

GATHERING INFORMATION FROM PARENTS ON A CHILD'S LANGUAGE BACKGROUND AND EXPERIENCE



Official Name:

Name known as:

DOB:

Discussion with:

Date(s):

1. What languages are spoken at home?

2. Who speaks what language with your child and when?

3. Does your child use single words/short sentences or phrases/longer sentences in their home language(s)?

4. Are they learning new words all the time?

5. Can your child follow instructions in their home language(s)?

6. Does your child hear English spoken at home by:

People (if not mentioned above)

TV

DVD

Computer

Music

7. Does your child speak any English at home? If so, does s/he speak in single words/short phrases and sentences/longer sentences?

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8. Can you understand what your child says:

In their home language(s)

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In English

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9. Can other people understand what your child says?

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10. Do you have any concerns about your child's speech, language and communication development?

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11. Any other comments/suggestions/questions:

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