

ENGLISH LEARNER (EL) PARENT INTERVIEW QUESTIONNAIRE

Directions: A member of the assessment team should complete this checklist for all ELs when making the decision to refer to special education, determining eligibility for special education, , or for reclassification parental input.

Name of Student:		DOB:		Grade:		Date:	
Parent/Guardian Name:			School:				
Student's Native Language:			Assessor:				

1) Which language did your child first learn to speak?

Comments:

2) Has your child received instruction in reading or writing in his/her native language?

3) When did your child first start to learn English?

Comments:

4) What language(s) do the adults in the home primarily speak and what language is used the most often to speak to the child?

Comments:

5) Are there other siblings in the home: Yes No if yes, what are their ages?

Comments:

6) Was your child's language development in his/her native language similar to his/her siblings or other close relatives? Yes No If not, explain how they were different.

Comments:

7) Are there areas of difficulty you have noticed your child has, such as remembering oral directions in the native language? Yes If yes, give an example.

8) What language(s) does your child use primarily at home?

Comments:

9) What language(s) does your child primarily use when out in the community?

Comments:

10) What language(s) does your child primarily use to watch television, on the computer, etc.?

Comments:

11) Are there any other comments or areas of strength or weakness relative to your child's learning?
 Yes If yes, explain.

Comments: