

Return to Speech-Language Pathologist by:

**Language(s) History Questionnaire
Speaking & Listening for Middle-High School**

Personal Details

Student Name:

Date:

DOB:

Country of Birth:

Home Language(s):

Person Completing Form/Relationship to the Student:

Languages

What languages do you speak? _____

Which dialect? _____

What language(s) do the adults in your house speak to each other?

What language(s) do the adults in your house speak to the child?

What language(s) does your child reply in?

What language(s) do the children speak to each other?

How does their language compare to their siblings/other children?

What is your child's main language?

When did your child start to learn, or be exposed to English?

Are the caregivers fluent in English?

Mother: Yes No

Father: Yes No

Other: Yes No

Education

What is your highest level of education?

Is there a family history of speech, language, and/or academic problems?

Did your child go to school in his/her previous country?

When did they start school in this country?

Does your child have bilingual support or English as Second Language Support?

Does your child attend additional school/evening classes in the other language?

Is your child learning to read/write his/her own language?

Has your child had extended periods of time in his/her own country?

Or do you visit your home country frequently?

Other

Is your child exposed to television, radio, or books in your home language?

Interpreter required for further appointments? Yes No

Language

Dialect

Other Details