

## 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?