



## Language Background Survey

Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Other Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Contacts: \_\_\_\_\_

Father's Contacts: \_\_\_\_\_

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| <b>CHILD'S BACKGROUND INFORMATION:</b><br>Child's Place of Birth:<br>Child's Nationality:    | <b>MOTHER'S BACKGROUND INFORMATION:</b><br>Mother's Place of Birth:<br>Mother's Nationality:   |
| <b>FATHER'S BACKGROUND INFORMATION:</b><br>Father's Place of Birth:<br>Father's Nationality: | <b>SIBLINGS &amp; FAMILY MAKEUP</b><br>How many in your family?<br><br>List Siblings: Please include age, grade and Teacher's name (if applicable) |

### EDUCATIONAL BACKGROUND OF CHILD:

| Grade/Year Group | School Name | Country | Language of instruction | English Language Support Given? |
|------------------|-------------|---------|-------------------------|---------------------------------|
|                  |             |         |                         |                                 |
|                  |             |         |                         |                                 |
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**EXPATRIATE/OVERSEAS FAMILY (List all countries lived in and dates):**

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**LANGUAGE BACKGROUND: Please write the approximate % of language spoken eg. Chinese 50% and Farsi 50%**

Main/all language(s) spoken between parents (%)

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Main/all language(s) spoken between this child and mother (%):

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Main/all language (s) spoken between this child and father (%):

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Main/all language (s) spoken between this child and siblings (%):

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Main/all language (s) spoken between this child and their grandparents/extended family members (%):

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Main/all language (s) spoken between this child and others eg. Nanny/driver (%):

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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.

**DEVELOPMENTAL HISTORY:**

Has the child had a hearing screening test? If so, please give details.

Has the child had a vision screening test? If so, please give details.

Has the child ever received specialized referrals or supports? If so, please give details.

*for motor skills?*

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*for speech/language?*

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*for social/emotional/behavioral?*

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*for education?*

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Other:

Has your child been previously identified as an EAL/ESL/ELL student? *Did they receive any additional support?*

Has your child been previously identified as a student with special educational needs? *Did they receive any diagnoses?*

Is there any other information you would like to share with us about your child?