Both

9. Saturday and Sunday What languages does your child HEAR?

Morning Routine (awake to 9)	Early Afternoon (9 to 1)	Mid Afternoon (1 to 4)	Evening (4 to bedtime)
<input type="checkbox"/> Home Lang <input type="checkbox"/> English <input type="checkbox"/> Both	<input type="checkbox"/> Home Lang <input type="checkbox"/> English <input type="checkbox"/> Both	<input type="checkbox"/> Home Lang <input type="checkbox"/> English <input type="checkbox"/> Both	<input type="checkbox"/> Home Lang <input type="checkbox"/> English <input type="checkbox"/> Both

Child's name: _____ Today's Date _____

10. Monday-Friday What languages does your child SPEAK?

Morning Routine (awake to 9)	Early Afternoon (9 to 1)	Mid Afternoon (1 to 4)	Evening (4 to bedtime)
<input type="checkbox"/> Home Lang <input type="checkbox"/> English <input type="checkbox"/> Both	<input type="checkbox"/> Home Lang <input type="checkbox"/> English <input type="checkbox"/> Both	<input type="checkbox"/> Home Lang <input type="checkbox"/> English <input type="checkbox"/> Both	<input type="checkbox"/> Home Lang <input type="checkbox"/> English <input type="checkbox"/> Both

11. Saturday and Sunday What languages does your child SPEAK?

Morning Routine (awake to 9)	Early Afternoon (9 to 1)	Mid Afternoon (1 to 4)	Evening (4 to bedtime)
<input type="checkbox"/> Home Lang <input type="checkbox"/> English <input type="checkbox"/> Both	<input type="checkbox"/> Home Lang <input type="checkbox"/> English <input type="checkbox"/> Both	<input type="checkbox"/> Home Lang <input type="checkbox"/> English <input type="checkbox"/> Both	<input type="checkbox"/> Home Lang <input type="checkbox"/> English <input type="checkbox"/> Both

About You and Your Family

12. What is the highest level of education that you have completed? *(Check one)*

- | | |
|---|---|
| <input type="checkbox"/> 6 th grade or less | <input type="checkbox"/> Some education after high school/ vocational program |
| <input type="checkbox"/> Less than 12 th grade | <input type="checkbox"/> Associate degree (AA) |
| <input type="checkbox"/> GED | <input type="checkbox"/> College degree (BA/BS) |
| <input type="checkbox"/> High school diploma | <input type="checkbox"/> Graduate/Professional degree |

13. What is the **country** of each parent's birth? *(fill in for all applicable guardians)*

Mother _____ Father _____ Other Guardian _____

14. How many years has each lived in the United States? *(fill in for all applicable guardians)*

Mother _____ Father _____ Other Guardian _____