

The School Board of Broward County, Florida
Exceptional Student Education (ESE) & Support Services
PARENT INFORMATION FORM for English Language Learners

Student's Name _____
Grade: _____
Birthdate _____
Parent/Guardian _____

School: _____
Contact Person: _____
Birthplace: _____
Phone: _____

1. Has your child ever lived outside of the United States? Yes / No
If yes, where? _____ From what age to what age? _____
2. How long has your family lived in the United States?
3. How often does your child visit his/her homeland?
4. In what language(s) has your child received formal schooling?
5. What language(s) are spoken in your home?
6. In what language(s) do you speak to your child?
In what language(s) do older family members use to speak to your child?
In what language(s) do other children use to speak to your child?
7. In what language does your child use to speak to you?
In what language does your child use to speak to older family members?
In what language does your child use to speak to other children?
8. Which language did your child learn to speak first? _____ At what age did they speak his/her first words? _____
9. At what age did your child begin to learn English? _____ Where? _____
10. Is your child exposed to TV, internet, newspapers, books, religious services, etc., in your home language on a regular basis?
11. Do you have any concerns about your child's language abilities?
12. Do you or other people have trouble understanding your child's speech? Explain.
13. Does your child talk as well as your other children? other children his/her same age?
14. Does your child frequently use gesture instead of speech?
15. Does your child have difficulty answering questions in English or your home language? Explain.
16. Does your child have difficulty following directions in English or your home language? Explain.
17. Do any family members have a history of communication difficulties?
18. Has your child received speech/language therapy or any other therapy in the past? ☐Yes ☐No
In what language? _____ Where? _____
Explain: _____

Signature of person completing this form _____ Date _____
Title or relationship to student _____