

Adapted for use with children by Sirada Rochanavibhata, Margarita Kaushanskaya, and Viorica Marian, Northwestern University

Child Language Experience and Proficiency Questionnaire

Please fill out the following information regarding your child.

Last name		First name		Today's Date	
Age		Date of Birth		Male	Female

LANGUAGE BACKGROUND:

(1) Please list all of the languages your child knows **in order of dominance**:

1	2	3	4	5
---	---	---	---	---

(2) Please list all of the languages your child knows **in order of acquisition** (their native language first):

1	2	3	4	5
---	---	---	---	---

(3) Please give the age (years and months) when your child began to do the following in each of the languages you previously listed:

List language(s) here:					
Started hearing the language on a regular basis from family members and/or other caregivers					
Began producing: <i>single words</i>					
Began producing: <i>2-word phrases</i>					
Began producing: <i>complete sentences</i> (4+ words)					

(4) Please list what percentage of the time your child *currently on average* (actively) speaks each language: (*Percentages should add up to 100%*)

List language(s) here:					
List percentage here:					

(5) Please list what percentage of the time your child *currently on average* (passively) hears each language: (*Percentages should add up to 100%*)

List language(s) here:					
List percentage here:					

SCHOOL HISTORY:

(6) Is your child enrolled in any special kind of language classes (e.g., dual immersion)? _____

(7) Please list what percentage of the time your child *currently on average* (actively) speaks each language *at school*: (*Percentages should add up to 100%*)

List language(s) here:					
List percentage here:					

(8) Please list what percentage of the time your child *currently on average* (passively) hears each language *at school*: (*Percentages should add up to 100%*)

List language(s) here:					
List percentage here:					

(9) Did your child attend other schools in the past with a different language of instruction? If yes, please explain:

(10) Has your child ever had a vision problem __, hearing impairment __, language disability __, or learning disability __? (Check all applicable). If yes, please explain (including any corrections):

HOME ENVIRONMENT:

(11) Please list all the language(s) your child hears *at home* in the row indicated by the arrow, all the speakers who speak to your child *at home* (e.g., you, your spouse, sibling, baby-sitter, other family members) in the left column indicated by the arrow, and the percentage of the time that each speaker speaks each language to your child in the corresponding row: (*Percentages should add up to 100%*)

EXAMPLE

	List language(s) here: ↓				
List caregivers here: ↓	English	Thai	Spanish		
1. Mother	60%	40%	0%		
2. Father	95%	0%	5%		

	List language(s) here: ↓				
List caregivers here: ↓					
1.					
2.					
3.					
4.					
5.					
6.					

Language: _____

This is my child's (**native second third fourth fifth**) language.

(1) Please circle your child's *level of **proficiency*** in speaking, understanding, and reading in this language:

Speaking

0	1	2	3	4	5	6	7	8	9	10
None	Very low	Low	Fair	Slightly less than adequate	Adequate	Slightly more than adequate	Good	Very good	Excellent	Perfect

Understanding spoken language

0	1	2	3	4	5	6	7	8	9	10
None	Very low	Low	Fair	Slightly less than adequate	Adequate	Slightly more than adequate	Good	Very good	Excellent	Perfect

Reading

0	1	2	3	4	5	6	7	8	9	10
None	Very low	Low	Fair	Slightly less than adequate	Adequate	Slightly more than adequate	Good	Very good	Excellent	Perfect

(2) Please circle how much the following factors contributed to your child learning this language:

Interacting with friends

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Interacting with family

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Interacting with caregiver

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Interacting with teachers

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Reading (alone or with caregiver)

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Additional language lessons

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Watching TV

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Listening to the radio/music

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

(3) Please circle to what extent your child is currently exposed to this language in the following contexts:

Interacting with friends

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Interacting with family

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Interacting with caregiver

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Interacting with teachers

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Watching TV

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Listening to radio/music

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Reading (alone or with caregiver)

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Additional language lessons

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

(4) In your perception, how much of a foreign accent does your child have in this language?

0	1	2	3	4	5	6	7	8	9	10
None	Almost none	Very light	Light	Some	Moderate	Considerable	Heavy	Very heavy	Extremely heavy	Pervasive

Language: _____

This is my child's (**native second third fourth fifth**) language.

(1) Please circle your child's *level of **proficiency*** in speaking, understanding, and reading in this language:

Speaking

0	1	2	3	4	5	6	7	8	9	10
None	Very low	Low	Fair	Slightly less than adequate	Adequate	Slightly more than adequate	Good	Very good	Excellent	Perfect

Understanding spoken language

0	1	2	3	4	5	6	7	8	9	10
None	Very low	Low	Fair	Slightly less than adequate	Adequate	Slightly more than adequate	Good	Very good	Excellent	Perfect

Reading

0	1	2	3	4	5	6	7	8	9	10
None	Very low	Low	Fair	Slightly less than adequate	Adequate	Slightly more than adequate	Good	Very good	Excellent	Perfect

(2) Please circle how much the following factors contributed to your child learning this language:

Interacting with friends

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Interacting with family

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Interacting with caregiver

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Interacting with teachers

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Reading (alone or with caregiver)

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Additional language lessons

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Watching TV

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Listening to the radio/music

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

(3) Please circle to what extent your child is currently exposed to this language in the following contexts:

Interacting with friends

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Interacting with family

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Interacting with caregiver

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Interacting with teachers

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Watching TV

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Listening to radio/music

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Reading (alone or with caregiver)

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Additional language lessons

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

(4) In your perception, how much of a foreign accent does your child have in this language?

0	1	2	3	4	5	6	7	8	9	10
None	Almost none	Very light	Light	Some	Moderate	Considerable	Heavy	Very heavy	Extremely heavy	Pervasive