



Language Background Questionnaire

Student Name: _____ Date of Birth: _____
Date of Admission: _____ Grade: _____ Nationality: _____
First Language: _____ (If the first language is English, **do not** complete this form.)

Previous school experience:

School: _____
Location: _____
Grades attended: _____
Language of instruction at the former school: _____
Participated in any special English instruction classes? YES ___ NO ___
If more space needed, please use the back of the paper.

What languages are spoken at home?

* adult to adult: _____ *child to adult: _____
*adult to child: _____ *child to child: _____

Briefly describe your child's previous experience with English:

What exposure does your child have using/hearing English language at home?

none television radio music books friends
Others? _____

What is your impression of your child's general level of language skills?

+ strong ability growing proficiency weak ability
First language: listening: _____ reading: _____ speaking: _____ writing: _____
English: listening: _____ reading: _____ speaking: _____ writing: _____

To what extent will you be able to help your child with homework in English?

not at all very little some very much

How does your child feel about learning English? Is there anything you would like us to know that will be helpful in teaching your child English?

