

Speech Development in Bilingual School Children

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Parent Questionnaire

Child's Name: _____

School: _____ Grade: _____

Name of teacher: _____

Name of person completing this form: _____

Relationship to child: _____

Phone number: _____

Email: _____

May we contact you to clarify information if needed? Yes No

Section 1: Questions about your child

1. Where was your child born (city, country)? _____

2. How long has he/she lived in Canada (years)? _____

List any additional countries he/she has lived in for more than six months:

List any additional provinces he/she has lived in for more than six months:

3. Do you consider that your child's speech, language, and hearing are within normal limits?

Yes No If no, please describe _____

4. Does your child have frequent ear infections? Yes No

5. Does your child have PE tubes in one or both ears in order to prevent ear infection?

Yes No

6. Has your child ever been diagnosed with a hearing, speech, language, or learning problem? Yes No If yes, please specify _____

7. Has your child ever participated in speech or language therapy programs?

Yes No If yes, please specify _____

8. Does your child have any other developmental disorders? Yes No

If yes, please specify _____

9. Did your child attend the French immersion program at Agnes Davidson or another school? Yes No Yes, but a different school (name) _____

10. When did your child start the French immersion program ___ Kindergarten ___ Grade 1 ___ Grade 2 ___ Grade 3 ___ Grade 4 ___ Grade 5

Section 2: Questions about your family:

PARENT 1:

Name _____ Age _____

Gender _____

1. Does the child always live in the same household as Parent 1? ___ Yes ___ No
If not, approximately how many days a week does he/she live with P1? _____

2. Where was Parent 1 born (city, country): _____
If not born in Canada, how many years has Parent 1 lived in Canada? _____
List any other countries Parent 1 has lived in for more than one year:

List any additional provinces Parent 1 has lived in for more than 1 year:

3. Education of Parent 1:

Education	Completed?		Language of Instruction
Primary	Yes	No	
Secondary	Yes	No	
College	Yes	No	
University - Degree	Yes	No	
University - Master's	Yes	No	
University - PhD	Yes	No	

4. Language background and proficiency for Parent 1:

Native (or first) language spoken by Parent 1: _____

Other language(s) spoken by Parent 1: _____

Please rate Parent 1's current proficiency in English, French, and other languages:

0 None	1 Limited	2 Adequate	3 Good	4 Excellent	5 Native Speaker
Little to no understanding or speaking ability	Some understanding and can say short, simple sentences	Good understanding and can express self on many topics	Can understand and use language adequately for work and most other situations	Very comfortable expressing self in the language in all situations	Completely fluent

English: 0 1 2 3 4 5

French: 0 1 2 3 4 5

Other: _____ 0 1 2 3 4 5

Other: _____ 0 1 2 3 4 5

PARENT 2 (if applicable):

Name _____ Age _____

Gender _____

1. Does the child always live in the same household as Parent 2? Yes No
 If not, approximately how many days a week does he/she live with P2? _____

2. Where was Parent 2 born (city, country): _____
 If not born in Canada, how many years has Parent 2 lived in Canada? _____
 List any other countries Parent 2 has lived in for more than one year:

List any additional provinces Parent 2 has lived in for more than one year:

3. Education of Parent 2:

Education	Completed?		Language of Instruction
Primary	Yes	No	
Secondary	Yes	No	
College	Yes	No	
University - Degree	Yes	No	
University - Master's	Yes	No	
University - PhD	Yes	No	

4. Language background and proficiency for Parent 2:

Native (or first) language spoken by Parent 2: _____

Other language(s) spoken by Parent 2: _____

Please rate Parent 1's current proficiency in English, French, and other languages:

0 None	1 Limited	2 Adequate	3 Good	4 Excellent	5 Native Speaker
Little to no understanding or speaking ability	Some understanding and can say short, simple sentences	Good understanding and can express self on many topics	Can understand and use language adequately for work and most other situations	Very comfortable expressing myself in the language in all situations	Completely fluent

English: 0 1 2 3 4 5 Other: _____ 0 1 2 3 4 5

French: 0 1 2 3 4 5 Other: _____ 0 1 2 3 4 5

SIBLINGS:

1. Does your child have any siblings living in the same household:

Sibling 1: Age: _____ Gender _____

Did this sibling attend a French immersion Program? _____

Sibling 2: Age: _____ Gender _____

Did this sibling attend a French immersion program? _____

Sibling 3: Age: _____ Gender _____

Did this sibling attend a French immersion program? _____

Other siblings:

OTHERS:

1. Are there other adults living in the home? (e.g., grandparent)? Yes No
 If yes, please list here, and describe their relationship to your child:
-

Please rate other adult's current proficiency in English, French, and other languages (if applicable):

0 None	1 Limited	2 Adequate	3 Good	4 Excellent	5 Native Speaker
Little to no understanding or speaking ability	Some understanding and can say short, simple sentences	Good understanding and can express self on many topics	Can understand and use language adequately for work and most other situations	Very comfortable expressing myself in the language in all situations	Completely fluent

English: 0 1 2 3 4 5 Other: _____ 0 1 2 3 4 5
 French: 0 1 2 3 4 5 Other: _____ 0 1 2 3 4 5

TRAVEL:

1. Has your child ever travelled to a French-speaking country or province? Yes No
 If yes, please complete table below:

	Location	Duration	Approximate age of child at time of travel
Trip 1			
Trip 2			
Trip 3			
Trip 4			

Child Language Experience and Proficiency Questionnaire:

Please complete the attached *Child Language Experience and Proficiency Questionnaire*.

The first two pages include questions about your child's language background and school history, as well as a list of all of the languages your child hears at home.

