

Questionnaire for parents

Separate page for matching name and participant code*:

First name: _____ Surname: _____

Date of birth: _____ Participant code: _____

*Please leave "participant code" blank. This will be filled in later by a member of our staff to assure anonymous data processing.

Participant code: _____

No.	
1	<p>What is your relation to the child? Are you a parent or related to the child in any other way?</p> <p>() Mother () Father</p> <p>() Other relatives or a different relationship: _____</p>
2	<p>Are you aware of any form of impairment your child may have in any of the following areas? If yes, please describe them.</p> <p>- Hearing ability () No () Yes, namely: _____</p> <p>- Vision () No () Yes, namely: _____</p> <p>- Cognitive impairments () No () Yes, namely: _____</p> <p>- Attention deficits () No () Yes, namely: _____</p> <p>- Dyslexia () No () Yes, namely: _____</p> <p>- Other chronic illnesses () No () Yes, namely: _____ (e.g., epilepsy, diabetes, etc.)</p>
3	<p>Do you live with a partner in a shared household?</p> <p>() Yes</p> <p>() No</p>
4	<p>Did your child, you, your partner or at least one of your parents/your partner's parents immigrate to Germany after 1949?</p> <p>() No, none of the above mentioned people immigrated to Germany after 1949.</p> <p>() Yes, one or more of the above mentioned people immigrated to Germany after 1949.</p>
5	<p>Do you speak other languages than German in your family (also with closer relatives like uncles, aunts, grandparents)?</p> <p>() No</p> <p>() Yes, the following:</p> <p>_____</p>
6	<p>What is the main language spoken in your family?</p> <p><i>Please name only the language that is spoken most in your family.</i></p> <p>_____</p>
7	<p>At what age did your child have contact with the German language for the first time?</p> <p>() From birth</p> <p>() Aged _____ years and _____ months</p>

Participant code: _____

8	<p>Which languages (incl. native language(s)) does your child understand? Please indicate how well your child understands each language?</p> <table border="0"> <thead> <tr> <th style="text-align: left;"><i>Name of the language(s)</i></th> <th style="text-align: center;"><i>poorly</i></th> <th style="text-align: center;"><i>rather poorly</i></th> <th style="text-align: center;"><i>well</i></th> <th style="text-align: center;"><i>very well</i></th> <th style="text-align: center;"><i>I don't know</i></th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> </tr> <tr> <td>2. _____</td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> </tr> <tr> <td>3. _____</td> <td></td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> </tr> <tr> <td>4. _____</td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> </tr> </tbody> </table>	<i>Name of the language(s)</i>	<i>poorly</i>	<i>rather poorly</i>	<i>well</i>	<i>very well</i>	<i>I don't know</i>	1. _____	()	()	()	()	()	2. _____	()	()	()	()	()	3. _____		()	()	()	()	4. _____	()	()	()	()	()
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14	<p>Is there anything you would like to add or comment?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>						
	<p style="text-align: center;">Thank you for your participation!</p> <p style="text-align: center;"></p>						