PARENT LANGUAGE RATING FORM

	Parent Name:	
	Parent Native Language(s):	
	Years of Formal Education in Native Language:	
	Years living in United States:	
	Years of Formal Instruction in English:	
	1. How often do you speak your Native Language?	
□ Al	lmost Never □ Less than 1 hour/day □ 2-4 hours a day □Nearly all day, everyda	у
	2. Where do speak your Native Language? (check all that apply)	
□ O	In phone/video calls $\ \square$ At home $\ \square$ At work $\ \square$ At social events (groups, church, et	tc.)
	3. With whom do speak your Native Language? (check all that apply)	
_ C	Grandparents 🗆 Parents 🗆 Spouse/Partner 🗆 Children 🗀 Friends 🗀 Colleagues	;
	4. How would you rate your fluency level in your Native Language?	
	□ Beginner □ Intermediate □ Advanced □ Expert □ Native	
	5. How would you rate your fluency level in English?	
	□ Beginner □ Intermediate □ Advanced □ Expert □ Native	
	6. How would you rate your ability to read/write in your Native Language?	
	□ Unable □ Basic □ Intermediate □ Advanced □ Expert	
	7. How would you rate your ability to read/write in English?	
	□ Unable □ Basic □ Intermediate □ Advanced □ Expert	

CAREGIVER LANGUAGE RATING FORM

	Caregiver Name:	
	Relationship to Child:	
	Caregiver Native Language(s):	
	Years of Formal Education in Native Language:	
	Years living in United States:	
	Years of Formal Instruction in English:	
	1. How often do you speak your Native Language?	
□ Al	lmost Never □ Less than 1 hour/day □ 2-4 hours a day □Nearly all day, everyda	у
	2. Where do speak your Native Language? (check all that apply)	
□ Or	n phone/video calls □ At home □ At work □ At social events (groups, church, et	tc.)
	3. With whom do speak your Native Language? (check all that apply)	
□ G	Grandparents 🗆 Parents 🗆 Spouse/Partner 🗆 Children 🗀 Friends 🗀 Colleagues	i
	4. How would you rate your fluency level in your Native Language?	
	□ Beginner □ Intermediate □ Advanced □ Expert □ Native	
	5. How would you rate your fluency level in English?	
	□ Beginner □ Intermediate □ Advanced □ Expert □ Native	
	6. How would you rate your ability to read/write in your Native Language?	
	□ Unable □ Basic □ Intermediate □ Advanced □ Expert	
	7. How would you rate your ability to read/write in English?	
	□ Unable □ Basic □ Intermediate □ Advanced □ Expert	

CHILD LANGUAGE RATING FORM

	Child's Name:
	Child's Other Language(s):
	Years of Exposure to Other Language:
	Years living in United States:
	Years of Exposure to English:
1. H	ow often is the child exposed to the Other Language?
□ Almo	ost Never 🗆 Less than 1 hour/day 🗆 2-4 hours a day 🗆 Nearly all day, everyday
2. H	ow often is the child exposed to English?
□ Almo	ost Never 🗆 Less than 1 hour/day 🗆 2-4 hours a day 🗆 Nearly all day, everyday
3. W	here does the child exposed to the Other Language? (check all that apply)
□ On p	hone/video calls 🗆 At home 🗀 At school/daycare 🗆 At social events
4. W	ith whom does the child speak the Other Language? (check all that apply)
□ Grand	dparents Parents Siblings Other family members School people
5. W	ould you say the child knows/understands more of the Other Language or English?
□ Unde	rstands more Other Language 🗆 Half/Half 🗆 Understands more English
6. Do	es the child say/express words in both languages??
□ Spea	ks mostly Other Language. □ Speaks both □ Speaks mostly English
7. Ho	w important is it for you that the child develops skills in the Other Language?
□ Not v	ery important 🛘 Important to speak to family 🗸 Somewhat important 🗸 Very important