

Metropolitan Region Speech Language Therapy Services

**Parent Questionnaire – ‘First Language’ Use at home**

**Student Name:**

**Current Age:**

**Date of Birth:**

**School:** Forest Lake SS

Who Resides with the student:

Name of adult completing questionnaire:

*Insert the first language in the blank space*

1. When **you** talk with your child, how often do **you** use \_\_\_\_\_?

Always                      Mostly                      Half \_\_\_\_\_ /  
Half English                      Sometimes                      Never

2. When **you** talk with other adults at home, how often do **you** use \_\_\_\_\_?

Always                      Mostly                      Half \_\_\_\_\_ /  
Half English                      Sometimes                      Never

3. When **other adults** at home talk with your child, how often do **they** use \_\_\_\_\_?

Always                      Mostly                      Half \_\_\_\_\_ /  
Half English                      Sometimes                      Never

4. When **your child** talks with you, how often does **he/she** use \_\_\_\_\_?

Always                      Mostly                      Half \_\_\_\_\_ /  
Half English                      Sometimes                      Never

5. When **your child** talks with their sibling/s, how often does **he/she** use \_\_\_\_\_?

Always                      Mostly                      Half \_\_\_\_\_ /  
Half English                      Sometimes                      Never

6. When **your child** speaks with their friends how often does **he/she** use \_\_\_\_\_?

Always                      Mostly                      Half \_\_\_\_\_ /  
Half English                      Sometimes                      Never

7. Does your child understand \_\_\_\_\_ better than English?                      Yes                      No

8. Does your child use \_\_\_\_\_ better than English?                      Yes                      No

9. What are your expectations regarding your child’s first language development and use?