

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Bilingual/ESOL 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 _____

Procedures for Using the
Special Populations Language Dominance Questionnaire

Initial Language Classification of “Unable To Be Classified” Students

Attempt to give the student a formal language assessment test of aural/oral proficiency if the student is at least three years old.

If the student’s verbal skills are too limited in any language to complete a formal language test of aural/oral proficiency, document this on the *Initial Language Classification Assessment Form*. The student’s language classification is “unable to be classified.”

Ask the parent/guardian to respond to the *Special Populations Language Dominance Questionnaire Parent Form*. This questionnaire is available in Spanish, Haitian-Creole and Portuguese and each language version includes English translations of the items. The questionnaire should be given in the parent’s native language, and must be signed and dated.

The Language Assessor should complete the top portion of the *Special Populations Language Dominance Questionnaire School Form*. Include the student’s name, date of birth, current school placement, grade level, length of time in English-speaking school setting and conditions that prevent formal testing.

Send both the *Special Populations Language Dominance Questionnaire School Form* and the *Special Populations Language Dominance Questionnaire Parent Form* along with the *Initial Language Classification Assessment Form* to the Bilingual/ESOL Department.

The Bilingual/ESOL Department Support Service Team members will review this information, make the recommendation of “Yes” English Language Learner (LY) or “No” (ZZ) and return forms to the school or appropriate location.

A student’s English proficiency should be re-assessed with a formal language assessment test of aural/oral proficiency if his/her verbal skills improve over time.

Language Classification of “Unable To Be Classified” ELLs

A school based professional (e.g. speech-language pathologist, ESE/ESOL teacher) will decide if the student has sufficient verbal skills to complete a formal language assessment test of aural/oral proficiency on an annual basis.

If it is possible to obtain a language classification of A_1 - C_1 , for the student, proceed with regular language classification procedures.