

## Basic Information Form

Today's Date  Child's Birthdate

Child's Name  Gender

Address  Phone Number

City  State  ZipCode  Email

Child's Birth Order (1st, 2nd, etc)  Number of Children in Family

### Exposure to Other Languages

Is your child exposed to a language other than English?

**If Yes,**

What language(s)?  By Whom?

How many days per week?  How many hours per day?  Since what age (in months)?

### Health

Has your child had any major health or speech problems?

**If Yes,** Please describe.

### Parent Data

Name of Parent Completing Form

**The remaining questions are included so that we will be able to compare our sample to U.S. census averages, not to obtain information about individual participants.**

### Occupation

*Please give specific description (e.g. computer technician, shop foreman, dental assistant, fast food manager) rather than a general category (e.g. U.S. Navy, medical field, owner, self-employed).*

**Mother:** Occupation

Brief Description

**Father:** Occupation

Brief Description

### Education

*Please select the highest grade completed. Use 12 for high school graduate, 16 for college graduate, and 18 for advanced degree.*

**Mother**

**Father**

### Ethnic Background

*Please specify ethnic background (e.g. Asian, Black, Hispanic, White, or applicable category).*

**Mother**

**Father**