

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Multicultural & ESOL Program Services Education Department

Special Populations Language Dominance Questionnaire
Parent Form

This form is for students whose verbal skills are too limited in any language to complete a formal language assessment test of oral proficiency.

To Be Completed by the Parent/Guardian:

Name of Student: _____ Child's First Language(s): _____

Date of Birth: _____ Place of Birth: _____

Child's Length of Time in the United States: _____

School/Location of Testing: _____

1. What language(s) are spoken in your home? _____

2. In what language(s) do you speak to your child? _____

3. In what language(s) does your child try to communicate? _____

4. How does your child communicate with his/her family (i.e. gesture, pointing)?

5. In what language(s) do older family members speak to your child?

6. If there are other children living in your home, in what language(s) do they speak to each other? _____

7. How often does your family return to your homeland? _____

8. Are your children exposed to T.V., newspapers, books, etc. in your home language on a regular basis? _____

9. Has your child had a caretaker who speaks a language other than English to him/her on a regular basis? _____

What language? _____

 Signature of Parent/Guardian

 Date

Signature of person completing form if other than parent _____

Relationship to family _____

(Spanish)

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Multicultural & ESOL Program Services Education Department

Cuestionario Sobre el Dominio del Idioma en las Poblaciones Especiales
Formulario para los Padres

(Special Populations Language Dominance Questionnaire - Parent Form)

Este formulario es para estudiantes cuyo conocimiento verbal en cualquier idioma es muy limitado para completar un examen para la evaluación formal de la destreza del lenguaje oral.

(This form is for students whose verbal skills are too limited in any language to complete a formal language assessment test of oral proficiency)

Para ser contestado por uno de los padres o el guardián.

(To be completed by the parent/guardian)

Nombre del estudiante (Name of Student) _____

Idioma(s) materno(s) del niño(a) (Child's First Language(s)) _____

Fecha de nacimiento (Date of Birth) _____

Lugar de nacimiento (Place of Birth) _____

¿Qué tiempo ha vivido el niño(a) en los Estados Unidos? (Child's length of time in the United States) _____

Escuela/Lugar del Examen (School/Location of Testing) _____

1. ¿Qué idioma(s) se habla(n) en su hogar? _____
(What language(s) are spoken in your home?)

2. ¿En qué idioma(s) le habla usted a su hijo(a)? _____
(In what language(s) do you speak to your child?)

3. ¿En qué idioma(s) trata su hijo(a) de comunicarse? _____
(In what language(s) does your child try to communicate?)

4. ¿Cómo se comunica su hijo(a) con su familia? (por ejemplo: con gestos, señales) _____
(How does your child communicate with his/her family? [i.e. gesture, pointing])

5. ¿En qué idiomas(s) le hablan los familiares mayores a su hijo(a)? _____
(In what language(s) do older family members speak to your child?)

6. Si hay otros niños viviendo en su hogar, ¿en qué idioma(s) hablan entre ellos? _____
(If there are other children living in your home, in what language(s) do they speak to each other?)

7. ¿Con qué frecuencia regresa su familia a su país natal? _____
(How often your family return to your homeland?)

8. ¿Están sus niños expuestos regularmente a la televisión, periódicos, libros, etc. en su idioma nativo? _____
(Are your children exposed to T.V., newspapers, books, etc. in your home language on a regular basis?)

9. ¿Ha tenido su niño(a) una persona que lo(a) cuide y le hable regularmente otro idioma diferente al inglés? _____
(Has your child had a caretaker who speaks a language other than English to him/her on a regular basis?)

Firma de uno de los padres o guardián _____
(Signature of Parent/Guardian)

Fecha (Date)

Firma de la persona que llenó este formulario, si no fueron los padres _____
(Signature of person completing this form, if other than parent)

Relación con la familia (Relationship to family) _____
Rev. 9/96

MEPSE<S#47/rg/05/07>

Document translated by Multicultural & ESOL Program Services Education Department (05/07)

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Multicultural & ESOL Program Services Education Department

Keksyonnè pou Detèminen Lang Dominan yon Popilasyon
Keksyon pou Paran (Manman ak Papa-yo)
(Special Populations Language Dominance Questionnaire - Parent Form)

Keksyonnè-sa-a prepare pou elèv ki gen langaj-yo tèlman limite nan nenpòt ki lang yo pa ka pran okenn egzamen oral pou detèminen nivo konpetans-yo.

(This form is for students whose verbal skills are too limited in any language to complete a formal language assessment test of oral proficiency.)

