

Date Completed: _____

Home Language Questionnaire

Child's name: _____ Sex: _____ Date of birth: _____ Age of child: _____

First name of informant: _____ Relation to child: _____

Daycare/Preschool/School: _____ Grade/Class: _____

Age at entry to daycare/preschool/school: _____ Number of days attended per week (*circle*): 1 2 3 4 5 6 7

Hours per day at daycare/preschool/school (*circle*): 1-2 2-3 3-4 4-5 5-6 6-7 7-8 9+

In the table below, list all languages your child currently speaks or understands. List in order of dominance.

- ❖ *Some languages are spoken in many countries or regions. Indicate the country or region of origin for each language.*
- ❖ *Indicate how well you believe your child uses each language, **compared to other children their age.***

	Language	Country or region of origin	Your child's use of this language is...			
1			<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
2			<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
3			<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
4			<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

In the table below, list the members of the household by their relation to your child.

- ❖ Indicate the person's age.
- ❖ Indicate the languages the person uses with the child.
- ❖ Indicate how frequently the person spends time with the child each week.

Relation to child	Age	Language(s) used with child	How often do they spend time with child?			
			<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely
			<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely
			<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely
			<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely
			<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely
			<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely

Indicate the racial or ethnic categories that best describe your child:

American Indian/Alaska Native Asian Native Hawaiian or Other Pacific Islander Black or African American Hispanic/Latino White

In your child's primary environments, indicate the languages they used or heard for each year of their life.

Ages	Language(s) At Home	Language(s) At School/Daycare	Language(s) At (fill in): _____
0-1			
1-2			
2-3			
3-4			
4-5			
5-6			
6-7			
7+			

Currently, how often does your child use each language **at home**? Please estimate using percentages (total of 100%):

List language(s) :				
List percentage(s) :				

Example:	<i>Korean</i>	<i>English</i>
	80%	20%

How old was your child when they first started speaking words?

How old was your child when they were first consistently exposed to English?

Do you have any concerns about your child's hearing?

How does your child express their needs? sentences phrases one or two words sounds gestures

Does your child talk like other kids in your community or in your family of the same age? Yes No

Do you have any concerns about your child's speech or language? Yes No

If yes, please explain:

Do you have any concerns about your child's health or development? Yes No

If yes, please explain:

Has your child received speech or language therapy? Yes No

If yes, please describe when:

Is there anything else you'd liked us to know about your child?