

Head Start  
Non-English Speaking Children  
Survey

Center \_\_\_\_\_  
Teacher \_\_\_\_\_

Classroom \_\_\_\_\_  
Date \_\_\_\_\_

*Complete one section for each Non-English Speaking child that has been enrolled in your classroom*

Child's Name: _____	Date of Birth: _____
Briefly describe progress child has made in listening to and understanding English:	
_____	
_____	
Understanding & listening skills	
_____ well      _____ occasionally      _____ limited	
Briefly describe progress child has made in speaking English:	
_____	
_____	
Speaking skills	
_____ well      _____ occasionally      _____ limited	

Child's Name: _____	Date of Birth: _____
Briefly describe progress child has made in listening to and understanding English:	
_____	
_____	
Understanding & listening skills	
_____ well      _____ occasionally      _____ limited	
Briefly describe progress child has made in speaking English:	
_____	
_____	
Speaking skills	
_____ well      _____ occasionally      _____ limited	