

**Escambia County Child Find  
Primary Language Screening  
For Pre-K**

Child's Name: \_\_\_\_\_  
Screener's Name: \_\_\_\_\_

Date: \_\_\_\_\_  
Interpreter: \_\_\_\_\_

**Interview Portion:**

What languages do you and your spouse speak? Mother \_\_\_\_\_  
Father \_\_\_\_\_

What language did your child first begin speaking? \_\_\_\_\_  
At what age? \_\_\_\_\_ How long has your child been in the US? \_\_\_\_\_

How long has your child been speaking English? \_\_\_\_\_

In what language does your child most often communicate at home? \_\_\_\_\_

What language(s) do the parents use to communicate with each other? \_\_\_\_\_  
With the child? \_\_\_\_\_

What language is used between siblings? \_\_\_\_\_

What language does your child use to make requests or ask questions? \_\_\_\_\_

Was English learned in this country or another? \_\_\_\_\_

In what language do you feel your child speaks most fluently at this time? \_\_\_\_\_

Do you feel that your child is experiencing difficulty in acquiring (learning to speak) your native language? \_\_\_\_\_ If yes, please explain the difficulty \_\_\_\_\_

**Screener Notes:**

\_\_\_\_\_  
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