The remaining pages ask you to rate your child's proficiency and exposure to English, French, and any other languages (2 pages per language). Please complete a 2-page form for each of the languages to which your child has regular and consistent exposure.

Note: *If you have any questions or need assistance to complete these forms, please feel free to call us at 403-329-2568 or email fangfang.li@uleth.ca.*

THANK YOU FOR PARTICIPATING IN THIS STUDY!

Child Language Experience and Proficiency Questionnaire

Please fill out the following information regarding your child.

Last name		First name		Today's Date	
Age		Date of Birth		Male	Female

LANGUAGE BACKGROUND:

(1) Please list all of the languages your child knows **in order of dominance**:

1		2		3		4		5	
----------	--	----------	--	----------	--	----------	--	----------	--

(2) Please list all of the languages your child knows **in order of acquisition** (their native language first):

1		2		3		4		5	
----------	--	----------	--	----------	--	----------	--	----------	--

(3) Please give the age (years and months) when your child began to do the following in each of the languages you previously listed:

List language(s) here:	English	French			
Started hearing the language on a regular basis					
Began producing: <i>single words</i>					
Began producing: <i>2-word phrases</i>					
Began producing: <i>complete sentences</i> (4+ words)					

(4) Please list what percentage of the time your child *currently on average* (actively) speaks each language outside of school:

(Percentages should add up to 100%)

List language(s) here:	English	French	
List percentage here:			

(5) Please list what percentage of the time your child *currently on average* (passively) hears each language outside of school:

(Percentages should add up to 100%)

List language(s) here:	English	French	
List percentage here:			

(6) Did your child attend other schools in the past with a different language of instruction? If yes, please explain:

HOME ENVIRONMENT:

(11) Please list all the language(s) your child hears at home in the row indicated by the arrow, all the speakers who speak to your child *at home* (e.g., you, your spouse, sibling, baby-sitter, other family members) in the left column indicated by the arrow, and the percentage of the time that each speaker speaks each language to your child in the corresponding row: *(Percentages should add up to 100%)*

EXAMPLE

	List language(s) here: ↓			
List caregivers here: ↓	English	French	Spanish	
1. Mother	60%	40%	0%	
2. Father	95%	0%	5%	

	List language(s) here: ↓				
List caregivers here: ↓					
1.					
2.					
3.					
4.					
5.					
6.					

Language: _____

This is my child's (native second third fourth fifth) language.

(1) Please circle your child's level of **proficiency** in speaking, understanding, and reading in this language:

Speaking

0	1	2	3	4	5	6	7	8	9	10
None	Very low	Low	Fair	Slightly less than adequate	Adequate	Slightly more than adequate	Good	Very good	Excellent	Perfect

Understanding spoken language

0	1	2	3	4	5	6	7	8	9	10
None	Very low	Low	Fair	Slightly less than adequate	Adequate	Slightly more than adequate	Good	Very good	Excellent	Perfect

Reading

0	1	2	3	4	5	6	7	8	9	10
None	Very low	Low	Fair	Slightly less than adequate	Adequate	Slightly more than adequate	Good	Very good	Excellent	Perfect

(2) Please circle how much the following factors contributed to your child learning this language:

Interacting with friends

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Interacting with family

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Interacting with caregiver

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Interacting with teachers

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Reading (alone or with caregiver)

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Additional language lessons

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Watching TV

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Listening to radio/music

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

(3) Please circle to what extent your child is currently exposed to this language in the following contexts:

Interacting with friends or other community members

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Interacting with family

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Interacting with caregiver

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Interacting with teachers

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Watching TV

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Listening to radio/music

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Reading (alone or with caregiver)

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Additional language lessons

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

(4) In your perception, how much of a foreign accent does your child have in this language?

0	1	2	3	4	5	6	7	8	9	10
Not Certain	None	Very light	Light	Some	Moderate	Considerable	Heavy	Very heavy	Extremely heavy	Pervasive

Language: _____

This is my child's (**native second third fourth fifth**) language.

(1) Please circle your child's *level of proficiency* in speaking, understanding, and reading in this language:

Speaking

0	1	2	3	4	5	6	7	8	9	10
None	Very low	Low	Fair	Slightly less than adequate	Adequate	Slightly more than adequate	Good	Very good	Excellent	Perfect

Understanding spoken language

0	1	2	3	4	5	6	7	8	9	10
None	Very low	Low	Fair	Slightly less than adequate	Adequate	Slightly more than adequate	Good	Very good	Excellent	Perfect

Reading

0	1	2	3	4	5	6	7	8	9	10
None	Very low	Low	Fair	Slightly less than adequate	Adequate	Slightly more than adequate	Good	Very good	Excellent	Perfect

(2) Please circle how much the following factors contributed to your child learning this language:

Interacting with friends

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Interacting with family

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Interacting with caregiver

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Interacting with teachers

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Reading (alone or with caregiver)

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Additional language lessons

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Watching TV

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

Listening to radio/music

0	1	2	3	4	5	6	7	8	9	10
Not a contributor	Minimal contributor				Moderate contributor					Most important contributor

(3) Please circle to what extent your child is currently exposed to this language in the following contexts:

Interacting with friends or other community members

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Interacting with family

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Interacting with caregiver

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Interacting with teachers

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Watching TV

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Listening to radio/music

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Reading (alone or with caregiver)

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

Additional language lessons

0	1	2	3	4	5	6	7	8	9	10
Never	Almost never				Half of the time					Always

(4) In your perception, how much of a foreign accent does your child have in this language?

0	1	2	3	4	5	6	7	8	9	10
Not Certain	None	Very light	Light	Some	Moderate	Considerable	Heavy	Very heavy	Extremely heavy	Pervasive