

Child's name: \_\_\_\_\_ Today's Date \_\_\_\_\_

## Family Language Questionnaire

### **About Your Child**

1. What is your relationship to the child?

- |  |   |
|--|---|
| <input type="checkbox"/> Mother<br><input type="checkbox"/> Father<br><input type="checkbox"/> Grandparent | <input type="checkbox"/> Other relative<br><input type="checkbox"/> Foster parent<br><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?**

<b>Morning Routine (awake to 9)</b>	<b>Early Afternoon (9 to 1)</b>	<b>Mid Afternoon (1 to 4)</b>	<b>Evening (4 to bedtime)</b>
<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?**

<b>Morning Routine (awake to 9)</b>	<b>Early Afternoon (9 to 1)</b>	<b>Mid Afternoon (1 to 4)</b>	<b>Evening (4 to bedtime)</b>
<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 **country** of each parent's birth? *(fill in for all applicable guardians)*

Mother \_\_\_\_\_ Father \_\_\_\_\_ Other Guardian \_\_\_\_\_

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

Mother \_\_\_\_\_ Father \_\_\_\_\_ Other Guardian \_\_\_\_\_