Paran oswa responsab-yo dwe konplete fòm sa-a *(To be completed by the parent/guardian):*

Non Elèv-la (Name of Student): _____ Lang li pale (Child's First Language[s]): _____

Dat li fèt (Date of Birth): _____ Ki kote li fèt (Place of Birth): _____

Konben tan li genyen nan Etazini (Child's Length of Time in the United States): _____

Lekòl / Kote yap bay egzamen-an (School / Location of Testing): _____

1. Ki lang ou pale lakay-ou? _____
(What language(s) are spoken in your home?)
2. Nan ki lang ou pale ak pitit-ou? _____
(In what language(s) do you speak to your child?)
3. Nan ki lang pitit-ou eseye kominike? _____
(In what language(s) does your child try to communicate?)
4. Kouman pitit-ou kominike ak fanmi-li (tankou fè mouvman, montre ak dwèt-li)? _____
(How does your child communicate with his/her family [i.e. gesture, pointing]?)
5. Nan ki lang granmoun aje nan fanmi-an pale ak pitit-ou? _____
(In what language(s) do older family members speak to your child?)
6. Si gen lòt timoun ki rete nan kay-la, nan ki lang yo pale youn ak lòt? _____
(If there are other children living in your home, in what language(s) do they speak to each other?)
7. Chak konben tan fanmi-an retounen nan peyi-ou? _____
(How often does your family return to your homeland?)
8. Èske pitit-ou gade televizyon, li jounal ak liv nan lang peyi-li regilyèman? _____
(Are your children exposed to T.V., newspapers, books, etc. in your home language on a regular basis?)
9. Èske ou te gen yon moun ki konn pale yon lòt lang pase Angle avèk pitit-ou lè yo te konn okipe-l (bebisitè)? _____
(Has your child had a caretaker who speaks a language other than English to him/her on a regular basis?)
 Ki lang? *(What language?)* _____

 Siyati Paran/Responsab (Signature of Parent/Guardian)

 Dat (Date)

 Si se pa paran, siyati moun ki ranpli fòm-la

(Signature of person completing form if other than parent)

 Relasyon avèk fanmi-an (Relationship to family)

Rev. 12/06

(Portuguese)

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Multicultural & ESOL Program Services Education Department

Formulário para Determinar o Idioma Dominante de Populações Específicas
Questionário dos Pais

(Special Populations Language Dominance Questionnaire - Parent Form)

Este questionário é para estudantes cuja capacidade verbal é muito limitada, em qualquer idioma, para completar o teste de avaliação formal da fluência oral no idioma.

(This form is for students whose verbal skills are too limited in any language to complete a formal language assessment test of oral proficiency).

A ser completado pelo pai/mãe/tutor: (To be completed by the parent/guardian:)

Nome do Estudante (Name of Student): _____

Língua(s) Materna(s) da Criança (Child's First Language[s]): _____

Data de Nascimento (Date of Birth): _____ Lugar de Nascimento (Place of Birth): _____

Tempo que a Criança Está nos Estados Unidos (Child's Length of Time in the United States): _____

Escola/Local do Teste (School/Location of Testing): _____

1. Que idioma(s) é(são) falado(s) em casa? _____
(What language(s) are spoken in your home?)
2. Em que idioma(s) você fala com sua criança? _____
(In what language(s) do you speak to your child?)
3. Em que idioma(s) sua criança tenta se comunicar? _____
(In what language(s) does your child try to communicate?)
4. Como sua criança se comunica com sua família (ex: usando gestos, apontando)? _____
(How does your child communicate with his/her family [i.e. gesture, pointing]?)
5. Em que idioma(s) as pessoas mais velhas da família falam com a criança? _____
(In what language(s) do older family members speak to your child?)
6. Se há outras crianças vivendo em sua casa, em que idioma(s) elas se comunicam? _____
(If there are other children living in your home, in what language(s) do they speak to each other?)
7. Com que frequência sua família retorna ao seu país de origem? _____
(How often does your family return to your homeland?)
8. Suas crianças estão em contato com o idioma de origem, regularmente, através da televisão, jornais, livros, etc.? _____
(Are your children exposed to T.V., newspapers, books, etc. in your home language on a regular basis?)
9. Sua criança tem uma pessoa que cuida dela que fala outro idioma com ela além do inglês regularmente? _____
(Has your child had a caretaker who speaks a language other than English to him/her on a regular basis?)

Qual idioma? (What language?) _____

Assinatura do Pai/Mãe/Tutor (Signature of Parent/Guardian) _____ Data _____
(Date)

Assinatura da pessoa que está preenchendo o questionário, se não for um dos pais _____
(Signature of person completing form if other than parent)

Relação com a família (Relationship to family) _____

Rev12/06

MEPSE<P#139/mon/5/07>

Document translated by Multicultural & ESOL Program Services Education Department (5/07)