

Determination:

English Screening DLL Screening

Child's Name: _____ Child's Birthplace: _____

Child's Age: _____ Child's Age When First Exposed to English: _____

Does the child talk? No. Yes, Single Words Yes, Puts 2-3 Words Together Yes, Sentences

Family's Country of Origin: _____ Number of Years Family Has Lived in the USA _____

If English is not the family's first language, do they prefer verbal or written communication?

No preference Verbal (phone/in person) Written (letters/forms)

Form Completed By: _____ Relationship to Child: _____

Home Language Information:

1. What language did the child first learn to speak? English Spanish Both Other: _____

2. What language does the child speak most often? English Spanish Other: _____

3. What language is spoken to the child most often? English Spanish Other: _____

4. Does anyone else care for the child during the week (*ex. grandparents, babysitter, etc.*)? No Yes

If so, what language does he/she speak most often? English Spanish Both Other: _____

5. What language is used most often when parents speak to each other?
 English Spanish Both Other: _____

6. What language(s) does the child use most often when speaking with the following people?

Parents: English Spanish Both does not talk yet other: _____

Siblings: English Spanish Both does not talk yet other: _____

Relatives: English Spanish Both does not talk yet other: _____

Friends: English Spanish Both does not talk yet other: _____

Language Exposure

7. Does/Did the child attend school or receive Early Intervention?

No Yes-Head Start Yes-Preschool Yes-EI

Name of school or EI: _____

What language is/was used? English Spanish Both Other: _____

8. What language is the child exposed to or uses most often during the following activities?

Books/Storytelling: English Spanish Both Other: _____

TV/Radio: English Spanish Both Other: _____

Computer/Video games: English Spanish Both Other: _____

Play: English Spanish Both Other: _____