

**Bilingual General Intervention Questionnaire**

Student's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's age of arrival in the U.S.: \_\_\_\_\_ Date: \_\_\_\_\_

Child's country and city of origin: \_\_\_\_\_

Child was introduced to English (Date): \_\_\_\_\_ at age: \_\_\_\_\_

School History

Previous schooling outside U.S. Yes  No

Number of years in school? \_\_\_\_\_

Level completed? \_\_\_\_\_

Last date of attendance? \_\_\_\_\_

Number of schools attended? \_\_\_\_\_

What was/were the language(s) of instruction? \_\_\_\_\_

Was the student enrolled in any special programs? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Number of years in U.S. schools? \_\_\_\_\_

Number of years in ESL or bilingual program? \_\_\_\_\_

Number of schools attended? \_\_\_\_\_

What was/were the language(s) of instruction? \_\_\_\_\_

Comments about the ESL or Bilingual program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was the student enrolled in any special programs? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Language Use</b>					
<b>Item</b>	<b><u>Other Language</u></b>	<b><u>English</u></b>	<b><u>About Equal</u></b>	<b><u>Mixed Code</u></b>	<b><u>Neither</u></b>
Which language does your child seem to understand?					
Which Language did your child first learn to speak?					
<b>Which language does your child speak to:</b>					
<b>Father</b>					
<b>Mother</b>					
<b>Siblings</b>					
<b>Grandparents</b>					
<b>Friends</b>					
<b>Other</b>					
Which Language did your child speak when playing by her/himself?					
Which language does your child prefer when watching television/videos?					
Which language does your child prefer when listening to music?					
<b>Which language does each of the following people speak to your child?</b>					
<b>Father</b>					
<b>Mother</b>					
<b>Siblings</b>					
<b>Grandparents</b>					
<b>Friends</b>					
<b>Which language does each of the following speak most often at home?</b>					
<b>Father</b>					
<b>Mother</b>					
<b>Siblings</b>					
<b>Grandparents</b>					
<b>Friends</b>					
In which language are most of the print materials (e.g. books, magazines, newspapers) you receive in your home?					
Does your child read at home?					
<b>Usually to themselves?</b>					
<b>Other family members?</b>					
Does someone at home read to your child? If yes, in what language?					
In which language does your child write?					

## Background

- 1) Did your child's mother have any health problems during or following the pregnancy? Yes  No

If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 2) How old was your child when he/she learned to walk? \_\_\_\_\_

- 3) How old was your child when he/she started to talk so others could understand him/her? \_\_\_\_\_

- 4) What is the average number of words your child uses in a sentence? \_\_\_\_\_

- 5) Does your child use correct grammar in his/her own language? \_\_\_\_\_

- 6) Has your child had any major accidents or illnesses? Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 7) Is your child taking any medications? Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 8) Has your child missed a lot of school? More than 20 days in a school year? Yes  No

If yes, reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 9) Do you have any concerns about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 10) Comparable educational/language progress of siblings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_