

# ABOUT THE CHILD

- Name \_\_\_\_\_
- Gender \_\_\_\_\_
- Place of birth \_\_\_\_\_
- Date of birth \_\_\_\_\_
- Was the child born more than 6 weeks premature? ☐ yes ☐ no
- Date of arrival in UK (if not born here) \_\_\_\_\_
- Home Language(s) of the child \_\_\_\_\_

- At what age did your child start receiving regular exposure to English?

When child was:

- |  |  |
|--|--|
| <input type="checkbox"/> 0-1 year old  | <input type="checkbox"/> 4-5 years old |
| <input type="checkbox"/> 1-2 years old | <input type="checkbox"/> 5-6 years old |
| <input type="checkbox"/> 2-3 years old |  |
| <input type="checkbox"/> 3-4 years old |  |

- Where did your child start receiving regular exposure to English for the first time?

- ☐ at home
- ☐ at playgroup
- ☐ at nursery
- ☐ at primary school
- ☐ somewhere else: \_\_\_\_\_

- Does your child have free school dinners

- ☐ yes
- ☐ no

# ABOUT THE PARENTS

● Country of origin (Mother) \_\_\_\_\_  
(Father) \_\_\_\_\_

● Date of arrival in UK (Mother) \_\_\_\_\_  
(Father) \_\_\_\_\_

● How well do you speak English?

	not at all	not well	quite well	very well
<u>Mother</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Father</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

● What language(s) do you speak with the child?

MOTHER		
Home Language	English	3 <sup>rd</sup> language (only if there is)
<input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Half the time <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Half the time <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Half the time <input type="checkbox"/> Rarely <input type="checkbox"/> Never

FATHER		
Home Language	English	3 <sup>rd</sup> language (only if there is)
<input type="checkbox"/> Always <input type="checkbox"/> Usually	<input type="checkbox"/> Always <input type="checkbox"/> Usually	<input type="checkbox"/> Always <input type="checkbox"/> Usually

<input type="checkbox"/> Half the time	<input type="checkbox"/> Half the time	<input type="checkbox"/> Half the time
<input type="checkbox"/> Rarely	<input type="checkbox"/> Rarely	<input type="checkbox"/> Rarely
<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never

P.T.O.

- What language(s) does the child speak to you?

child to MOTHER		
Home Language	English	3 <sup>rd</sup> language (only if there is)
<input type="checkbox"/> Always	<input type="checkbox"/> Always	<input type="checkbox"/> Always
<input type="checkbox"/> Usually	<input type="checkbox"/> Usually	<input type="checkbox"/> Usually
<input type="checkbox"/> Half the time	<input type="checkbox"/> Half the time	<input type="checkbox"/> Half the time
<input type="checkbox"/> Rarely	<input type="checkbox"/> Rarely	<input type="checkbox"/> Rarely
<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never

child to FATHER		
Home Language	English	3 <sup>rd</sup> language (only if there is)
<input type="checkbox"/> Always	<input type="checkbox"/> Always	<input type="checkbox"/> Always
<input type="checkbox"/> Usually	<input type="checkbox"/> Usually	<input type="checkbox"/> Usually
<input type="checkbox"/> Half the time	<input type="checkbox"/> Half the time	<input type="checkbox"/> Half the time
<input type="checkbox"/> Rarely	<input type="checkbox"/> Rarely	<input type="checkbox"/> Rarely
<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never

- When mother and father are together with the child, who speaks most to the child?

- ☐ Mother
- ☐ Father
- ☐ Both an equal amount

## OTHER HOUSEMATES

- Does your child have sisters or brothers? Yes ☐ No ☐
- If yes, Name of sibling 1 \_\_\_\_\_ Age \_\_\_\_\_  
 Name of sibling 2 \_\_\_\_\_ Age \_\_\_\_\_  
 Name of sibling 3 \_\_\_\_\_ Age \_\_\_\_\_  
 Name of sibling 4 \_\_\_\_\_ Age \_\_\_\_\_  
 Name of sibling 5 \_\_\_\_\_ Age \_\_\_\_\_
- What language(s) do the siblings speak with the child? \_\_\_\_\_
- Besides the parents and siblings, does another adult look after your child (e.g. nanny, grandmother, aunt)?
- ☐ Yes ☐ No
- If yes, what is the relation of this adult to the child? \_\_\_\_\_
- What language(s) does this adult speak to the child? \_\_\_\_\_
- What language(s) does the child speak to this adult? \_\_\_\_\_

Please fill in the information relating to this other adult in the “other” column, in the tables below!!!

P.T.O.

## AVERAGE DAY

- Please describe who spends time with the child on an average day during the week?

Please tick the relevant boxes. If more than one person is with the child at the same time, circle the tick to show who is interacting more with the child.

	Mother	Father	Siblings	School	Other adult (specify person) _____
7 am – 8 am					
8 am – 9 am					
9 am – 3 pm				✓	
3 pm – 4 pm					
4 pm – 5 pm					
5 pm – 6 pm					
6 pm – 7 pm					
7 pm – bedtime					

- Please describe who spends time with the child on an average day during the weekend?

Please tick the relevant boxes. If more than one person is with the child at the same time, circle the tick to show who is interacting more with the child.

	Mother	Father	Siblings	Other adult (specify person) _____
7 am – 9 am				
9 am – 11 am				
11 am – 1 pm				
1 pm – 3 pm				

3 pm – 5 pm				
5 pm – 7 pm				
7 pm – bedtime				

P.T.O.

- How many weeks per year is your child on holiday from school? \_\_\_\_
- How many weeks per year does the child spend in the family's country of origin? \_\_\_\_
- How often does your child speak English during the holidays?
  - ☐ Always
  - ☐ Usually
  - ☐ Half the time
  - ☐ Rarely
  - ☐ Never
- Please describe who spends time with the child on an average day **during the holiday**?

Please tick the relevant boxes. If more than one person is with the child at the same time, circle the tick to show who is interacting more with the child.

	<b>Mother</b>	<b>Father</b>	<b>Siblings</b>	<b>Other</b> (specify person) _____
7 am – 9 am				
9 am – 11 am				
11 am – 1 pm				
1 pm – 3 pm				
3 pm – 5 pm				
5 pm – 7 pm				
7 pm – bedtime				

## OTHER ACTIVITIES

- How often do you do activities with your child?

For instance: going to museums / going to the zoo / going to a film / going to the swimming pool / etc.

- ☐ Often  
☐ Regularly  
☐ Sometimes  
☐ Never

- What activities does the child do each week in what language?

**Please give the total NUMBER OF HOURS per week, e.g. 2 hours per week**

activity	HOME LANGUAGE	
	Monday- Friday	Saturday-Sunday
Reading with an adult		
Using computer		
Watching TV		
Sports		
Playing with friends / cousins		

activity	ENGLISH	
	Monday- Friday	Saturday-Sunday
Reading with an adult		
Using computer		
Watching TV		
Sports		
Playing with friends / cousins		

**Note:** ‘Reading with an adult’ involves the times that a child is being read to by an adult, as well as the times that a child tries to read on their own under supervision of an adult.

**Thank you for completing this questionnaire.**