

OFFICE OF CHRISTINE LIZARDI FRAZIER
KERN COUNTY SUPERINTENDENT OF SCHOOLS
Advocates for Children

Informal Primary Language Assessment

Student Name:	ID #:	DOB:
School:	Home Language:	
Name of person interviewed:	Relationship to student:	

Speaking and Understanding

1.) Is the child able to understand almost everything that is said in his/her home language?

Yes No

2.) What percentage of time do you or others speak your home language to the child?

0% 25% 50% 75% 100%

3.) What percentage of time does the child speak in his/her home language?

0% 25% 50% 75% 100%

Reading and Writing

4.) Which of the following best describes the child's ability to read in his/her home language?

Does not read it Reads it a little Reads it well

5.) Does your child write letters or messages to friends or relatives in the home language?

Yes No

6.) Which of the following best describes the child's ability to write in his/her home language?

Does not write in it Writes in it sometimes Writes in it well

School Experience

7.) If the student came to the United States from another country, did he/she attend school in that country?

Yes No

8.) If the student did attend school in another country, how many total years did the child attend school in that country? _____

9.) Was he/she a good student? _____

Name of person conducting interview

Date of interview