

## LANGUAGE BACKGROUND SURVEY

*To be completed by a parent, one per student*

STUDENT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE \_\_\_\_\_ YRS. \_\_\_\_\_ MONTHS \_\_\_\_\_

GRADE: \_\_\_\_\_ LANGUAGES SPOKEN: \_\_\_\_\_

1. How long has your child lived in Uganda? \_\_\_\_\_

2. What other countries has your child lived in? \_\_\_\_\_ At what ages? \_\_\_\_\_

3. What country does your child think of has home? \_\_\_\_\_

4. What is your child's 1<sup>st</sup> language? \_\_\_\_\_ 2<sup>nd</sup> language? \_\_\_\_\_ 3<sup>rd</sup> language? \_\_\_\_\_

5. In what language did your child learn to read and write first? \_\_\_\_\_

6. What is the principle language spoken in your home? \_\_\_\_\_

7. What language does your child use with his/her mother? \_\_\_\_\_

What is the mother's first language? \_\_\_\_\_

8. What language does your child use with his/her father? \_\_\_\_\_

9. What is the father's first language? \_\_\_\_\_

10. What language do the parents use with each other? \_\_\_\_\_

11. What language does your child use most with his/her brothers and sisters? \_\_\_\_\_

12. Has your child attended any other English language schools? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list the names of schools and dates attended.

School Name: \_\_\_\_\_ Dates attended: \_\_\_\_\_

School Name: \_\_\_\_\_ Dates attended: \_\_\_\_\_

School Name: \_\_\_\_\_ Dates attended: \_\_\_\_\_

13. Does either parent speak English? \_\_\_\_\_ yes \_\_\_\_\_ no

Please circle the number that best describes each parent's fluency.

Mother

Spoken: None 0 1 2 3 4 Fluent  


Written: None 0 1 2 3 4 Fluent  


Father

Spoken: None 0 1 2 3 4 Fluent  


Written: None 0 1 2 3 4 Fluent  


Student

Spoken: None 0 1 2 3 4 Fluent  


Written: None 0 1 2 3 4 Fluent  


14. Does your child enjoy reading? If so, what kind of books does she/he like to read?

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15. In what languages does your child like to read? \_\_\_\_\_

16. Do you read to your child? \_\_\_\_\_ In what language? \_\_\_\_\_

*We are hoping to expand our Mother Tongue language program. Please circle the choices below that are of interest to you.*

- a. *Having your child join a mother tongue group.*
- b. *Teaching or assisting with a group.*
- c. *What language? \_\_\_\_\_*