



Dual language readiness Form

Student Name _____

Gender: Male or Female

He / She likes to be called _____

Birthday: _____ Age: _____ years _____ Months

My child has _____ brothers _____ sisters

Their names and ages:

_____	_____
_____	_____
_____	_____
_____	_____

At what age did your child speak his/her first words? _____

What language does your child speak most of the time? _____

What other languages does your child speak? _____

What other languages does your child understand? _____

What do you hope this program will do for your child?

