

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

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_  
Grade: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Signature of person completing this form: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Title or relationship to student: \_\_\_\_\_