

Lindi Hanssen, Registered Psychologist MA (Honours Psychology), MNZPsS, NZTC

176 Greenlane West, Greenlane, Auckland | 3/21 Leslie Hills Drive, Riccarton, Christchurch

021 042 1980 | lindihanssen@saplings.co.nz | www.saplings.co.nz

**ESOL PARENT QUESTIONNAIRE**

Name of student:

|  |
| --- |
|  |

Date of birth:

|  |
| --- |
|  |

Country of birth:

|  |
| --- |
|  |

Length of time in New Zealand:

|  |
| --- |
|  |

**Early Development**

Were there any prenatal or natal difficulties? If so, please describe:

|  |
| --- |
|  |

At what age did your child crawl?

|  |
| --- |
|  |

At what age did your child walk?

|  |
| --- |
|  |

At what age did your child use single words?

|  |
| --- |
|  |

At what age did your child speak in sentences?

|  |
| --- |
|  |

**Previous Schooling**

Preschooling

Did your child attend a preschool?

|  |
| --- |
|  |

How many months/years?

|  |
| --- |
|  |

What languages were spoken at the preschool?

|  |
| --- |
|  |

Schooling

At what age did your child start school?

|  |
| --- |
|  |

Which school/s did your child attend?

|  |
| --- |
|  |

What languages were spoken at your child’s school/s?

|  |
| --- |
|  |

Did your child find it hard to read their first language?

|  |
| --- |
|  |

Did your child find it hard to write their first language?

|  |
| --- |
|  |

What languages are spoken at home?

|  |
| --- |
|  |

How well does your child now understand people speaking their first language?

|  |
| --- |
|  |

Did your child receive any extra support (learning support, tutoring, speech-language therapy, occupational therapy etc) before coming to New Zealand? If so, please describe:

|  |
| --- |
|  |