

Language Background Survey 2019-2020

Date:

Child’s Full Name:       Other Names: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Religion: Click or tap here to enter text. Phone:Click or tap here to enter text.

Mother’s Contacts: Click or tap here to enter text.

Father’s Contacts: Click or tap here to enter text.

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| **CHILD’S BACKGROUND INFORMATION:**  Child’s Place of Birth:Click or tap here to enter text.  Child’s Nationality:Click or tap here to enter text. | **MOTHER’S BACKGROUND INFORMATION:**  Mother’s Place of Birth:Click or tap here to enter text.  Mother’s Nationality:Click or tap here to enter text. |
| **FATHER’S BACKGROUND INFORMATION:**  Father’s Place of Birth:Click or tap here to enter text.  Father’s Nationality:Click or tap here to enter text. | SIBLINGS & FAMILY MAKEUP  **How many in your family?**Click or tap here to enter text.  **List Siblings: Please include age, grade and Teacher’s name (if applicable)**  Click or tap here to enter text. |

EDUCATIONAL BACKGROUND OF CHILD:

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| **Grade/Year Group** | **School Name & Country** | **Language of instruction** | **Previous Support Given?** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| EXPATRIATE/OVERSEAS FAMILY (List all countries lived in and dates):  Click or tap here to enter text.  **LANGUAGE BACKGROUND:**  Main/all language(s) spoken between parents (% of time):  Click or tap here to enter text.  Main/all language(s) spoken between this child and mother (%):  Click or tap here to enter text.  Main/all language (s) spoken between this child and father (%):  Click or tap here to enter text.  Main/all language (s) spoken between this child and siblings (%):  Click or tap here to enter text.  Main/all language (s) spoken between this child and their grandparents/extended family members (%):  Click or tap here to enter text.  Main/all language (s) spoken between this child and others eg. Nanny/driver (%):  Click or tap here to enter text. |

If English is your child’s first language/mother tongue **STOP** here. If your child’s first language is not English, please complete the rest of the survey. Thank you.

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| **DEVELOPMENTAL HISTORY:**  Has the child had a hearing screening test? If so, please give details.  Click or tap here to enter text.  Has the child had a vision screening test? If so, please give details.  Click or tap here to enter text.  Has the child ever received specialized referrals or supports? If so, please give details.  *for motor skills?*  Click or tap here to enter text.  *for speech/language?*  Click or tap here to enter text.  *for social/emotional/behavioral?*  Click or tap here to enter text.  *for education/academics?*  Click or tap here to enter text.  Other:  Click or tap here to enter text.  Has your child been previously identified as an EAL/ESL/ELL student? *Did they receive any additional support?*  Click or tap here to enter text.  Has your child been previously identified as a student with special educational needs? *Did they receive any diagnoses?*  Click or tap here to enter text.  Is there any other information you would like to share with us about your child?  Click or tap here to enter text. |

Please return to the UAS Admissions Office. Thank you!